

# Achieve Together Limited

# 1 Fengates 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

1 Fengates Road is a residential care home providing accommodation and personal care for up to six people. At the time of inspection there were six people living there.

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

#### Right Support

People were encouraged to have control in their daily lives and staff ensured people were able to live as independently as possible. For example, people had been supported to learn new skills such as going out to places of interest without staff support and taking care of their home environment. Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them.

#### Right Care

Staff knew people well and ensured that people received the support they needed to keep them safe and to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring. They treated people with respect and encouraged them to make decisions about their care and support. One relative told us, "The staff seem to know [person] very well indeed and they are on the ball. They are all great and I don't have a bad word to say."

#### Right Culture

There was a positive ethos at the service and a culture of empowering people to live the lives they wanted to. People were involved in planning their own care and were encouraged to give their views about the support they received. The support staff provided was flexible to take into account people's needs and preferences.

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

This service was registered with us on 1 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good (published on 24 January 2018).

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support right care right culture'.

#### 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.

# 1 Fengates 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

1 Fengates Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all 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 and we spent time observing people receive care and support. We spoke with three members of staff including the registered manager, and support workers. 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 spoke to three relatives of people who lived at 1 Fengates Road about their experience of the care provided. We spoke to two health and social care professionals who worked alongside the service. We continued to seek clarification from the provider to validate evidence found. We looked at further care records, training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People told us they felt safe living at the service and relatives we spoke to supported this. One person told us, "I do feel safe here." A relative said, "Yes, [person] is safe, it's true they are safe with the staff."
- Staff received regular training about safeguarding, they knew how to identify potential abuse and how to report it. One member of staff told us, "I would raise [safeguarding concerns] with my manager. I have access to the whistle blowing policy and I know all of the procedures. We have an out of hours contact who we can contact as well if we need to."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were encouraged to take risks in a positive way. Several people went out without staff support and steps had been taken to mitigate risks accordingly. One person told us, "I go out on my own because I have a phone, I have the house number on it if I need to contact staff."
- Risks to people were regularly assessed and monitored. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with a health condition. There were clear guidelines in place for staff to explain how to support the person with this.
- Staff learned from incidents which had taken place in order to improve people's care. For instance, changes in one person's behaviour had led to a number of incidents. A referral was made to the provider's positive behaviour support team and the person's support plan was reviewed. The registered manager told us there had been a reduction in incidents since then and the new approach was having a positive impact on the person and the people they lived with.
- People had detailed personal emergency evacuation plans (PEEPS) in place and there were contingency plans to ensure people's care would continue if an emergency such as a fire or flood meant people had to leave the service.

Staffing and recruitment

- There were enough staff deployed to support people safely. Staffing levels were flexible and carefully assessed around a person's needs to ensure these could be met, including staff support for participating in activities and accessing the community.
- There was a well-established staff team at the service. One member of staff told us, "Sometimes if we book for agency they will cancel at the last minute. We as [contracted] staff step in and do the extra." Rotas we looked at supported this.

- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to take their medicines safely and in a person-centred manner. One person liked to keep their own records of their medicine and they were supported by staff to understand their medicines and what each one was for.
- Systems and processes for the management of people's medicines were robust. Medicines were stored and disposed of at the service in accordance with relevant guidance.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the management team checked their competency regularly in relation to the administration of people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visits for people living at the home were facilitated in line with the current guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and choices were fully taken account of when planning care. One person told us, "I discuss with staff what I do each day of the week and have it on my planner. Then I know what I am doing in the week, so it helps."
- People's needs were assessed before they started to receive care and support from the service. This included working closely with other health and social care professionals by completing joint assessments. This helped to ensure people's individual needs could be met.
- Care was delivered in line with relevant standards guidance and the law. This included the provider following guidance from the National Institute for Health and Care Excellence (NICE) and ensuring people were protected from discrimination in accordance with the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff told us they received a good level of support from the registered manager. One member of staff told us, "If there is something you don't know [registered manager] will help you. Some managers are not like that, but he takes time with you."
- Training records showed that staff received the training they needed for their job roles and staff we spoke to confirmed this. One member of staff told us, "I get the training I need. I would prefer to have face to face training. I told the [registered manager] and he said he will look into this."
- One person had recently been diagnosed with a new health condition. The registered manager had arranged for all staff to have training about this health condition to improve their understanding and help ensure the person received the support they needed.
- New staff received an induction when they started working at the service. This included training and shadowing of other staff to ensure they were able to meet people's needs.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations as well as identify areas of learning and development.

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

- People were supported well to manage their nutrition. People told us they enjoyed their meals and we saw that people were encouraged to prepare meals and drinks as independently as they could. One person told us, "We choose our meals from cookery books or folders."
- Risks associated with people's nutritional needs were clearly recorded and guidance was in place for staff to follow in order to prevent harm occurring. One person had a food intolerance and how to support them with this was clearly recorded in their care plan.
- We saw people's support plans detailed their favourite foods and foods they disliked. Details were also

given about individuals' ability to prepare food and drink and how to support the person to do this safely.

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

- The environment reflected the friendly atmosphere of the service. People had their own bedrooms which were highly personalised and decorated to their individual taste.
- The building had been adapted so that people each had their own shower or bath. Handrails had been installed to help those with mobility issues.
- The service had several different areas where people could choose to spend their time and people had access to a garden which they were supported to help to maintain.

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when they needed to. One person told us, "If I need to see the doctor or anyone staff sort that out."
- People were supported to live healthier lives. Staff encouraged people to eat healthily and promoted exercise. A member of staff told us, "I support [people] to go for walks as much as possible. I give them a lot of praise and encouragement to do this and remind them this will help keep them fit and healthy."
- Detailed and up to date health action plans were in place which recorded important information such as how to tell if someone was feeling unwell, records of previous appointments with healthcare professionals and support required to help with their health conditions.

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 care was provided in line with the principles of the MCA. Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "We try to give [people] a lot of choices, for example with the menus and activities. We encourage people to help themselves."
- The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- Mental capacity assessments had been completed with people where staff were unsure whether or not they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff treated people with kindness and respect. We observed friendly exchanges between staff and people. One person told us, "[Staff] knock before they come in and they talk to me with respect." Another person said, "[Staff] are always very kind when they speak to you. They are caring."
- Staff took time to get to know people well in order to build up trusting relationships and provide people with the support they wanted. This approach had led to positive outcomes for people's health and wellbeing including supporting one person to lose weight and supporting another person to be able to access the community more freely.
- Equality and diversity was promoted at the service and people were supported to feel positive about themselves.

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

- People were kept involved in making decisions about their care. People told us they met with staff to make decisions about the care provided. This included what people needed help with and how they liked care to be carried out. A member of staff told us, "We have keyworker meetings and see what people would like to do. [Person] said, 'My birthday is coming up and I want to go to a restaurant.' So, we supported them to do this. A keyworker is a member of staff with delegated specific responsibilities for an individual."
- We observed that people were listened to during our inspection and people were empowered by staff to decide what they wanted to do and where they wanted to go. One person told us "Sometimes I go to [location] by myself. Staff book me a taxi."
- Relatives confirmed they were involved in decisions about people's care and records showed relatives had been included and kept informed appropriately.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people received the care and support they required whilst maintaining their privacy and dignity. For example, respecting when a person needed space.
- People were encouraged to do as much as possible for themselves. People made decisions about how they spent their free time and had access to transport which enabled them to attend clubs and activities. People also participated in daily living tasks such as cleaning, laundry and meal preparation. One person told us, "Staff used to help me clean the fish tank but now I can do this myself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; End of life care and support

- People received person centred care. Care staff understood people's needs and how best to support them to achieve good outcomes. One member of staff told us, "We ask what people would like to do, we can't just take them somewhere. We prompt by giving them 4-5 different choices and see what they would like to do."
- People received responsive care from staff that were able to adapt their support and be flexible in their approach. For example, we saw staff knew how to provide reassurance to help prevent people becoming anxious or distressed.
- Care plans were person centred, and captured people's personal histories, specific wishes in relation to the care they received as well as the things that they did not like.
- There was no one receiving end of life care at the time of inspection however people's care plans contained details of their end of life care preferences.

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 were met. We observed that staff communicated well with people and understood their individual communication needs. One member of staff told us, "[Person] has hearing difficulties. You have to give them a lot of eye contact. If you are too far off they probably won't know what you are saying."
- Care plans included detailed information about how people communicated and how staff could support them to make their wishes known.
- Systems were in place to ensure information was provided to people in an accessible format. This included a pictorial format and staff would explain to people verbally or using other communication methods if needed.

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 led varied lives with the support of a group of staff who knew them well. One person told us, "I have been to West Croydon with staff to do some shopping and Crawley. I like to go out for a coffee and a cake, I like doing that with staff."
- People's interests and hobbies were recorded, and we saw that people were supported to follow these. The registered manager told us, "[Person] mentioned they wanted to go to a bus fair in Brighton on Sunday."

I have arranged for an extra member of staff to be on shift to support them with this."

- Support had been arranged for people to enable them to vote in local elections which were taking place shortly after the inspection.
- Staff supported people to maintain relationships and avoid social isolation. On the day of our inspection, all people had been out into the community. Care plans recorded relationships that were important to people and staff supported them to maintain contact.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had used this previously to improve care. No complaints had recently been raised or received. One person told us, "I know how to make an official complaint if I need to."
- The registered manager demonstrated, through discussion, that they took complaints and concerns seriously, investigated them, apologised where needed and valued them as ways to improve the service and care people received.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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

- People and their relatives spoke positively about the outcomes they achieved with support from the service. One relative told us, "[Person] feels loved by the staff and has a good rapport with all of them, it is like a family." Another relative said, "I couldn't wish for a better place for my relative."
- There was a positive culture within the staff team, and it was clear that staff wanted to do their best for people. One member of staff said, "We support people to be as independent as possible." Another member of staff told us, "The service here is good, the people here do a lot."
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.

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

- The registered manager and staff demonstrated they had a clear understanding of their roles and responsibilities. The registered manager took a hands-on approach and was integral to the effective running of the service on a day to day basis. A member of staff told us, "If there is something you don't know [registered manager] will help you. Some managers are not like that but he takes time with you."
- The provider had a robust auditing system to check all aspects of service delivery, ensuring the quality of care was a good standard, as well as checking documentation and staff training.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- The registered manager promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the care they received.
- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and questionnaires. The management team also frequently provided people's care themselves which meant they could have regular discussions with people.
- Staff were encouraged to contribute their ideas about what the service did well and what they could do

better. This was through regular contact with the management team, which included individual and team meetings. Staff said they enjoyed working at 1 Fengates Road, one member of staff told us, "[Registered manager] really cares and he creates a pleasant atmosphere with the staff."

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged an open and honest approach within the service and were continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- The provider had a positive behaviour intervention team who worked alongside the service to help improve people's care. Accidents and incidents were recorded and analysed to look for evidence of trends and where improvements could be made.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.