

Achieve Together Limited

South Hill

Inspection report

93 South Hill Avenue
Harrow
Middlesex
HA1 3NZ

Tel: 02088690226
Website: www.achievetogether.co.uk

Date of inspection visit:
31 May 2022
01 June 2022

Date of publication:
23 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Southill Avenue is a supported living service for people with learning disabilities and autistic people. On the day of our inspection the service provided support to nine people. The service has capacity to provide support to 11 people.

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

We found that the management of medicines required some area of improvement. For example, some handwritten medicines administration (MAR) lacked the required information. While we did not find any evidence that this had a negative impact on people, we shared our concern with the registered manager and requested that improvements were necessary to ensure people's medicines was managed safely. The registered manager has provided us with some information after our inspection visit that they had taken actions to address the concerns stated above.

People who used the service were safe and were protected from harm and abuse. Staff had received appropriate training around safeguarding people from abuse and demonstrated good understanding of their roles and responsibilities. Risk in relation to receiving care and support had been assessed and robust plans to manage such risks were available and reviewed where required. Sufficient staff were deployed to meet people's needs and appropriate recruitment checks were carried out. Medicines were overall managed safely. However, we discussed with registered manager to improve the system how the service responds to medicines alerts. People were protected from infections and appropriate guidance was followed to minimise the risk of the spread of COVID 19. Accidents and incidents were monitored, and trends and patterns were analysed to reduce the risk of reoccurrence and improvements to care can be made.

Right Support: Model of care and setting maximises people's choice, control and independence. People were supported to maximise their full potential and care was tailored around this. For example, staff constantly looked for people to have a wider choice of suitable activities to gain more skills, make friends and to ensure they were not socially isolated. People told us that they were in control of their own care and regularly discussed with staff how they wanted to be cared for and what support they needed.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. People who used the service were in the centre of the care and were consulted and asked how they wanted to be supported. The service and the leadership understood and promoted people's rights and care was provided whilst ensuring people's dignity was maintained while protecting their privacy. One relative told us, "I am

fully involved in my relatives care but the service will always give preference to [name] wishers" and "The service supports [name] to become more independent but this is a slow process and is at [name] own pace."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. Feedback about the registered manager and staff was throughout positive and complimentary. People told us that staff 'genuinely' cared and showed they were interested in improving people's lives. The service had a good track record of people gaining more skills and becoming more independent and a number of people had moved into more independent accommodation.

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. The service used positive behaviour support approach, which was opposed to restrictive practices.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager ensured policies and procedures met current legislation and were up to date. Relatives told us they were asked of their views about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for the service under the previous provider was good, (published on 1 February 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 was a planned comprehensive inspection.

Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have made a recommendation in relation to the safe management of medicines. However, the service provided us with information of how they plan the issues highlighted above.

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?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our safe findings below.

Good ●

South Hill

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.

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

The inspection was carried out by two inspectors and a member of the CQC medicines team.

Service and service type

This service provides care and support to people living in one 'supported living' setting, 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.

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

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does 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 and one relative about their experience of the care provided. All people who used the service were able to communicate with us verbally. We have also received written feedback from three relatives.

We spoke with eight members of staff including the regional director, the registered manager, the deputy manager and care staff.

We reviewed a range of records. This included two people's care records and six 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.



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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines was overall managed safely at the home.
- However, staff hand wrote some of the medicines administration sheets (MARs). However, the dosage instructions and drug related allergies were not always recorded accurately on the hand-written MARs. This does not meet the guidance issued by National Institute for Health and Care Excellence. The provider provided us with information following our inspection visit and assured us that this had been addressed and did not relate to MARs currently in use
- There was a policy in place for medicines management. However, the copy of the policy in place and used by staff had passed its review date. It had to be reviewed in November 2021.

We recommend that the service seeks advice and guidance around recording and documenting medicines.

- There was lack of provision to store controlled drugs (CD) securely and record them appropriately. At the time of the inspection no one living at the home was prescribed CD's. The provider assured us if a person was prescribed CD's appropriate secure storage would be arranged. Also, waste medicines were not always recorded appropriately before returning them to the supplying pharmacy for disposal.
- The staff gave medicines prescribed to people and recorded this on the medicine administration records (MAR). There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
- People's medicines were reviewed by clinicians from the local GP practice to monitor the effects of medicines on their health and wellbeing.
- Medicines were not used to control people's behaviour. Staff members received training or used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.
- There was a process in place to receive medicine alerts, however this was not being fully utilised at the time of the visit. Since then, the provider has sent confirmation of action taken to improve this practice.
- The service had enough staff, who knew the people and had received relevant training to keep them safe.
- There was a process in place to report and investigate medicines related errors and incidents.
- The process in place to receive and act on medicine alerts was not robust. There was a process in place to receive the alerts. However, during the inspection we could not verify if the alerts were being actioned in a timely manner as required.
- We discussed with the registered manager to make some improvements in how to discuss and escalate medicines alerts with the staff team. Following the inspection, the registered manager advised us that all medicines alerts were discussed with staff during team meetings and recorded in the communication book

and has provided evidence of ordering appropriate provision to store CD's.

- The staff gave medicines prescribed to people and recorded this on the medicine administration records (MAR). There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed. One relative said, "[Name] medication is ordered from the GP, kept securely and given to her twice daily by the house. I sign for the medication when she visits us. I am aware of the names and dosages of her prescribed medication."
- People's medicines were reviewed by clinicians from the local GP practice to monitor the effects of medicines on their health and wellbeing.
- Medicines were not used to control people's behaviour. Staff members received training or used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment. Staff had received specific training around STOMP and told us that the service didn't use medicines to manage behaviours.
- The service had enough staff, who knew the people and had received relevant training to keep them safe.
- There was a process in place to report and investigate medicines related errors and incidents.

Systems and processes to safeguard people from the risk of abuse

- The care people received was safe and met their needs. Policies and procedures provided staff with guidance to ensure people were protected from harm and abuse.
- People told us that they felt safe with staff. One person said, "I can do most things by myself but for certain things I need staff and I ask them to help me, so I am safe and secure." One relative told us, "[Name] would have told me should she have felt unsafe at any time. Safety has never been something to worry about so I can only presume that the confident way in which the staff work has contributed to this."
- Staff had received training around how to report and protect people from harm and abuse. One staff member told us, "Abuse comes in different forms and can be visible and invisible, If there is anything I have concerns about I will always report it to [managers name]."

Assessing risk, safety monitoring and management

- Risk in relation to receiving care and support was assessed and plans to manage such risks were put into place and regularly reviewed.
- The service did not use restrictive practices to manage people's behaviours. All people had an agreed positive behaviour management plan (PBS) in place. PBS provided staff with clear guidance in how to recognise and respond to triggers around behaviours that may challenge or may be difficult to manage. For example, some people displayed self-harming behaviour and the service developed a clear strategy for staff to adopt and follow when working with these people.
- We saw in another risk assessment that some people may not be safe when using sharp objects. The risk management in regard to this advised staff to only use sharp objects under supervision and supporting people 'hand over hand' when using sharp objects. This maintained people's independence but protected them from injuries.

Staffing and recruitment

- The service ensured that staff supporting people who used the service were recruited safely and the necessary recruitment checks were carried out.
- Pre-employment checks had been carried out, including at least two references, proof of identity and Disclosure and Barring checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People who used the service and relatives told us that sufficient staff were deployed to meet their needs. During the day of the inspection we observed people attending appointments and activities with staff, if they required such support. One person said, "Staff is always available when I need them." Staff told us most

times there were enough staff around and the manager does listen if we need more. One staff member said, "We do have enough staff, we lost some staff recently, but the manager has recruited more staff."

Prevention and control of infections

- 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.

Learning lessons when things go wrong

- Systems were in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- The registered manager ensured accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with care workers to improve the service and reduce the risk of similar incidents.
- Care staff were encouraged to discuss any safety concerns and review these at meetings. This was to ensure information was openly shared so that people's care would continue to improve in response to any concerns that may arise.
- Management ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started to receive care from the service, a comprehensive consultation was carried out by management to ensure people's needs could be met. People had been involved in identifying their care needs and preferences. Where people who used the service wanted this, the views of their relatives had also been considered before they started to receive care from the service.
- Staff and the registered manager told us that transition was planned in advance and agreed with people. People told us that they had opportunities to visit the service prior to making the decision if they wanted to move in. One relative said, "I cannot remember the exact number of times [name] visited South Hill prior to moving in well over ten years ago. There were enough to allay any fears she may have had."
- A detailed care plan was created following the assessment process. This included clear information about what care people needed. Care plans demonstrated that people's needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Care workers were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- The registered manager engaged with health and social care professionals and referred to guidelines and the law which ensured staff provided care to people in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care because care staff were supported in their roles. Staff told us that they had access to a wide range of mandatory and specialist training. One member of staff said, "The training we get is excellent. They are supporting me to do NVQ 5. We can ask for specific training if we need it." Another member of staff said, "The training is excellent, we have regular training and I have regular supervisions and team meeting to share our knowledge."
- Care staff who were new to care work received an induction based on the induction standards set out in the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had access to more specialist training to ensure they had the skill and knowledge to support people with a learning disability, autistic people, positive behaviour support training and STOMP training.
- The registered manager told us that specialist training was also available to support people with particular health care conditions such as diabetes or epilepsy.
- Staff had received regular one to one supervision with their line manager and regular annual appraisal to discuss their development, and feedback on the service and the care they provided to people who used the service.

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

- People who used the service received support to eat and drink.
- Peoples care plans reflected clearly their dietary needs and cultural preferences in regard to their meals. For example, care plans described peoples likes and dislikes.
- People told us that they liked the food and that staff supported them to cook their meals. We observed staff assisting people to prepare their lunch. Staff were observed giving people a choice and supported them in tasks they found difficult to do on their own. One person said, "I can cook by myself, but staff will help me when I ask them for help." One relative said, "[Name] plans her meals with a member of staff and her choices are entered onto a menu plan."
- People were supported by staff to do their weekly food shop and had a designated space in the communal kitchen to store their ingredients.
- Most people used the kitchen in their flat and told us that this is what they wanted and that they were happy to do this independently.

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

- The service sought help and support from external health care providers to ensure people's physical and emotional health care needs were met.
- The management and staff were knowledgeable of people's physical and mental health needs. They knew when to seek specialist input and how to obtain it. People's support plans identified their needs and input from a range of professionals, including GP, speech and language therapists and occupational therapists.
- People who used the service told us that staff supported them to access health care appointments. One person said, "I don't need much help, but staff will always go with me to see the doctor which is important to me."
- Each person was registered with a GP and had an annual health check. An annual health check provides an important means for routinely checking the general health status of adults with learning disabilities.
- Each person had a health action plan (HAP) that was reviewed regularly. Each HAP included as a minimum a health checklist, including COVID 19 vaccination, health professional contacts and details of medication and other treatments.
- Therefore, apart from meeting people's needs, the service also showed an understanding of a conceivable link between unmet physical or mental health needs and behaviours that challenge.

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.

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.

- Most people who used the service had capacity to make their own decision. However, we saw that the service sought information of lasting power of attorney if people lacked capacity in making some decisions independently. A lasting power of attorney (LPA) is a legal document that lets people appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- People had also access to an independent advocacy service if they chose to use the service. However, most

people received support from their family.

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 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One member of staff told us, "I love seeing people progress. Every day I learn something new about them and we use this to improve our support." Another member of staff said, "I look forward to coming to work. It's like a second family."
- We observed staff interacting with people which took people's wishes and choices in consideration. One person went out with staff and we observed how staff discussed with them where they wanted to go and provided different suggestions for the person to choose from. The interaction was friendly, considerate and we overheard a lot of laughter and saw the person smiling with staff. When the person returned from their trip, they told us that they had a lot of fun and enjoyed going into central London. One person told us when we asked them about the staff, "I really like them. They go out with me and help me. All the staff are nice."
- There were practical provisions for people's differences to be observed. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, interests, culture and language. This information enabled staff to involve people as they wished to be.
- The provider had a key worker system in place for people. We saw notes of monthly key-worker sessions. These were detailed with follow-up actions identified. Progress on actions were recorded at following meetings.
- The provider values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. Care staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010. One member of staff said, "I treat everyone the same no matter who or what they are. Some people just need to have more support to be able to access activities. With the right help and support there should be no barriers."

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

- People who used the service were encouraged and supported to express their views about their care and support received and were involved in choosing where they wanted to live.
- Throughout our visit we observed how staff involved people in decisions about their care. Staff were always observed to offer people a choice or where they wanted to go, what to do or what to eat.
- We saw that information provided to people was in the most accessible format. For example, the home used pictures for one person to help the person to make a choice, while for other people this was not required. This ensured that all people were supported to make a choice about their care however complex their needs were. One care staff told us, "It goes without saying to ask people first what they want before helping them."

- The service supported people to stay in regular contact with their relatives through telephone calls and visits. The registered manager told us, "It is so important to have family input. Families provide us with information to help us support people we support better and understand their needs better."
- One person told us they saw a parent weekly and described how much they enjoyed their visits to the family home. Where people required support to maintain contact with family and friends, information was included in their support plans.

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's independence by working with them to learn new social and life skills.
- People who used the service had varied abilities and skills. Support provided was tailored around people's needs. For example, one person attending university and only required some support in the morning, while another person required more help during preparation of their meals. Their care plans reflected this, and guidance was provided for staff to ensure people's individual needs were met with a focus on supporting people to become more independent. The service had a good record of people moving into more independent accommodation if this is what they wanted to achieve.
- People told us that their privacy was maintained. One person said, "When I am in my room, staff will knock and wait for me to invite them in." One relative told us, "The staff have a good understanding of private time and space and supported my relative to understand this better, by explaining to draw the curtains and lock their door."
- The service ensured people's personal information was stored securely. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law. Staff understood why people's confidentiality must be respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. Support plans showed people and where applicable, their relatives had been involved in the planning process. This had ensured staff delivered care in a way that met people's needs. A person receiving care told us, "I meet my key worker regularly and we discuss and plan the month ahead, I like to know what happens in the future."
- People's care files contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care. Relatives told us that they were involved in the review of people's care plans. One relative said, "I have always attended annual reviews carried out by the local authority and South Hill" and "I know that I can speak to/email the Manager and [name] key worker at any time."
- The support plans we viewed contained information about people's relationships, sexuality and sexual preferences. The provider had also included a section where people who expressed a specific gender identity could record this.
- People's support plans contained information about their financial needs and risks associated with these. There was evidence that staff supported people to manage their monies where required, and provided support where people had difficulties in making their monies stretch in relation to their weekly spending.

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.

- Information about people's communication needs was provided in detail where appropriate. We observed staff communicating with a person who had limited verbal communication. We saw a mix of words and signs being used, and that the person and staff understood each other. The registered manager said, "[Person] has their own unique signs and noises and we get to know these." The communication methods used by staff reflected the information in the person's support plan.
- Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including pictures and objects of reference.

- The support plans covered receptive expressive communication. For example, the care plan described for receptive communication, "[Name] can understand if plain English is used and clearly spoken." For expressive communication the care plan described the words and signs the person would use. For example, the person used a specific sign when they wanted to call their family.

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 had close relationships with their relatives who were fully involved in their care. All relatives told us that they were fully involved in peoples care and visited the service regularly as well as people visiting them regularly.
- People's other relationships and preferences were also supported where they required this. Staff were aware that some relationships with friends had been disrupted during the closure of activities during the Covid-19 pandemic. A staff member stressed the importance of enabling a person to return to a college in the autumn as they had friends they hadn't seen for some time.
- Information about people's preferred activities were included in their support plans, along with activity plans where people had a need for routine or support in relation to these. Staff had supported people to choose their own activities, and where they required additional assistance, for example, in relation to activity planning, or applications for college courses, staff had provided support. For example, staff had supported people to identify courses and apply for these. One relative told us, "[Name] wants to become somebody and be with somebody, he wants to persevere getting higher education and to be able to secure an interesting job. He is supported to do this. He wants to get better at personal care, at relationships, independent living and one day live independently in an apartment and get a real girlfriend. This is what his support workers are working towards."
- During our inspection we observed that people who were able to come and go from the service did so independently. Where people required staff support to participate in activities outside the service this was provided. For example, we saw that people were provided with staff support to go shopping and for a trip to central London.
- Some activities took place in the house where people lived. These were specific to individuals. There was a weekly movie and 'takeaway food' session every week that was open to all. People were also supported to attend a local disco on a regular basis if they wished.

Improving care quality in response to complaints or concerns

- Complaints and concerns raised by people and others were dealt with and were looked at as a tool to improve outcomes and the quality of care people received.
- People who used the service and relatives told us that they would raise any concerns and complaints with the registered manager. One relative said, "Should I be unhappy with something I would contact, registered manager, the service manager or a member of staff."
- We saw that recent complaints had been investigated and actioned to ensure quality of care to people were improved.

End of life care and support

- While the service did not provide end of life care, People's end of life wishes had been documented if they agreed to have them documented in the care plans. For example, one care plan stated, "[Name] refused to discuss end of life care plan."

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 our last inspection we rated this key question good. At this inspection the rating remained the same. This meant the service management and leadership was consistent. Leaders and the culture they created did support the delivery of high-quality, person-centred care.

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

- The service had a range of different quality assurance systems, they were based on the CQC assessment framework similar to our inspection process. However, the quality assurance system did not effectively highlight our findings in relation to the management of medicines.
- In addition to the providers own quality assurance systems the service also assesses the service to ensure Reach Standards were met for people using supported living services. The Reach Standards are a set of nine voluntary standards created to ensure people are supported to live the life they choose – with the same choices, rights and responsibilities as other citizens. This provided the service ongoing evidence and information that people's needs were met and they received good quality care at Southill Avenue. One relative said when asked about how satisfied they were with the care provided at Southill Avenue, "I do not know anything to compare it with but it is working for us as we have seen slow but steady progress, so we are happy."
- The service had a clear management structure consisting of the regional director, registered manager, deputy manager and care staff. Staff were well informed of their roles and reporting structures.
- The management team spoke passionately about supporting and improving the lives of people with learning disabilities and autistic people. The registered manager told us, "People we support are on the fore front of everything we do, it matters to us as team for them to have a good live." People, relatives and staff spoke positive about the manager and the support they get. One relative said, "Management is the core of the house and I feel very lucky that we have [name] as a manager. She is a very good psychologist, so it is easy to speak to her about anything. She is quick and savvy, good humoured, always positive and very professional. She I think genuinely enjoys her job and it shows. She is reliable and my relative likes her a lot."

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

- There was a visible positive, open and person-centred culture at the service.
- Relatives and people who used the service told us that they were involved in the planning of their care. One relative said, "I speak with the manager and write email. Manager, [name] is a very professional, responsive person. We communicate very closely. There are ongoing issues we are trying to resolve, and she is doing her best with the management above." One person told us, "They [staff] always ask me if there is anything I want to change, and they do listen to what I have to say." I do receive a questionnaire annually from the

Service provider." Another relative told us, "My relative is regularly asked about the care, he also contributes his feedback easily even without being asked."

- The service had systems in place to seek people's views formally through questionnaires and less formally through regular communication.
- The registered manager and staff demonstrated understanding about the characteristics that were protected by the Equality Act 2010. For example, people were supported to make relationships with disabled and non-disabled people by going to university, college, discos, cinemas or clubs. One person enjoys particular board games and staff were in the process to supporting this person to find a suitable club. Staff spoke very positive about treating people as equal and integrating them within the community. One member of staff said, "I love helping someone to fulfil their goals." The staff member described how they saw one person's behaviours reduce over time due to supporting the person to undertake a GCSE course at college.

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 leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.
- Throughout the service we noticed leaflets and posters providing staff, people and visitors how to raise concerns internally with the registered manager and externally with the local authority or CQC.
- Staff spoke confidently about raising concerns and issues with the registered manager and had no concerns that this would not been actioned and escalated to the appropriate authority. One staff member said, "[Manager] is very good. She listens to staff and residents and always has time to spare if you need to talk. The operations manager is very supportive too."
- During previous safeguarding concerns which has not been raised immediately with the CQC. The provider put an action plan into place and discussed this with staff and the management and highlighted it during a quality assurance review. This ensured that everyone was aware of their responsibility when raising concerns and improvements to the service were made.

Continuous learning and improving care; Working in partnership with others

- We saw that during team meetings the service regularly discussed any changes and updates relevant to the service and the are provided to people who used the service. For example, during a recent team meeting the registered manager discussed with staff the quality standards and quality of life tool introduced by the CQC of right care, right culture and right support for people with learning disabilities and autistic people. Care staff told us that they valued getting this information as it helped them to have a better understanding of how to improve care to people who used the service.
- The registered manager told us that she frequently researches training available by external providers and supports staff to access this. For example, staff were taking part in English courses, leadership and management training as well as training specific to people with learning disabilities and autistic people.
- The service had good links with extremal stakeholders such as commissioners and the local authority, while we had received no specific feedback from the local authority. However, we were advised that the local safeguarding team had no concerns about Southill Avenue.
- The registered manager advised us that she had in the past sought support from the local learning disabilities team when supporting a person with a loss of a relative and for support around behaviours people may display.