

Care Management Group Limited

Care Management Group - 23 Pierrepoint Road

Inspection report

23 Pierrepoint Road
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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 

Overall summary

This inspection took place on 9 and 14 July 2015. The visit on 9 July was unannounced and we told the provider we would return on 14 July to complete the inspection. We last inspected the service in August 2013 when we found the provider needed to improve record keeping. We followed up this inspection in January 2014 and found the provider had made the necessary improvements.

23 Pierrepoint Road is a care home for up to 11 people with a learning disability. When we inspected, 11 people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they were very happy with the support they received and their relatives and health and social care professionals involved in people's care commented extremely positively on the service. They told us the provider and registered manager identified and met people's health and social care needs.

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

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

Support staff understood and followed the provider's safeguarding and whistleblowing procedures. They also understood the importance of reporting any concerns about the welfare of people using the service.

People and their relatives told us they knew about the provider's complaints procedure. They were confident the provider and the registered manager would respond to any concerns they might have.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived 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.

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

The provider and registered manager followed effective systems to monitor the quality of 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.

The provider had systems to protect people from abuse and keep them safe.

The service had enough staff to care for and support people and the provider carried out checks to make sure staff were suitable to work in the service.

People consistently received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

The provider followed procedures to make sure they only deprived people of their liberty in a safe and correct way.

Staff completed the training they needed to care for and support people.

Staff supported people to access the healthcare services they needed.

Good



Is the service caring?

The service was caring.

Staff supported people in a professional manner. They listened to people and always treated them with respect.

Staff encouraged people to take part in activities but, where people chose not to take part, staff respected their choices.

Good



Is the service responsive?

The service was responsive.

The provider arranged activities that reflected people's interests and that people enjoyed.

The provider produced information about their complaints and whistle blowing procedures in easy read formats that helped people understand the information.

People's support plans identified their social and health care needs and how the service would meet these.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post and they understood their role and responsibilities.

The manager had consulted people about their views on the service and the care and support they received.

Systems were in place to monitor the running of the service.

Good



Care Management Group - 23 Pierrepont 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 9 and 14 July 2015. The visit on 9 July was unannounced and we told the provider we would return on 14 July to complete the inspection.

The inspection team comprised one inspector.

Before the inspection, we reviewed the information we hold about the service. This included notifications the provider sent us about significant events in the service. The

manager completed a Provider Information Return (PIR) and sent this to us on 2 June 2015. 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.

During the inspection we spoke with four people using the service and observed the care and support other people received. We spoke with six support workers, the service's manager and deputy manager. We looked at the care records for two people using the service and staff recruitment records for three staff working in the home. We also looked at other records including medicines records, health and safety audits and staff training records.

Following the inspection, we received comments from three relatives of people using the service and two health and social care professionals, a local authority social worker and a placement monitoring officer.

Is the service safe?

Our findings

People and their relatives told us people were safe at the service. One person said, "I'm safe here, I don't have to worry."

The provider had policies and procedures regarding safeguarding adults and whistle blowing and we saw they regularly reviewed and updated these. The provider had trained staff in these areas and we saw evidence of this training. Staff had the information they needed to recognise potential abuse and they understood the importance of reporting concerns and helping to prevent abuse occurring. All of the support staff we spoke with knew what to do if they suspected someone was being abused or at risk of abuse. Their comments included, "I would tell the manager straight away if I thought someone was abusing people," "If I reported something and I thought it wasn't being taken seriously, I would go to the area manager or use the whistle blowing procedures" and "I'd report any concerns straight away and make sure they were followed up."

The provider carried out appropriate checks to make sure new staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and criminal record checks. All staff had completed an application form detailing their employment history.

People's care records included assessments of potential risks. Support staff regularly reviewed and updated all risk assessments and risk management plans. The assessments we looked at identified potential risks and gave support staff clear guidance on how to manage these and minimise the possibility of harm. The information for staff was clear and based on people's individual needs, communication and preferences.

The provider ensured there were enough staff to meet people's care and support needs. We saw support staff worked well together to attend to people's needs promptly. People were able to do the things they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of four staff each morning and afternoon. During the night, one waking staff was on duty, with a second member of staff asleep in the home to provide support, if required.

Staff told us they felt there were usually enough staff to support people in the home and the local community. They also told us the manager and deputy manager also worked directly with people using the service when they needed additional staff. Their comments included, "We are a good team, we help each other to do the best for people living here," "Team work is good, we all know what needs to be done and we make sure we do it" and "If we need help [manager's name] and [deputy manager's name] will always help us."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. Support staff we spoke with told us the provider had trained them to give people their medicines and we saw evidence of this training. The manager assessed each member of staff's competency to manage medicines before they carried out this task. The manager and deputy manager undertook regular checks of medicines storage and records. They recorded these checks and we saw they had addressed any identified problems immediately. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

Is the service effective?

Our findings

People using the service told us they were very happy with the staff who worked at the home. Their comments included, “The staff are good, I can talk to them” and “All of the staff are alright, they try to help.”

A local authority placement monitoring officer commented, “On the day of my visit from my questions to staff, report and from observation the residents and staff were relaxed and confident in each other. The manager had returned from maternity leave and demonstrated good leadership, following up on any outstanding matters from her time away; all requested documentation was to hand with evidence to support the choices the client had made and that the planned activities had taken place. Staff were confident to ask questions and respond to any I asked. The client was happy to show me his bedroom and introduce me to staff.”

Support staff told us they were well supported and had the training and information they needed to care for and support people. One member of staff said, “We are very well supported and can always do the training we need.” Another member of staff told us, “The training is very good. If there’s something we need to do, [the provider] will organise it.”

The provider ensured staff had the regular supervision they needed to work with people using the service and the records we saw confirmed this. Records also showed that each person working in the service had an annual appraisal of their work. One member of staff told us, “I get regular supervision, it helps to talk about my work, the training I need and how I can develop.”

Managers and support staff communicated well. They used a communication book to write messages to each other about the service and the people living there. The manager had also displayed information and messages from the provider in the office. There was a daily hand over of information when the staff changed shifts. This included discussions about people using the service and their care and support needs.

Support staff had the skills and knowledge they needed to support people using the service. Records showed new staff completed a planned induction to their work in the service, shadowing experienced members of staff and completing a range of training. Training for all staff included

health and safety, safeguarding vulnerable adults, first aid, food hygiene, manual handling, medicines administration and autism awareness. Support staff told us the provider recorded all training and reminded them when refresher training was due.

The provider had assessed people’s capacity to consent to decisions about their care and support. The manager recorded the assessments and included information about each person’s ability to make decisions. This included how they communicated their preferences and how staff could do to help them understand decisions about their care and support.

People’s care and support plans included their choices and preferences and reminded support staff about the need to support people to make decisions at all times. People told us staff did offer them choices. One person said, “I choose what I want to do and it’s my choice”. A second person told us, “If I don’t want to do something I talk to the staff about it.”

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 told us they had applied to a number of local authorities for authorisations under DoLS to enable support staff to support them safely. Some people using the service lacked the capacity to understand some of the dangers involved with accessing the community and needed support from staff to leave the service. The manager had made a DoLS application to the local authority in respect of this. We saw records relating to applications and the manager had informed the Care Quality Commission when the authorisations were agreed by a local authority.

People told us they had enough to eat and drink. One person said, “The food’s good, I can have as much as I want.” People using the service and staff were involved in planning the weekly menu for the home, shopping and preparing meals. The planned menu was shared with everyone and put on display, using pictures to make the information easier for people using the service to

Is the service effective?

understand. During the inspection, we saw people enjoying a healthy lunch. Menus indicated that meals were varied and nutritious. The kitchen was stocked with fresh and good quality food.

Support staff had assessed people's nutritional needs and had worked with a Speech and Language Therapist to develop a eating and drinking guidelines for one person. Staff kept detailed and accurate records of the amount of food and drink this person ate and drank and regularly monitored and recorded other people's weight.

The provider had developed Health Action Plans and Hospital Passports for each person using the service. These included details of people's specific health needs and who would support them with these. People told us the staff helped them stay healthy and they could see the doctor whenever they needed. People's care records included evidence of regular consultation with health care professionals. Staff had also included information from these professionals in people's support plans. The manager told us they worked closely with a number of GP practices and specialist health services for people with a learning disability or mental health needs.

Is the service caring?

Our findings

People told us they felt well cared for in the service. One person said, “I’m happy here, it’s a good home.” A second person told us, “I’ve lived here a long time, I like it.” People’s relatives also told us they felt people were well cared for, their comments included, “My [relative’s name] is happy and well cared for” and “I am satisfied on all counts”.

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day on at least one of the two days we visited.

The manager and most of the support staff we spoke with had worked in the service for some time and knew people’s care needs very well. They were able to tell us about significant events and people in each person’s life and their individual daily routines and preferences.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge, activity room or dining room when they wanted to be with other people. Staff respected people’s privacy and dignity when they supported them with their personal care. For example, staff

made sure they closed bedroom doors when they supported people with their personal care and always knocked on the door and waited for people to invite them in.

Staff offered people choices about aspects of their daily lives throughout the inspection. We saw people made choices about what to eat and how they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person’s request, we saw they explained the reasons why and agreed a time when they would be able to support the person.

The provider produced information for people using the service in a format they could understand. We saw the provider’s care planning and risk management forms included pictures and symbols to make the information easier for people to understand. An easy-read version of the provider’s complaints procedure was also available.

We saw staff recorded people’s needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw. Staff also recorded people’s religious needs, although neither of the two people whose care records we reviewed attended a place of worship.

Is the service responsive?

Our findings

People told us they received care that met their individual needs. They told us support staff understood their preferences and these were reflected in the support they received. One person said, “All the staff know me, they know what I can do for myself and when I need help. I can talk to any of them.” Another person said, “The staff are there if I want help, I don’t want it all the time, so I tell them.” A third person said, “I can choose what I want to do, if I don’t want to do something, I don’t have to.”

A relative told us, “I have no issues with Pierrepont Road or the staff that work there they all do a great job.” A social worker working with one person using the service told us, “Overall I was satisfied that the client is well and appropriately placed and that it provides the individual with as independent a life as is possible.”

The provider’s care planning systems were centred on the individual. The providers and support staff had assessed and recorded people’s individual care and support needs. Care plans included information on things people could do independently and support staff reviewed these regularly. For example, staff had supported one person to enable them to prepare their own breakfast each day. Plans were personalised and gave support staff clear instructions about how to meet people’s physical, health, personal and social needs.

The registered manager and support staff told us they held monthly meetings with people using the service. We saw the minutes of the meeting held in June 2015 and saw people discussed health and safety issues, food, holidays and activities. The provider produced an easy read version of the minutes of each meeting to make the information easier for some people to understand.

We saw that each person’s key worker produced a monthly report on how the person had spent his or her time during the month. These showed activities, outings, medical appointments, family contacts and any other significant events or incidents.

Support staff enabled people to access appropriate activities. People’s care records included weekly activity plans and daily notes staff completed to show how people spent their time. Records showed people took part in voluntary work, attended day services, maintained contact with family and friends and accessed leisure activities in the home and the local community. During the inspection, we saw people went out for a pub lunch, visited a local park and went shopping. When people chose not to go out, support staff organised art and craft activities in the home and we people enjoying these.

There was an appropriate complaints procedure and two people we asked told us staff had given them a copy of this. They also told us they knew what to do if they had a complaint. One person said, “I’d speak to the staff or [manager’s name] if I wanted to complain, but I’ve never needed to.” A relative told us they had never needed to make a complaint about care in the home. Staff told us they had confidence the management would address any concerns they raised. The complaints records showed there had been one complaint since our last inspection. The registered manager had met with the complainants and investigated their concerns. As a result, support staff had reviewed one person’s support plan and introduced more frequent checks and more detailed recording.

Is the service well-led?

Our findings

The registered manager told us they had worked in the home for a number of years and had managed the service since 2012. People using the service told us they knew who the registered manager was and said they could talk with them at any time. One person said, “[manager’s name] is the manager, she helps us all.”

Support 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. Records we saw during the inspection confirmed this.

Staff described the provider’s training and information as “very good.” Staff also told us they enjoyed working for the organisation.

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 but we work well as a team.” A second member of staff said, “Some people need a lot of support, others not so much, but it’s always hard work and we have to work together as a team.”

The provider’s stated core values were, “Shared Responsibility; Dignity and Respect; Opportunity to Achieve and Sustainability.” Support staff were able to tell us about the aims of the organisation and told us their role was to work with people as individuals, supporting them to make choices and be as independent as possible. They gave us

examples of how they supported each person in the home to take part in activities they chose. For example, they told us they supported people to visit relatives and friends, with their work placements and going on holidays and day trips.

The registered manager told us the provider had signed up to the Driving Up Quality Code, introduced following the abuse of people at Winterbourne View. As part of the Code, the provider completes a self-assessment of the services they provide and the registered manager planned to complete this in the near future. While we were not able to see the results of the self-assessment, we saw evidence of the provider, manager and staff’s commitment to the Code.

The provider had systems in place to gather the views of people using the service and others. The registered manager told us they organised an annual survey to get the views of people’s relatives and professionals involved in their care. There was also an on-line survey for support staff. We saw the results of the most recent survey were largely positive and the manager had discussed these with staff in a team meeting. Because of comments made in the survey by one person’s relatives, support staff had reviewed and updated the person’s support plan goals to include support to identify employment opportunities.

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, health and safety, staff training and staff sickness absences. In addition, the provider’s regional manager carried out additional audit visits every three months to review health and safety, care planning, risk management and finances. We saw the registered manager and the regional manager monitored the audit reports to make sure identified actions were completed.