

Care Management Group Limited

# Care Management Group - 23 Pierrepont Road

## 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

Care Management Group - 23 Pierrepont 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 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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider had systems to help protect people from the risk of abuse. Staff had appropriate training and knew how to respond to possible safeguarding concerns. Safe recruitment procedures were followed and there were enough staff to meet people's needs. Medicines were safely managed, and staff used appropriate infection control practices to prevent cross infection.

Supervisions, appraisals, and training provided staff with the support they required to undertake their job effectively and safely. People's needs were assessed and reviewed as required. People were supported to maintain their health and access healthcare services appropriately. People were also 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 and their relatives told us they were satisfied with the care people received and that staff were kind and caring. People were supported to make day to day decisions and have choices.

People were engaged in activities both within and outside the home that were specific to their interests. Relatives were welcomed to the service. The provider had a complaints procedure and responded appropriately. At the time of the inspection no one was receiving end of life care but the provider recorded information on people's end of life wishes.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. The registered manager was approachable and promoted an open work environment.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. We found this service did not use restrictive intervention practices.

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 19 July 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.

# 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.

#### Inspection team

The inspection was conducted 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 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

Before the inspection we looked at all the information we held about the provider. This included notifications of significant events and the previous inspection report. We looked at public information about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three 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 and three support workers. We observed how people were being cared for and supported.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 emailed six relatives and received an email back from one and we spoke with two relatives.

# 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

- The provider had systems and processes to safeguard people from the risk of abuse. People and their relatives told us they felt the service was safe.
- There were safeguarding policies and procedures in place. Staff received safeguarding training to help ensure they had the skills to recognise when people were at risk of being unsafe.
- The provider raised safeguarding alerts appropriately with other agencies including the local authority and undertook their own internal investigation that included recommendations and learning outcomes. We also saw evidence that where recommendations had been made, these had been actioned.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risks to people and guidelines for staff to follow to reduce the risk of avoidable harm. This included positive risk taking procedures.
- Each person had a risk assessment and risk management plan that provided guidelines to staff about how to safely care for the person. These were colour coded to indicate the level of risk. Assessed risks included mobility, medicines, behaviour that challenges and fire. These were reviewed and updated annually or as required.
- There were controls and audits in place to manage people's petty cash. We did a sample check and found people's money tallied with the ledger.
- Each person had a personal emergency evacuation plan (PEEP) to help minimise risks associated with evacuating the premises. During the inspection the fire alarm went off and we witnessed people evacuating the building.
- The home had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments, equipment checks and fire risk assessments. Maintenance and cleaning checks were up to date.

Staffing and recruitment

- Recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service.
- We observed there was a sufficient number of staff to meet people's needs. This was confirmed by people, relatives and staff members. One relative commented, "I find all the staff very approachable and are always on hand to answer any questions that I have."
- The provider did not use agency staff and used bank staff to ensure continuity.
- 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 managed safely in line with national guidance.
- Medicines stocks we counted matched with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- All people had a medicines profile including four people who had specific epilepsy profiles updated yearly and signed by the GP. Staff followed the guidance in place on managing 'when required' (PRN) medicines.
- The provider adhered to STOMP, a health campaign designed to Stop the Over-Medication of People with a learning disability, autism or both, and had recently been able to reduce the medicines of one person.
- Medicines were managed by staff who had received the relevant training. Staff also completed annual medicines competency testing that included both observations and questions to ensure they had the skills required to administer medicines safely.

### Preventing and controlling infection

- The provider had an infection control policy and risk assessment in place to help protect people from the risk of infection. Staff had attended training on infection control and we saw a number of checks completed to ensure a clean and safe environment. Staff wore protective personal equipment such as gloves and aprons to help prevent cross infection.
- In the kitchen the food storage and preparation areas were kept clean and hygienic. Food was stored appropriately, and fridge and freezer temperature checks were completed daily.

### Learning lessons when things go wrong

- The provider recorded incidents and accidents which included a weekly log and action plans to reduce the risk of re-occurrence. We saw risk assessments had been updated as a result of incidents.
- The provider had been recruiting new staff over the last year and half and identified some challenges. The registered manager told us a lesson learned from this was the need to work closely with the recruitment companies to ensure they had suitable applicants.



# 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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider. Transition plans that included visiting the home were developed to help people move in a planned way.
- The pre-admission assessment was used to form the basis of the care plan which detailed people's needs and how to support them in line with their preferences.
- People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans. This included people's cultural and religious needs.
- Care plans were reviewed annually or as required.

Staff support: induction, training, skills and experience

- People using the service were supported by staff with the skills and knowledge to effectively deliver care and support.
- New staff undertook an induction programme and new care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- The registered manager had an up to date record of all staff supervisions and appraisals. Staff were supported to keep their knowledge updated through training, supervisions, annual appraisals and competency testing to ensure they had the appropriate skills to care for people. This was confirmed by staff who said they received regular supervision and training.

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

- People were supported to maintain good nutrition and care plans recorded any specific dietary needs such as vegetarian food or diabetes and were able to cater for these.
- Menu choices were discussed at monthly meetings for people using the service which gave them the opportunity to discuss what they would like to see on the menu. People could choose to request a meal that was not on the menu.
- People could help themselves to drinks and snacks when they wanted to, and we saw that staff were always available to assist with this if required. One person said, "I like the food. Sometimes I make my own food."
- Where required, people were weighed monthly. Any concerns identified were addressed and referrals made to other agencies such as the GP or dietician if required.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies such as the speech and language therapist, community mental

health team, dentist and GP to provide effective care.

- The provider gave us an example of good partnership working with the local community mental health team. Shortly after the inspection two people who had been referred to the service for behaviour that challenged were discharged after the progress they had made in being able to manage their behaviour.
- Relatives told us people's health care needs were appropriately met and the service communicated any relevant updates to them.

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

- The home was maintained and decorated to a satisfactory standard and the design met the needs of the people living there.
- There were a number of communal areas including the two lounges, a dining area and a secure garden. People had their own bedrooms and could choose to lock their door if they wished to.
- One person has their own self-contained flat. Other people's bedrooms were personalised to their own taste and wishes. People were encouraged and supported to maintain and keep their rooms clean.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health, have access to a range of community health care professionals and received ongoing healthcare support.
- Referrals to health care professionals were made in a timely way and staff recorded and followed advice from them.
- Care records contained information about people's health needs and provided guidance about the support people required. Individuals also had health passports which provided information about the person's health needs and their likes and dislikes as a guide for other health care professionals to read.
- All people were supported to register with the dentist. Oral hygiene was included in people's care plans and discussed at monthly meetings with people. Care records also contained dental passports to provide guidance on how to support the person with regards to their dental care.

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.

- People's mental capacity had been assessed and where necessary, the registered manager had made applications for DoLS authorisations, so people's freedoms were not unlawfully restricted. Where there were conditions on people's DoLS these were met.
- We saw a capacity assessment had been undertaken appropriately for one person regarding their medicines.
- People were involved in making decisions about their day to day life.

- People, or those with the legal right to do so on their behalf, had signed care records indicating their consent to the care the service provided.
- Staff had completed training around the Mental Capacity Act and understood the need to gain people's consent and involve them in the care they received.

# 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 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

- We observed staff were always available to people and offered them choices. They also responded to people's requests. For example, when one person was going out for lunch and another wanted to go, staff were able to accommodate that.
- Staff were kind and respectful in their interactions with people. One person told us, "It's nice here. Staff are good. They are always kind." A relative said, "The staff are lovely. Nothing is too much for them to do with any of the residents."
- Staff were aware of people's diverse needs and how to support these. Our observations of staff talking with people clearly indicated staff knew about people's backgrounds and what was important to them.
- Care plans recorded people's cultural and religious needs and staff were knowledgeable about this and, for example, people were supported to attend their place of worship. Care plans also included information on people's sexuality and relationships.

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

- We observed people were involved in day to day decisions about planning their care. For example, during mealtimes we saw people being offered a choice of what they would like to eat and drink.
- Staff had a good awareness of people's needs which meant they were able to provide person centred care to people.
- People using the service were involved in one to one key working sessions which provided them with the opportunity to raise any issues they may have.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices regarding privacy and we observed staff knocked on people's doors before entering rooms. One person confirmed, "Staff knock on the door."
- People's independence was promoted and encouraged according to their abilities. People we spoke with told us about attending college and day services. A relative said, "The staff are very good in helping the residents with their independence and helping them to promote it no matter how little they are able to do."
- During the inspection we observed people were respected by being asked what they would like and having options around, for example, what they would like to eat and drink.

# 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 person centred and recorded people's preferences, likes and dislikes.
- Care plans included assessed needs such as communication, physical health, eating and drinking and daily living skills.
- Reviews were completed annually, and we saw where people were able to, they had participated in their review and signed their care plan.
- Staff were knowledgeable about the needs of the people they supported.
- The provider responded to individual needs. For example, we saw clear guidance from the speech and language team on how to support one person who had a language impairment.
- People were encouraged to maintain contact with their families. A staff member said, "Most of them are missing their family. So with [person] we help them to ring their [relative] up and they leave their own message by leaving a noise." Relatives we spoke with said they were made to feel welcome by the provider. One relative said, "When I go there with my family we are always made to feel welcome."

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 had been assessed and were recorded in their care plans and communication passports. These provided information about how people contextualised their environment and their preferred method of communication.
- One person's first language was not English and they had a communication folder with words in English and the phonetic equivalent in their native language for staff to be able to use key words to facilitate communication.
- Another person who was non verbal, used objects of reference to communicate their needs. For example, when they wanted to go out, they took staff to the door. With this person, staff also did food tasting sessions with them and recorded their reaction to the food to help identify the person's likes and dislikes.
- Documents including relevant care records and the complaints form were in pictorial or easy read formats to help people to understand the information they contained.

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

- People were supported to avoid social isolation and to take part in activities in the community. The provider used a 'wheel of engagement' to identify individual interests and develop activities that were meaningful to each person. During the inspection people told us about their day at college and we saw another person receive tickets to a premier league football match for the team they supported.
- People were supported to participate in activities which were relevant to their needs and wishes and we saw people being supported by staff to go out to activities of their choice.

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

- The provider had procedures in place to respond to complaints. There had only been one complaint since the last inspection. This was investigated and responded to appropriately and included recommendations.
- The service user pack had an easy read 'how to complain' section and was given to relatives as well as people using the service. Relatives told us, "They have time for [person]. I have no complaints" and "I would talk to the manager if I had a concern."

#### End of life care and support

- The provider did not provide end of life care, but most people had information about their preferences in the event they required this support

# 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

- People and their relatives were satisfied with the service. The registered manager was available to people and promoted an open culture. A relative told us, "I can go to the staff with any concerns and I feel comfortable in doing so but haven't had to do this yet."
- Care plans were person centred with information about people's wishes and preferences, so staff could provide personalised care.
- People had the opportunity to share their thoughts about the service and their care in monthly one to one key working sessions.

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 regarding complaints and acting on their duty of candour.
- The registered manager understood their responsibility around the duty of candour. They were open about sharing information during the inspection. We saw evidence they acted in a transparent manner when things went wrong and where appropriate relevant people were notified of incidents including the local authority, people's family and CQC.
- If people or their relatives had a concern, they felt they could raise it with the registered manager.

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

- The registered manager, deputy manager and care workers had clear roles and responsibilities within the home and worked well as a team.
- 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 a monthly report which looked at criminal record checks, finances, medicines, reviews, health and safety audits, safety checks, CQC notifications and safeguarding notifications. It also had notes of when care records needed to be updated. This was signed off with an action plan and sent to the regional manager who also undertook auditing which provided an action plan of how the provider could improve service delivery.
- Staff said they felt supported by the registered manager and told us, "I feel so comfortable with my colleagues and the managers. If you have any issues you can talk to the managers" and "If I have concerns I can go straight to [registered and deputy managers] and I feel comfortable about that. It could be about myself or work. They act on it. It's well managed."

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

- The provider had positive working relationships with other health and social care professionals in the community.
- People and staff both had monthly meetings to discuss the service and provide feedback.
- Feedback from the last satisfaction survey from relatives was generally positive but the registered manager told us as not all relatives had responded so she was trying to ensure she maintained regular contact with relatives, so if they did have any feedback or concerns she would be aware of it.

Continuous learning and improving care

- The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service. Areas for improvement were recorded with an action plan of how to implement improvements.
- Incidents and accidents were monitored and analysed to reduce their likelihood in the future.
- The registered manager had a management qualification and continued to attend various training courses. Additionally, they attended the local authority's provider forum to meet with other providers to share information

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals to meet people's identified needs.