

Achieve Together Limited

Uxbridge Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Uxbridge Road is a supported living service for up to nine people with learning disabilities and/or autism. At the time of the inspection, six people were living at the service. There were two buildings on the same site, accommodation for two people in one building and for up to seven people in the other building.

Not everyone who used the service received personal care. CQC only 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. At the time of the inspection, two people were receiving support with personal care. The other four people had support with other aspects of their care.

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

People living at the service were happy there. However, they did not always have opportunities to take part in meaningful activities or learn new skills. Planned care did not always consider long term aims for people's future.

The staff did not always communicate with people effectively or understand people's communication.

The provider had made improvements at the service. However, the systems for monitoring and improving quality were not always effectively operated, because further improvements were still needed.

People were safely cared for. Risks to their safety and wellbeing had been assessed and planned for. They received their medicines in a safe way and there were systems in place to help safeguard them from abuse.

People's needs were assessed and planned for. Whilst plans did not always consider future needs, they provided a good level of information about how to care for people. Their health was monitored and they had access to other healthcare services. People had enough to eat and drink and this was appropriate for their needs and preferences.

The staff felt well supported. They had access to a range of training and had regular meetings with the registered manager who they felt was open and provided good leadership.

There were systems for dealing with complaints, accidents and incidents. The registered manager had a good overview of the service and understood where improvements were still needed.

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.

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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: The model of care was improving, and people were afforded some choices and control over their lives. Some people were supported to try new skills and work towards independence. However, others were not and there was limited planning for the future or to support people with a variety of meaningful activities. Additionally, staff did not always understand how to communicate well with people. This meant people did not always receive personalised support which was right for them.

Right care: People's privacy, dignity and human rights were respected. Staff were kind and had good relationships with people. However, the staff did not always understand people's needs, support people to take risks to become more independent or reflect on their own practice in order to empower people and give them more opportunities. The impact of this was little variety in people's lives and limited development of skills. People were supported to stay healthy, to access healthcare services and to understand about healthy lifestyle choices.

Right culture: There was a positive ethos and the staff had responded well to changes made by the management team to improve the service. There was strong leadership and the registered manager had a good understanding of where improvements were needed and how to implement these. People felt well supported and had opportunities to discuss how they felt about the service and changes they wanted.

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 rating at the last inspection was requires improvement (published 18 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas, but the provider remained in breach of regulations.

Why we inspected

The inspection was planned because we needed to check on whether the provider had made improvements following the last inspection.

Enforcement and 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 identified breaches in relation to person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Uxbridge Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by two inspectors. An Expert by Experience assisted by making telephone calls to relatives of people who lived at the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 looked at all the information we held about the service, including the last inspection report and the provider's action plan. The local safeguarding authority gave us information about their contact with the service.

During the inspection

We spoke with three people who lived at the service, and met with two others who could not communicate verbally, but we interacted with them and spent time with them. We observed how people were being cared for and supported.

We spoke with the registered manager, deputy manager and four support staff. We looked at records the provider used for managing the service including care records for two people, staff recruitment, training and support records, records used for quality monitoring and meeting minutes. We looked at how medicines were being managed.

After the inspection

The provider sent us additional information which we reviewed. Our Expert by Experience spoke with the relatives of two people who used the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At our last inspection, we found the provider did not effectively operate systems for learning and improving the service when things went wrong. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 17.

- The provider had systems for responding to incidents, accidents and other adverse events. There were clear records of these. However, we found that sometimes the records of incidents indicated the staff had not responded appropriately. We discussed this with the registered manager who was aware of this and had already started to make improvements by discussing individual incidents with the staff.

Assessing risk, safety monitoring and management

At our last inspection, we found the provider had failed to adequately assess, monitor and manage risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- The risks to people's safety and wellbeing had been assessed, planned for and monitored. The registered manager had reviewed individual risk assessments and updated these to make sure risks relating to people's health, mobility and activities of daily living were assessed.
- The staff cared for people in a safe way. We observed them considering hazards and making sure people were safe.
- Risks within the environment were managed. High risk items, such as sharp knives and cleaning chemicals, were stored securely and staff carried out checks on the environment to make sure it was clean and free from hazards. There were suitable arrangements for managing fire safety and making sure people knew what to do in the event of a fire.

Staffing and recruitment

At our last inspection, we found there were not always enough suitable staff deployed to keep people safe and meet their needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 18.

- There were enough staff to meet people's needs and keep them safe. The staff were all permanent employees of the organisation. There was a planned rota to make sure senior and trained staff were always at work to supervise other staff.
- The provider had systems for recruiting new staff, which included carrying out a range of checks on their suitability and assessing their competencies, skills and knowledge.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found the provider did not effectively operate systems and processes to safeguard people from the risk of abuse. This was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 13.

- The provider had procedures for safeguarding people. The staff received training in these and were familiar with them. Safeguarding was discussed at team meetings and meetings for people using the service, so they understood about the procedures and were given opportunities to raise concerns. There was also information about how to report abuse on display throughout the buildings.
- People told us they felt safe at the service and with the staff.
- The provider had worked with the local authority to report, investigate and respond to allegations of abuse to help make sure people were protected.
- The provider had assessed restrictive practices and interventions for each person. They had recorded how and why any restrictions were in place and reviewed these regularly to make sure people were not unnecessarily restricted. Staff received training to understand how to safely support people when they became physically aggressive and there were plans for this, to make sure people were supported in the least restrictive ways.
- There were suitable systems for supporting people with their finances. These systems included keeping accurate records, as well as internal and external audits.

Using medicines safely

- People received their medicines in a safe way and as prescribed. The staff received training and were assessed to make sure they understood how to handle medicines safely. Medicines were stored appropriately, and records of medicines administration were clear and accurate. We identified some minor areas for improvement around record keeping and checks which we discussed with the registered manager and they agreed to action.
- There was appropriate guidance about individual medicines, including when and how these should be administered.
- The provider had worked with the prescribing doctors to help reduce unnecessary medicines and to make sure medicines were not being used inappropriately to restrict people.

Preventing and controlling infection

- The provider had systems for preventing and controlling infection. Staff received training about infection control, COVID-19, food hygiene and hand hygiene.
- We saw the staff using personal protective equipment (PPE) appropriately, washing their hands and following safe hygiene practices.

- The provider had updated their policies and procedures to include contingency plans for managing during the COVID-19 pandemic. They were supporting people using the service and staff to access COVID-19 testing and making sure they had information they needed about COVID-19.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found staff did not always have the training or information they needed to provide care and support in a safe way. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 18.

- Staff attended a range of training opportunities in person and through online training. These included specialist training about positive support, person-centred care and autism. The staff told us they found training useful.
- There was a clear induction process, which included shadowing, reading care and support plans and training. A comprehensive induction handbook supported new staff learning. There was a buddy system to give further support to new staff.
- Staff told us they felt supported and had the information they needed. They found the registered manager approachable and had regular meetings with them to discuss their work. They told us they had learnt from the registered manager.

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

- There was a process for assessing people's needs. No one had moved to the service since the last inspection, however there was a procedure for carrying out pre-admission assessments.
- The registered manager had reassessed people's needs and designed new care plans to reflect these needs.

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

- People had enough to eat and drink. People were involved in planning their meals and shopping for these. Some people were involved in preparing meals.
- Information about people's nutritional needs was recorded in care plans. Their food intake was monitored and recorded to make sure they had a varied and nutritious diet. Staff had undertaken training about nutrition and hydration to help them understand how to provide good care in this respect.

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

- People were supported to stay healthy and access healthcare services. The provider had developed health action plans which outlined people's health needs and how these would be met. People had regular reviews of their health and there was evidence of consultation with other healthcare professionals.
- People were supported to have good oral health, with regular dental appointments. Staff had training to help them understand about good oral care.

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.

- The provider was acting in line with the principles of the MCA. They had assessed people's capacity and made applications to the local authority where people lacked the mental capacity to make decisions about their care.
- People told us they were offered choices and able to consent to their care and treatment. We saw that the provider liaised with people's representatives to make decisions in their best interests for complex decisions, and ones they did not have the capacity to make.

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 our last inspection we rated this key question requires improvement. The rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- There was not always support for people to learn new skills and become more independent because they were not engaged in meaningful activities which enhanced their independence and learning.
- Some people were supported to learn new skills and independence within the community. However, one person told us they felt they did not have as many opportunities as they would like to develop their independence.
- People's privacy and dignity were respected. We saw staff provided care in a sensitive way and respected people's privacy.

Ensuring people are well treated and supported; respecting equality and diversity

- People had good relationships with staff, who treated them with kindness and respect. People told us they liked the staff and we saw staff being caring and supportive. However, the staff did not always understand how to communicate well with people who could not express their needs using speech. They did not always give them the information they needed to make informed choices, or for them to understand what was happening. For example, a decision to go out for lunch (an outing which had not been planned) was not explained well or clearly to people so they did not know what to expect.
- The staff spoke positively about the people they supported. They were attentive when people needed help. They understood about people's diversity, such as their religious and cultural needs.

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

- People who were able to communicate verbally were supported to make decisions about their care. They met with keyworkers monthly to discuss their needs and were involved in planning their care. The registered manager was aware that people who were unable to communicate verbally were less involved in care planning. They were starting to think about ways to involve them more and had consulted with their families and advocates.
- We saw staff offering people choices in the care they provided and respecting these. People confirmed they were able to express their views.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection, we found people did not always receive personalised care which met their needs and reflected their choices. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider was still breaching Regulation 9.

- People's planned care did not always include long term aspirations, opportunities for learning or skills development. The provider had not always worked with people, their representatives and other professionals to plan for these opportunities or for how support could improve their quality of life. Care plans focussed on people's present needs only and the care they received reflected this, with limited variety in their lives.
- People were not always supported to engage in meaningful activities. Care plans identified people's preferred activities, although information on these was minimal. Records of care provided showed that people did not often take part in these preferred activities. The records of care for two people for January to March 2022 showed they had spent the majority of their time at home taking part in the same small number of leisure activities.

Failure to ensure there was a planned programme to support each person's needs and preferences was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had updated and improved care plans since the last inspection. There was a good level of detail about people's current needs and plans for meeting these.
- Staff knew people well and were able to give them personalised support in a positive and friendly way.
- The registered manager had developed activity programmes for each person, and when these were followed, some people had opportunities to attend college, use the local gym and to use the community for shopping and leisure. They and their relatives spoke positively about this. Although one relative explained the person was not always encouraged to learn new skills to become more independent.
- People had regular contact with their families and staff supported this.

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.

- People's communication needs were not always being met. Two people could not communicate verbally. Their communication needs had not been fully assessed or planned for. Their care plans recorded some information about their communication needs, but there was not enough information for staff, for example, explaining how the tools they used worked. Nor were some of the plans based on recent assessments by expert professionals.
- Strategies described in care plans to enhance communication were not being used. Staff did not always explain what they were doing or what was happening next. They did not use pictures or objects of reference when supporting people.
- People's sensory needs were not always met. Care plans and people's actions indicated they enjoyed and responded well to specific sensory inputs. However, staff did not always recognise these and therefore did not offer personalised or appropriate responses when people expressed these needs.
- Staff had participated in computer 'e-Learning' about communication but had not had opportunities for bespoke training and support to understand the specific communication needs of the people they were supporting.

Failure to provide personalised care and support to meet people's communication needs was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had identified this was an area where improvements were needed. They had plans for improvements and had already started improving information and direction for staff to help them better communicate with people.

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection. There were protocols for staff to follow but these were generic and had not been personalised.
- Care plans included a statement which explained family members did not wish to discuss preferences or needs in the event of someone being cared for at the end of their lives or in death. The provider told us that family members wanted to manage this aspect of people's care if needed. However, lack of recorded information, meant staff did not have any information about things that would be important to the person or their relatives.
- People living at the service were from different faiths and cultures. There was no information available for staff about traditions or requirements for these faiths during end of life care and death. The staff had not had specific training about this.

We recommend the registered person implements a strategy which supports a personalised approach to supporting people at the end of their lives and in death based on good practice guidance.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints and concerns. People using the service, their relatives and staff knew who to speak with if they had a concern and felt these would be addressed.

- Each person had an assigned keyworker who they could spend time with and discuss concerns. They also attended 'tenants' meetings' where they could discuss the service and any concerns they had.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found the provider was not effectively operating systems for monitoring and improving the quality of the service or monitoring and managing risks. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of Regulation 17.

- The systems for monitoring and improving the quality of the service had not always been operated effectively.
- Records of incidents showed staff had not always responded appropriately when things had gone wrong. This was often the result of the staff misunderstanding the best practice for supporting people or the needs people were trying to convey. Staff had not analysed or reflected on these incidents so they could learn from these or looked at the specific cause. The language the staff used to describe how people felt was not always appropriate and demonstrated a lack of understanding.
- People's care plans did not always include future plans, or how to provide continuity and support over their life journey. This meant that they were not always learning new skills, and not enough thought had been given to how to meet their changing needs. People were not always supported to take part in meaningful activities and staff did not always understand what people were communicating. This affected people's quality of experience.

The provider's failure to effectively operate systems and processes for monitoring and improving the quality of the service was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made improvements since the last inspection. There was evidence they had reflected on the findings of the last inspection report, discussed these with staff and taken action to address problems. They had improved staff support, training and communication as well as improving the safety of the service, reducing risks and improving records.
- The registered manager had a good understanding of where further improvements were needed. They had plans to make these improvements and were able to discuss practical solutions which they planned to implement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service had improved. There was a more stable staff team, who were trained, well supported and enthusiastic about their work. They offered kind support and people liked the staff and felt well supported.
- The staff commented positively about changes at the service and the managerial approach.
- People felt able to speak up about how they felt about the service, they told us the staff and registered manager listened to them. We saw people felt comfortable approaching the staff and registered manager, were unrestricted around their home environment and were able to make choices.

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 understood their responsibilities under the duty of candour. They had investigated adverse events and concerns and had given clear information to relevant people about these and about action they took to improve the service.

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

- The registered manager and staff were clear about their roles, responsibilities and regulatory requirements. The registered manager had started at the service since the last inspection. They demonstrated a good understanding of where improvements were needed and had already made a range of improvements. They were suitably experienced and qualified.
- Staff spoke positively about the registered manager. They told us there was good leadership and they felt empowered, well supported and knowledgeable.

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

- The provider engaged with people and involved them. They held regular meetings for people living at the service, where they discussed how people felt about their support, safeguarding issues, staff and management, as well as discussing healthy lifestyles and updating them on information, such as changes in COVID-19 guidance. People had the opportunity to plan events, such as a group holiday.
- People's diversity needs were recorded in care plans, along with any special requirements they had for meeting these. The staff had attended training in equality and diversity.

Working in partnership with others

- Staff worked with other professionals to assess, monitor and meet people's health needs.
- The registered manager liaised with the local authority representatives, other providers and managers within the organisation to keep themselves updated with best practice guidance and changes in legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered persons did not always ensure the care and treatment of service users was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always ensure systems and processes were operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Regulation 17</p>