

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 ●

# Summary of findings

## Overall summary

### About the service

Care Management Group - 23 Perryn Road is a residential care home providing care and support for up to eight 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 seven 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 received 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 to support up to eight 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

People told us they liked living at the home. Many people had lived at the home for many years and there was a calm atmosphere and staff were knowledgeable and skilled in supporting people. On the day of our inspection we found the home to be unclean in places, but when we raised this with the registered manager they took appropriate action both during and after the inspection.

Staff knew about people's life histories and their personal circumstances. Staff had been recruited safely. Systems were in place to safeguard people from abuse. When risks were identified the home had clear systems to manage the potential risk. Accidents and incidents were used as opportunities to learn and improve the service.

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.

People were assessed prior to coming to the home and people were encouraged to come and see the home

before they moved in and meet the people who lived there. People told us they liked the food. People had access to healthcare services and input from specialist professionals when required. People's needs in relation to their personal care, nutrition and medicines were met.

People's privacy, dignity and independence was respected and maintained by staff. People were encouraged to express their views. There were daily activities for people to attend and these activities were chosen by the people who lived in the home. 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's care was planned in a personalised way. Care plans were reviewed regularly in line with the provider's policy. There had been no complaints since the last inspection. People's end of life wishes were recorded. There were systems in place to monitor the quality and safety of the home and the registered manager was aware of their regulatory responsibilities.

The home was well managed, and the registered manager understood their duties and responsibilities. The provider had oversight of the service and had implemented a variety of audits to monitor the service. Staff received regular support supervision and appraisals in line with the provider's policies. The registered manager attended conferences and events to ensure they had the appropriate skills and knowledge to do their job effectively.

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 service was rated good at our last inspection (published 03 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 reinspection 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?

Requires Improvement ●

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 Perryn 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 team consisted of one inspector.

#### Service and service type

Care Management Group - 23 Perryn 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with 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 four people who used the service. We spoke with three members of staff including the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 training data and quality assurance records. We emailed four relatives and we received a response from two people.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and reviewed regularly and the home conducted environmental risk assessments. During our walk around the building we noted some potential slip hazards. The registered manager had already raised these as a concern with the maintenance team and they were waiting for a schedule of work to be agreed.
- In one person's room there was damage over the door and the plaster was visible. We spoke to the registered manager about this and they showed us evidence of how they had raised this for repair and they were continuing to chase the team to finalise the date for repair.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. The home was completing regular fire evacuation drills during the day and at night.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. People were supported to take acceptable risks as safely as possible. Risk management plans were reviewed every three months or if someone's circumstances changed. This helped show us they were appropriate to the person's current needs.
- The risk assessments addressing people's health needs were individualised and specific. We saw a risk assessment for a person with diabetes which was detailed and clear and which contained information about the signs and symptoms of complications that staff should be alerted to.

### Systems and processes to safeguard people from the risk of abuse

- People told us they enjoyed living at the home and they felt safe. One person said, "I am safe here." One relative told us, "I know [person] is safe."
- Staff completed safeguarding training in line with the provider's policy. Staff and the registered manager knew how to report concerns to the local authority. Where there had been concerns, they had been reported, investigated and acted upon as appropriate.
- Staff received safeguarding training as part of their induction and ongoing refresher training each year which provided them with the necessary guidance to identify potential abuse.

### Staffing and recruitment

- Staff were recruited safely, the registered manager led on recruitment for the service and this was done in line with the provider's policies. There were pre-employment checks to ensure as far as possible staff had the appropriate skills. In staff files we saw evidence that the registered manager had completed interviews and relevant checks such as the Disclosure Barring Service (DBS) to check to see whether there was

evidence of applicants having criminal convictions or not, or whether they were on any list that barred them from working with people who needed care.

- There were enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- On the day of our visit, when people needed assistance staff responded promptly. Relatives and staff told us they felt there was enough staff to support people. One relative commented, "There is enough staff, they have time to chat."

#### Using medicines safely

- Staff supported people to take their medicine in a safe way. We observed the lunch time medicine round and we found that there were safe arrangements for the administering, ordering and disposal of medicines.
- The home had allocated staff who could administer medicines. Staff had regular training and the registered manager assessed staff competencies three times a year.
- The registered manager audited Medicine Administration Records (MARs) monthly and these were signed off by the area manager.
- The provider adhered to STOMP and had recently been able to reduce the medicines of one person. The provider had signed up to the STOMP pledge. STOMP is a national NHS England campaign which is aimed at stopping over medication of people with learning disabilities, autism or both. We found people were not prescribed medicines that can unnecessarily sedate or restrain people.

#### Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed each incident and explored each issue to identify any themes or trends. These were discussed at team meetings as a part of a regular agenda item and the registered manager told us this was an important way to ensure lessons and key learning was cascaded down to staff.

#### Preventing and controlling infection

- Staff had received training in infection control and one member of staff told us there was protective personal equipment clothing such as aprons and gloves which helped prevent infection.



## 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The home was not always well maintained. The kitchen cupboards had been replaced since the last inspection however they had failed to remove the melamine peeling from the kitchen cupboards. As a result, the kitchen cupboards looked unclean. The fridge in the kitchen was not clean.
- The home's communal areas were not always well maintained, and this had resulted in a build-up of dirt and dust. The walls and the skirting boards in the communal areas and landings were dirty, damaged, marked and scratched.
- In one person's room there was bare plaster above the door where the door frame had come away. This repair had been identified by the registered manager and a schedule of work was agreed to repair the area. After the inspection the registered manager sent evidence of the repair having been completed.
- In another person's room the wallpaper had come away from the wall. The provider had identified many of the issues when they carried out their recent service audit. However, at the time of the inspection all the issues were still outstanding without a clear time frame of when these would be completed. After the inspection the provider sent through evidence of the communal areas having been cleaned.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The registered manager had effective recording methods in place for managing people's DoLS application. The manager was aware of the requirement to notify the Care Quality Commission following the approval of

DoLS applications.

- Staff received training in the MCA as part of their induction and annual refresher training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed prior to them moving into the home to ensure the service could meet people's individual needs. The registered manager completed pre-assessments in the person's home. The registered manager took the needs of people currently living in the home into consideration before accepting new people.
- Assessments of people's needs were detailed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Once the assessment was complete and the home was confident they could meet people's needs they were invited to come and spend time in the home and meet the other people living there.
- The pre-assessment information was used to develop care plans that instructed staff on people's preferences and support needs. Staff were then matched accordingly. The registered manager told us, "There is a matching criterion for staff and people, we give careful considerations to what people's support needs are and we look at personality characteristic and shared common interests." People were supported to identify goals and aspirations and staff supported people to achieve these.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained and supported. Staff completed a weeks' induction before they started working at the service. We spoke to one member of staff who told us the "I thought the induction was excellent.". One relative told us, "Staff have sufficient training and do a good job."
- Staff also completed two weeks of shadowing before they first started caring for people. One staff member told us this was invaluable as it "Allows you to see how people like to be cared for and people get use to you."
- Staff were encouraged to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff had regular supervision and appraisals and observations of their work was done three times a year. Staff told us they found this support to be very helpful.

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

- Care plans contained information on people's food preferences and specific instruction around their diet and their cultural preferences which help them to maintain a balanced diet. During the inspection people came to tell us where they were going for lunch and how much they enjoyed going out for lunch. People had enough to eat and drink, and they told us they enjoyed the food in the home. One person said, "The food is nice."
- The home had food menus on display throughout the home and people were offered a choice of food for each meal time. However, the pictures on display were in black and white and not easy to see. We spoke with the registered manager about this and they showed us how they were creating new menu coloured cards. The home was also developing a new book of other pictorial ideas to encourage more people to help pick food options. The registered manager told us this was an area the home wanted to improve on.

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 attend their healthcare appointments by staff who knew them well. Within people's files there was detailed information on people's healthcare conditions which ensured staff had good knowledge to care for people.

- The home had good partnerships with health care professionals and within people's files we saw the home was in regular contact with health services. Care records reflected a multi-disciplinary approach to meeting people's individual needs. For example, we saw evidence of input from GPs, podiatrists and mental health professionals. People received regular support from the optician, chiropodist and the home ensured people had yearly visits from a dentist or more often if required.
- People had oral hygiene risk assessments in place which were reviewed regularly. Within people's care plan we saw information on how to assist people to brush their teeth and use a tooth brush. One relative told us, " [Person] is properly supported to maintain personal hygiene."
- Staff notified relevant professionals following any changes in need. In one person's file we could see staff were working in partnership with health care professionals and we saw evidence of appropriate referrals made to health care professionals when person's needs changed. People's healthcare notes were very detailed which helped to ensure staff had the correct information to provide care.
- There were two handover systems in place each day which allowed staff to discuss people and any changes to people's health and care needs. This ensured staff had the correct information to meet people's changing needs. Relatives told us they were kept informed if people's needs changed.

# 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 now 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 and their relatives were very happy about the care and support they received. One relative told us, "The staff are friendly and caring."
- We observed people were consulted or given choices before care and support was provided and we heard positive interactions between people and members of staff throughout our inspection. People were supported by staff who knew their needs, personalities, likes and dislikes.
- Care plans were developed and reviewed with relatives which helped to ensure people's preferences and diverse needs were met. This included protected characteristics under the Equalities Act 2010 such as age, culture, disability and religion.

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

- People were encouraged and supported to make decisions regarding their day to day routines and their personal preferences. On the day of our inspection staff told us, how the activities had changed as people had decided they wanted to do something different. A staff member explained, "We change our plans if people agree they want to do something different." This told us people were involved in making decisions about their care.
- Staff had time to get to know people well, during our inspection we observed staff clearly understanding people's individual needs and encouraging people to express their views.
- Records showed that where appropriate, relatives were consulted about their family member's care. Two relatives confirmed they were kept updated and informed by staff in the home.
- During our inspection, we observed the registered manager supporting a person to call their advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we observed staff supporting people to improve their independence. One person was supported to make a cup of tea, another person was encouraged to go and get some snacks and take their dirty cups back into the kitchen. Staff told us they prompted and encouraged people to do as much for themselves as possible, one member of staff said, "We give choices and encourage people and we never assume."
- People were supported to maintain and develop relationships with those close to them. There were no restrictions on visitors and relatives explained this made them feel welcome.
- We observed staff knocking on people's doors and talking respectfully to people during our inspection.

# 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 now remained the same. This meant people's needs were met through good organisation and delivery.

### 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 communications needs were clearly detailed in their care plans and understood by staff. This included details of any sensory impairment which staff needed to be aware of, and the persons preferred methods of communication. However most of the documentation around the home had not been printed in an accessible format. We discussed this with the registered manager and they told us this was an area they had identified which needed improvement and they showed us examples of templates they were introducing to ensure information was more accessible.
- Some people required assistance to communicate but staff were able to communicate with people in a way they understood and there was detailed information in the person's care plan to help guide staff.

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

- Care plans were individualised and contained detailed information and guidance on how best to support the person. Care plans provided staff with descriptions of people's abilities and how they should provide specific support.
- One member of staff told us, care plans were informative and gave them the guidance they needed to care for people.
- Care plans were reviewed in response to changing needs to help ensure they remained up to date and accurate. One relative told us, "I always take part in care reviews."

### 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

- The home offered a variety of daily activities both inside and outside of the home. People told us they enjoyed the activities. Many people participated in activities together. The home had recently introduced some new activities such as yoga and gentle exercise and one person told us they enjoyed the yoga session. One staff member commented on the improvement in a person's coordination after attending the exercise class on a weekly basis.
- The provider gave each person a community access fund which was determined by their support package. This money could be used for activities which people enjoyed doing.
- People were supported to maintain contact with their friends and family and during the inspection we saw people come into the office to use the phone to contact their relatives.

- People were supported to go on holidays each year. Two people had made the decision to holiday together whilst the other people planned their annual holiday. They spent time with staff and visited the travel agent to decide on the destination. One person told us how much they enjoyed their trip.
- During the inspection the home was planning for Christmas and they were arranging the annual Christmas meal. One person told us, "I enjoy eating with my friends. "
- There was an annual Olympic game for all of the local care homes. One person showed us pictures of the games and told us, "The day was fun."
- Each year the home arranged a variety of cultural days for people living at the home. This was used to help people learn more about their culture and others living at the home.

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

- Since the last inspection there had been no complaints made to the registered manager. The home had a formal complaints process in place. People and their relatives were provided with information about how to make a complaint. One relative told us, " I have never had to complain as the care is good."

#### End of life care and support

- The home had good systems in place for recording people's end of life wishes. However, some people did not wish to discuss their end of life plan. This was recorded within their support plans. The registered manager told us, "They revisited this each year with people and their families, but they also appreciated some people did not wish to discuss the matter. "
- For other people there was detailed information recorded within their support plans which outlined people's wishes.
- The registered manager and two staff had recently attended training with the local authority on end of life and they spoke with enthusiasm about the training.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home was well managed, and the registered manager knew people well. People told us they liked the registered manager and it was clear they understood the needs of people living in the home. One relative told us they felt they knew the registered manager and the area manager well and they could talk to them at any time.
- There was a clear vision and set of values for the home which focused on people receiving good care and support.
- The registered manager regularly sought the views of people. They continued to consult with people about their care and about the service. People were supported to voice their opinions, and the management team always responded to comments put forward.
- Relatives told us the home sent out regular updates and they felt communication was good. One person said, " They keep me informed and if something happens they tell me immediately."

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 registered manager understood their responsibilities under the duty of candour. They told us it was important to be, "Open and transparent and learn from incidents if they occurred."
- The management team were aware of their roles and responsibilities including what events they needed to notify CQC about.

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

- The home had effective quality assurance systems in place. This included audits of all the service's care plans, medicines audits and analysis of incidents and complaints. The registered manager submitted monthly reports through the provider's internal computer system, which was accessible by the area manager who had oversight of the service. The area manager visited regularly to carry out their own checks. All audits were discussed with the area manager on a monthly basis and plans were drawn up to identify any concerns or trends.
- The registered manager told us it was important to keep themselves up to date with current legislation and best practice guidelines through, amongst other things, attending internal meetings and events with colleagues across the organisation but also attending meetings within the local area.

- The home carried out an annual family satisfaction survey and a stakeholder survey to gain feedback about people's experience of the home. The survey was analysed, and we saw evidence of actions taken to address feedback given.
- There were regular, well-attended staff and management meetings and detailed records were kept. These included discussions of good practice and ways the service could continuously improve and learn.

Continuous learning and improving care; Working in partnership with others

- The home worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- The management team and staff attended conferences and workshops to improve the care people received. Good practice was cascaded to other staff to further develop their knowledge and share learning.