

# Achieve Together Limited

# St George's House

## 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

St George's House is a supported living service. At the time of the inspection they were providing personal care to 12 people. The service provides support to adults with learning disabilities and autistic people.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Risks to people's safety were considered and clear guidance was put in place to support staff. People were supported by enough staff who had received training and had the skills to complete specific tasks. Staff supported people to maintain relationships that were important to them and pursue their interests. 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.

### Right Care

People's health needs were well supported, and people's medicine was safely managed. Staff supported people to maintain their home and purchase items that met their individual needs. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. The provider was actively recruiting new staff to ensure people received consistent care and support. Staff had access to protective personal equipment (PPE) to limit the risk of infection.

### Right culture

People, their relatives and staff felt able to raise any concerns. They were given the opportunity to provide feedback on the service. The registered manager had actioned concerns raised since being in post to make improvements to people's care. Lessons were learnt when things went wrong. The provider carried out regular audits and shared best practice amongst the staff team. The management team and staff worked with external health and social care professionals to support people and effectively meet their needs.

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 21 July 2020 and this is the first inspection. The last rating for the service under the previous provider was Good published on 26 September 2019.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# St George's House

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. We gave the provider time to discuss our visit with people to ensure their best interests were considered.

Inspection activity started on 8 December 2022 and ended on 20 December 2022. We visited the location's office on 12 December 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the service manager, the operations manager and support workers. We reviewed a range of records, this included 2 people's care records and medication records. We looked at 3 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.

# 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 since registration. 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 safeguarded from the risk of abuse through effective processes in place.
- People were supported by staff who had been trained to recognise and report any signs of abuse and potential harm. Staff we spoke with confirmed the process they would follow to raise any concerns.
- People and their relative's confirmed people were safe where they lived. One person told us, "I feel safe, I have no concerns and I am happy." One relative told us, "I have no concerns with [Person's name's] safety."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, monitored and managed.
- People had risk assessments in place for different aspects of their health and wellbeing. For example, for their medication, COVID-19, community and indoor environments. The assessments provided clear information to inform staff of how to support people safely and mitigate the risk of harm.
- The provider and the landlord carried out environmental safety checks to ensure the building and any equipment used was safe.
- The registered manager reviewed people's risk assessments on a regular basis to ensure they were up to date and reflective of people's current needs.

Staffing and recruitment

- People were supported by enough staff to meet their individual needs.
- The provider had increased the number of permanent staff to help ensure people received consistent support. In some houses some staff and some people's relatives felt further consistent staff was required. The registered manager confirmed they were aware and were continuing to reduce the number of agency staff.
- People were supported by staff who were safely recruited to work in the service. Pre-employment checks were carried out including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured agency staff had profiles in place with completed recruitment checks and induction checklists.

Using medicines safely

- People's medicines were managed safely.
- Processes were in place to ensure people's medicines were ordered and supplied in a timely way. People received their medicine as prescribed, and staff maintained accurate records which were monitored to

ensure no errors occurred.

- Staff had supporting information to assist them in administering medicines that had been prescribed on an as required basis. People also had access to homely remedies which had been agreed by the GP.
- People and their relatives confirmed people received their medicine as required. One person told us, "Staff help me with my medicines."
- Staff completed training to safely support people with their medicines. They were also trained in STOMP which is stopping over medication of people with a learning disability.

#### Preventing and controlling infection

- The provider and staff effectively prevented and controlled infection.
- People lived in environments which were clean and tidy.
- Staff had access to personal protective equipment (PPE) and were using PPE in line with national guidance. Staff completed regular COVID-19 tests and visitors were advised to take a test when visiting. This was to try and prevent the virus from coming into people's homes.
- People were supported by staff who received training in preventing and controlling infection.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff reported any concerns or incidents, and the registered manager and service manager reviewed them, investigated and took any required action. This helped reduce the risk of future harm.
- The provider held weekly meetings where shortfalls were discussed from any audits or recent inspections in other locations under the provider. This information was shared with the staff team.



# 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 since registration. 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 were assessed, and their needs and choices were detailed in their care plan.
- The registered manager had reviewed and updated most people's care plans since being in post. We found some conflicting information. For example, 1 person's care plan stated no sensory profile needed, however further information detailed the person's sensory needs. The management team informed us they were considering a sensory assessment for this person. They also confirmed they were in the process of reviewing people's care plans to ensure they held up to date information and guidance for staff.
- People's choices were documented in their care plans and goals and outcomes were set. People's care plans also included their outcomes from previous services. This helped to effectively monitored people's progress.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- People and their relatives confirmed staff had the right training to meet people's needs, although some felt not all agency staff did. One relative told us, "The staff are trained and there are more regular staff now." The registered manager was working to ensure regular agency staff supported people whilst they were in the process of recruiting further permanent staff.
- Staff completed training in a range of different subjects. These included equality and diversity and oral healthcare. One staff member told us, "We have plenty of training and the support is really good."
- We observed staff supporting people individually and effectively meeting their needs. Staff confirmed they knew people and knew how to support them. One staff member told us, "I know people's needs and risks through their care plans and working with them you get to know them. Sometimes things can change, but we always get updated information."

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

- People were supported to eat and drink enough to maintain a healthy diet.
- People could access food and drinks at times to suit them. People planned their meals and completed their weekly food shop, with support where required.
- People created their own menu plans each week based on meals they enjoyed, and staff encouraged healthy eating where possible. One staff member told us, "We try to encourage people to have as balanced meals as possible, if on the day they do not want something, they just have something else instead."
- Staff knew people's dietary needs and followed the guidance in place for anyone on a modified diet. People's relatives confirmed they were happy with the support people received. One relative told us, "Staff know [Person's name's] needs, they support them with food and fluid."

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

- Staff worked with other agencies to ensure people received consistent and timely care and support.
- People received specialist support when needed and referrals were made in a timely manner. One relative told us, "Staff make referrals when needs, they organise required health appointments, including [Person name] flu vaccination. They keep me updated with things."
- People had regular healthcare check-ups. One staff member told us, "People have access to healthcare appointments, they are up to date with dental and optician checks. The GP is on hand if needed. People have also recently seen the chiropodist."
- People's care plans included a health action plan and hospital passport to ensure external health professionals had access to relevant information.

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 MCA 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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records included assessments of their capacity to consent to aspects of their care and treatment, in line with the MCA. Some assessments required some revision to ensure they were decision specific.
- Staff confirmed their understanding around the MCA and best interest decisions. Staff also completed training in the MCA to help ensure they meet people's needs in the least restrictive way. One staff member told us, "People's care is delivered in line with their best interest."
- At the time of the inspection no one was subject to a court of protection application.

# 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 since registration. 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

- People were well treated and supported by staff who respected their equality and diversity.
- People confirmed they were well cared for, and we observed positive interactions between people and staff. Staff showed their passion for supporting people and meeting their individual needs. One person told us, "Staff support me to live happily."
- People's care records included details of their spiritual beliefs and which religious celebrations they participated in. For example, 1 person's record stated they did not follow a spirituality, however they celebrated Christian festivals including Christmas and Easter.

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

- People were supported to express their views and be involved in their care.
- People's care records detailed their preferences and input in their care. People were observed spending time in their rooms as per their own preference.
- Staff confirmed people were involved in decisions about their care. One staff member told us, "People choose how they want to be supported with their personal care and where they want their medication administered."
- One relative told us, [Person's name] has a key worker, we can always get in touch with them." This helped ensure people had a named member of staff to support them and take forward any views they had.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence was promoted.
- People and their relatives confirmed when staff supported people, they were respectful of their privacy and dignity.
- Staff told us how they met people's privacy whilst promoting their independence. One staff member told us, "We keep the doors shut and any conversations can be held in private. People are treated as individuals, and we encourage them to do things for themselves. For example, [Person's name] has cleaned their room this morning and is cooking dinner tonight."

# 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 since registration. 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

- People's care was personalised and met their needs and preferences.
- People, their relatives and staff confirmed people received person-centred care. One relative told us, "[Person's name] very much lives in a routine, refuses certain places but some places they go to everyday, it is all down to them."
- People's care records detailed how they preferred different aspects of their care to be delivered. This information guided staff with specific details to ensure people's preferences were met. For example, people's care records contained specific routines for the day and night-time. One person's care plan stated they preferred to have a shower over a bath, and they were supported with this during their morning routine.
- The management team planned to review people's daily records and support staff to record further details of how people spend their time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the Accessible Information Standard; and this had been considered where people needed additional support to access information.
- Staff were aware of people's individual communication methods and their care plans contained information to guide and support staff to help meet people's needs.
- Information was available in easy read formats for people to access as required.

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 develop and maintain relationships and take part in things of an interest to them.
- People engaged in activities which were tailored to them and their interests. We reviewed people's care records which informed and guided staff on their likes and dislikes.
- People were supported to maintain relationships with family members and friends. When 1 person's relative recently got married, a staff member attended the wedding with the person to ensure they could be a part of the celebrations.

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

- The provider had a complaints process in place which people knew how to access. Records were kept of any complaints or concerns raised and the management team documented any actions taken to improve people's care and experiences.
- At the time of the inspection, there was 1 complaint recorded. The complaint had been reviewed and responded to in a timely manner. Action was taken and lessons learnt were shared with staff.
- People, their relatives, professionals and any other visitors had access to the complaints process which was displayed in easy read formats.

#### End of life care and support

- The provider had approached people to discuss their end of life wishes, however many people stated they did not wish to discuss this at the current time. The provider recoded this information within their care file.
- The management team confirmed they would look to further explore people's preferences in the event of a sudden death and ensure staff had the correct information and policies to follow to ensure the correct people were contacted and any known last wishes were met.

# 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 since registration. 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; Continuous learning and improving care

- Staff and management created a positive culture which helped to ensure good outcomes for people.
- People's relatives and staff confirmed since the registered manager and service manager had been in post improvements had been made to the culture and running of the service. One relative told us, "The care is good now, it is different to 12 months ago. The service is moving in the right direction now."
- One staff member told us, "There has been a huge difference since the manager and service manager have started working together, the service is run well."
- The provider completed regular audits on the service to identify areas for improvement. Any shortfalls were recorded and actioned.

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 and management team understood their obligation under the duty of candour.
- People's care records detailed the action taken when things went wrong, this included informing people's next of kin.

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

- Managers and staff were clear about their roles and responsibilities.
- The registered manager had prioritised actions required for improving the service since being in post and they had worked to make the changes.
- Staff were supported within their roles to ensure people received safe and effective person-centred care. One staff member told us, "Staff work together to make sure people are safe and happy, we are a small team, we all communicate well, it is key to make sure nothing gets missed."
- The registered manager informed CQC of significant events which occurred within the service in line with their legal responsibilities.

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

- People, their relatives and staff were involved and engaged in the service.
- People's relatives confirmed they provided suggestions to improve the service. One relative told us, "The

service ask for my feedback, and it is inputted into [Person's name] care." The registered manager confirmed when first in post they organised a family forum to establish relative priorities. This provided the registered manager with a starting point for making improvements.

- Staff told us they could share any concerns or ways to improve people's experiences of care. One staff member said, "The management team are great, if you have a problem, you go to them, and they sort it straight away."
- The provider shared the importance of ensuring staff felt recognised and valued and introduced a staff incentive scheme. This helped to retain staff members and provide people with consistent care.
- The provider kept records of any compliments provided by people, their relatives, or external professionals. A recent compliment from a relative stated, "[Staff member] has developed an understanding for [Person's name] needs, which are very complex. [Staff member] can anticipate the level of support required at any one time. A true carer."

#### Working in partnership with others

- The provider worked in partnership with other health and social care professionals to help meet people's needs.
- People's care records detailed where professional meetings were held to ensure people's care included all required input.
- The registered manager was developing community links to improve opportunities for people.