

Achieve Together Limited

St Nicholas Glebe

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

St Nicholas Glebe is a supported living service providing personal care to five people with learning disabilities at the time of the inspection. The service can support up to six people. Not everyone who used the service received personal care, at the time of the inspection there were three people receiving personal care. The Care Quality Commission (CQC) inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

The service supported people to have the maximum possible choice, control and independence. People were able to be independent and had control over their own lives. Staff supported people to achieve their aspirations and goals.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People using the service told us this was their home and they felt safe living there. Risk assessments for people were comprehensive and included ways in which staff could support people to remain safe. People received their medicines in a safe way and the provider followed appropriate guidance in relation to infection prevention and control including those associated with COVID-19. There were enough staff employed to keep people safe and recruitment checks were robust.

The service was effective and staff received training that was relevant to the needs of people using the service. Support plans were up to date and regular key worker meetings took place. Staff supported people

with their nutrition and ongoing health support needs.

People's communication needs were met and they were supported to access the community and local amenities to avoid social isolation.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

The service was well managed. This was because there was an open culture and staff and people felt supported. There were effective quality assurance checks in place which identified areas of improvement that the provider was working towards.

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

Rating at last inspection.

This service was registered with us on 26 November 2020 and this is the first inspection.

Why we inspected

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

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 Nicholas Glebe

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.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in a '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 did not have a manager currently registered with the CQC. There was a manager who was applying to become registered at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We did not ask the provider to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since it had registered with us. This information helps support our inspections. We used all of 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. We also spoke with three support workers and the regional manager. We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people using the service.

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 avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Safeguarding posters were on display in the kitchen and dining area. People told us they felt safe living at St Nicholas Glebe. Comments included, "Yes I am safe", "I like it here."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk
- Health and safety checks were completed which helped to ensure the environment was safe. For example, daily fire checks, weekly fire alarms and monthly fire extinguishers and emergency lighting were completed. Regular fire evacuation procedures took place.

Staffing and recruitment

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment records showed that the necessary pre-employment checks had been carried out, this included reference checks, criminal record checks and proof of ID. New staff had to attend an interview during which their suitability for a role as a support worker was assessed.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe. People told us staff helped them to take their medicines on time.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included assessing risks of people taking medicines themselves. Staff completed Medicines Administration Record charts (MARS) which were completed correctly.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.
- We were assured the provider was facilitating visits for people from their friends and relatives in accordance with the current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People had care and support plans that were personalised, strengths-based and reflected their needs and aspirations, included physical and mental health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. New staff completed the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Records showed that staff received training in a range of topics that were relevant to their role, either through e-learning or face-to-face.
- Updated training and refresher courses helped staff continuously apply best practice. The provider had an effective system in place to identify any overdue training and ensure staff booked in refresher training.
- Staff could describe how their training and personal development related to the people they supported. They told us they received regular training and supervision.
- Records showed staff received supervision and opportunities to speak to a manager to discuss any work-related issues.

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

- People received support to eat and drink enough to maintain a balanced diet. This that needed some support in relation to their diet, for example where they were diabetic, were supported by staff.
- People were involved in choosing their food, shopping, and planning their meals. They told us that staff sat with them and planned their menus for the week and they were able to request meals of their choosing.
- People told us they enjoyed the food at the home. They said they also went out to takeaways which they enjoyed. One person said, "My favourite food is McDonalds, its down the road." Another said, "I like bangers and mash, we have homemade lasagne and macaroni."

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People using the service told us staff supported them to see healthcare professionals if needed. On the

day of the inspection, a district nurse visited the service to review some people. One person said, "The nurses do my blood test in the morning. I go to the health centre next door."

- A record of health appointments were kept which showed people had annual health reviews and access to healthcare services such as diabetic eye screening services.
- Specific health related care plans, for example diabetic care plans, were in place to help staff support people.

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.

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.

- Staff empowered people to make their own decisions about their care and support. Consent to care and support mental capacity assessments were completed and where people were assessed as not have the capacity to consent, these were completed in their best interests taking people's views, their relatives, staff on board.
- Staff also completed a restrictive practice checklist which considered any restrictions in place for people and if so, would a DoLS application be required.
- Staff were familiar with the MCA and its use. One staff member said, "MCA is about people's ability to make decisions and give consent. If they don't have capacity we have to help to make a decision for them after speaking with the manager or their relatives."
- People had individual tenancy agreements, these were available in an easy read format. Where people did not have the capacity to consent to these, they were signed in their best interests.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. They told us, "I like living here, (staff), is nice. She is friendly." Special occasions, such as Birthdays were celebrated. One person spoke enthusiastically about a party that had been held for their Birthday the week before the inspection.
- Support plans were person-centred and contained details about people's lives, things that were important to them such as important dates, their interests and hobbies. We saw that staff used this information when supporting people, for example celebrating Birthdays.

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

- People felt listened to and valued by staff.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics such as religious preferences or sexual orientation. One person only ate Halal food in line with religious beliefs and staff supported them when shopping and preparing meals for them. Support plans for relationships, sexual wellbeing and gender identity were in place for people.
- Support plans included information about things that people were able to make choices about independently or those that they needed some staff support. This helped staff when supporting people to express their views and choices. One person said, "In the morning, they help me to choose breakfast. Sometimes I have Weetabix, I like Porridge."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- People told us staff supported them with laundry and preparing meals which helped them to maintain a level of independence.
- Staff encouraged and supported people to find paid or voluntary work, leisure activities and widening of social circles if they expressed a desire to do so.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- People had assigned key workers who supported them and met with them in 1:1 meetings to discuss any concerns they had or any upcoming plans. Records we saw showed that these were not always held regularly and some actions from previous meetings were not always followed up. We discussed this with managers at the end of the inspection. They said this was something they were looking into and possibly reviewing the format of them to make them more outcome based. We will follow this up at the next planned inspection of the service.
- Staff that we spoke with were familiar with people's choices and how they wished to be cared for. They confirmed that they read and understood support plans for people using the service.

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.

- There were photographs and other visual cues such as easy read information which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations. These had been reviewed and were current.

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

- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. One person told us they volunteered at a charity shop but got bored of it and staff were now supporting them to access some cookery classes as this is something they wanted to try out.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People told us they enjoyed doing activities within the service or going out to the shops, local parks or the

day centre. Comments included, "I go to Baked Beans or Share (day centres), I have lunch there. I have friends there" and "I like cooking and reading books with the staff, they help me."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People were given information about how to raise any concerns or complaints through easy read information posters.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- There had been no formal complaints received by the provider in the past year. This was reflected in the feedback we received from people and their relatives.

End of life care and support

- End of life care plans were in place for people. These included people's preferences and choices about how they wish to be cared for including any religious preferences towards the end of their life.

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

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. There was a new manager in post, staff we spoke with were positive about his management of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Details of the provider's whistleblowing procedure were available for staff to refer to if needed.
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Managers completed robust audits which were effective in identifying areas of improvement.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff delivered good quality support consistently.
- Monthly health and safety audits were completed looking at the external and internal environment, equipment, electrical and fire safety. An infection control and food safety audit was also completed every month. Issues that were the responsibility of the landlord were passed onto them.

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

- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One person told us they had regular meetings with staff during which they discussed what activities they wanted to do, for example any outings or meals.

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The regional manager and quality auditor carried out quality assurance checks, the most recent one completed in November 2021. This identified some areas of improvement which had all been put onto a service action plan. We reviewed this during the inspection and found that these had been resolved. This demonstrated a commitment to continuous improvement and learning.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.