

# Achieve Together Limited

# Norbury Avenue

## 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 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.

### About the service

Norbury Avenue provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including people with a learning disability and autistic people. At the time of our inspection seven people were using the service living in one supported living setting. People rented their room from a private landlord and used shared facilities such as a bathroom, kitchen and living room. 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.

This service was previously registered with the Care Management Group. The current provider took over the management and operation of the service in November 2020.

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

#### Right support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

#### Right care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. 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.

#### Right culture

People received good quality care and support because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 November 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 18 April 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 first inspection following registration with the Care Quality Commission (CQC).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Norbury Avenue

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### 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

We reviewed information we had received about the service since they were registered. 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.

During the inspection

We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with three people using the service, the registered manager and two staff members. We also contacted two family members and one person's advocate. We looked at records which included care records for three people, two staff files, medicines records and other records relating to the management of 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 of 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

- Staff received training to ensure they knew how to recognise and report abuse. We spoke with staff who were able to describe how they would do this. Clear and accessible information was given to staff and people on what they needed to do if they had concerns.
- Systems were in place to report concerns and these were escalated to the appropriate bodies. The provider monitored and investigated concerns and took action to reduce risk to people.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management strategies were developed to minimise risk and help keep people safe.
- Staff could recognise signs when people experienced emotional distress and knew how to support them and people's support plans provided additional guidance to help staff manage this risk.
- Staff spoke about people's risk and how they supported people to stay safe. This included helping people mobilise safely when using specialist equipment.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. For example, regular health and safety and fire checks were carried out to make sure people were safe in their home. The registered manager was working with the landlord to make essential environmental improvements to ensure the service remained safe for people. This included the maintenance of fire doors and window restrictors in line with current legislation.

Staffing and recruitment

- There were enough staff to care for people safely. Rotas showed shifts were planned to ensure enough staff were on duty at all times and there were systems to cover any gaps. Staff told us there was enough of them to cover people's needs.
- The provider followed safe recruitment practices to ensure they took all reasonable precautions to protect people from the risk of receiving care from inappropriate staff. This included carrying out all of the checks required by law before employees started work.

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. Staff were able to support people in their rooms with their medicines.
- Staff reviewed each person's medicines regularly to make sure they received the right medicines at the right time. Additional advice was in place to help staff when PRN or 'as required' medicine was needed and

regular medicine audits took place to make sure people received the right amount of medicines at the right time.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections in line with current guidance.
- Staff used personal protective equipment (PPE) effectively and safely when they needed to.
- There were no restrictions on visiting arrangements and people's friends and family were able to visit in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care and support plans that were personalised and reflected their needs, aspirations, physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in supporting and understanding autistic people. Staff told us how their training helped them feel confident supporting people.
- The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals. Mealtimes were flexible to meet people's needs and to fit in around people's day.
- Staff told us they supported people to be as independent as they could be with food preparation and would involve people as much as they were able to.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were registered with their GP and supported to attend annual health checks, screening and primary care services such as dental appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff made sure relatives and advocates were involved where appropriate in decisions which had been made on people's behalf. The registered manager was working with the local authority to submit an application to the court of protection for one person and had involved relatives and healthcare professionals in best interest decisions.

# 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. Staff members showed warmth and respect when interacting with people. We observed people and staff were relaxed, conversations were light-hearted and upbeat and staff clearly knew people well.
- Staff supported people with dignity and respect. People living at Norbury Avenue had a wide range of needs and required different levels of support. Staff told us about people's routines their likes and dislikes and were able to respect people's diverse needs creating a homely caring environment.
- Staff told us how much they enjoyed working with people at Norbury Avenue and this was reflected in comments from relatives and the advocate we spoke with. One relative told us, "I like [my relative] being there. They [the staff] care for her very well and have a lot of regard for her."

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. This was further supported by a keyworker system that allowed people to spend allocated one to one time with staff to set and review goals and to plan and make decisions about the future.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. We observed people making choices throughout our inspection, for example, where they wanted to spend their time, or the activities they wanted to take part in.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative told us they were involved in yearly reviews and felt staff really listened to their views and opinions.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People were encouraged to be involved in tasks such as cleaning, shopping and cooking to help learn new skills and encourage independence.
- Staff knew when people needed their space and privacy and respected this. We observed people made choices throughout our inspection about what they wanted to do or where they wanted to be, including having privacy and space when necessary.

# 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

- People's care and support was planned to meet their individual needs and preferences. Care and support was regularly reviewed with people and, if appropriate, their family members.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Support focused on people's goals and aspirations. Regular keyworker sessions helped staff focus on people's quality of life outcomes.

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's interests and hobbies were varied. However, staff were able to support people to participate in their chosen social and leisure interests on a regular basis. Staff told us about people's favourite activities and how they encouraged people to broaden their goals. For example, one person was more likely to enjoy their day in the community if they started with a visit to the coffee shop.
- Relatives and advocates were complimentary about the range of activities and felt they were suitable and age appropriate. Staff spoke to us about recent activities in the community, including visits to the beach, bowling and trips to the park. During our inspection we observed people enjoying an art therapy sessions and saw the art pieces people had been working on.
- Staff ensured adjustments were made so that people could participate in activities they wanted to and we were given examples of how staff managed people's risk, health and mobility to help them achieve what they wished.
- Staff empowered people to be active citizens and have equal rights in their local and wider community, such as exercising their right to vote.

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.

- Staff ensured people had access to information in formats they could understand. This included easy to read documents to help people understand more about their health needs or how to report concerns and make a complaint.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to

facilitate communication and when people were trying to tell them something.

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. Relatives told us if they had a complaint or concerns they would raise this with the registered manager and were confident these would be acted on.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. People's records contained end of life care plans. These included preferences relating to protected characteristics, culture and spiritual needs.

# 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

- The registered manager and staff promoted a culture of care in which people's individuality and rights were valued. This was evident in our observation of the service and through speaking with staff and relatives. One relative told us they felt they worked together with the registered manager and told us, "[Registered manager] is always thinking of [person's name] needs and trying to do her best for them."
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff told us they were able to discuss any new ideas or thoughts about how to improve people's care with the registered manager and they felt they were listened to.
- Staff felt respected, supported and valued by senior staff. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Managers promoted equality and diversity in all aspects of the running of the service.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- 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.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Regular surveys helped the provider monitor feedback about the service and make changes to make things better for people.
- Staff encouraged people to be involved in the development of the service through regular key working sessions and tenants' meetings. People were encouraged to share their views and provide their feedback about Norbury Avenue. Meetings were also an opportunity to discuss important issues such as dignity and respect, safeguarding and equality and diversity.

Continuous learning and improving care; 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

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- When things went wrong the registered manager explained they shared lessons with staff to help reduce risks and improve people's care.

Working in partnership with others

- The service worked with other agencies such as health care professionals to make sure people had the care they needed. This included commissioners and healthcare professionals, whose input was obtained when needed to ensure people received the support they required.