

Achieve Together Limited

100 Goldstone Crescent

Inspection report

100 Goldstone Crescent
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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

100 Goldstone Crescent is a supported living house, supporting three adults at the time of the inspection. All people receiving care had a learning disability and additional needs such as mental health needs, sensory impairment, autistic spectrum disorder and/or long-term conditions such as epilepsy.

The Care Quality Commission inspects the care and support the service provides to adults but does not inspect the accommodation they live in. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene, medicines and eating.

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

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.

Right Support:

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. Staff supported people to live as independently as possible and be in control of their daily lives.

People's risks in relation to their care were managed and people were able to live independent lives. There were sufficient staff deployed to meet people's needs and people received their one-to-one support hours appropriately. We were assured the service were following safe infection prevention and control procedures to keep people safe.

Right Care:

People who used the service and their relatives told us that they felt supported by staff in a kind, caring and dignified way. All feedback received was positive, a relative told us, "I can't fault them, it's a fabulous place." People told us their right to privacy was respected and that the care provided was consistent and delivered by staff who had been working there for a long time and who knew people well.

Right Culture:

The culture of the service was open, inclusive and empowered people to live confident lives. We observed staff interacting in a kind and compassionate way with people who used the service and amongst

themselves. People who used the service, their relatives and staff were complimentary about the service and the leadership. Management had undertaken regular audits to look at lessons that could be learnt and made appropriate improvements to the service.

People using the service demonstrated a high level of involvement in the running of the service. The inspection was facilitated by the people who used the service. They were knowledgeable of and keen to share information regarding the running 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

The last rating for the service under the previous provider was good, published on 26 March 2020. This is the first inspection of 100 Goldstone Crescent following the new registration.

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the time since it first registered with the Care Quality Commission.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

100 Goldstone Crescent

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

At the time of our inspection there was not a registered manager in post, however following the inspection an application has been submitted. We are currently assessing this application.

Notice of inspection

We gave the service 48 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.

Inspection activity started on 11 January 2023 and ended on 19 January 2023. We visited the service on 11 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 20 December 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the area manager.

We reviewed a range of records. This included people's care records and medication records. We looked at records in relation to recruitment and staff supervision.

Following our visit to the service we looked at additional documents the provider sent us. This included a variety of records relating to the management of the service including quality assurance records and audits.

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, under the previous provider, we rated this key question good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe living at Goldstone Crescent.
- Staff understood what constituted abuse and knew the steps they would take if they suspected abuse. They had received training in safeguarding and whistleblowing. One member of staff told us, "The training is good." Another staff member said they would, "Call the management in the first instance and then report it further if needed." They said they, "would have no problem reporting concerns," and, "would feel comfortable," doing so.
- There was a system in place to analyse any accidents and incidents that took place to look at ways to reduce any risks of reoccurrence.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well. Staff had completed assessments to manage risks to people. Risk assessments included information on the steps staff should take to support the individual and included considerations to people's freedom to make independent decisions. One person told us, "I don't like going out by myself. If I go for a walk someone comes with me."
- People's care records helped them get the support they needed because it was easy for staff to access care records. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.

Staffing and recruitment

- People and their relatives told us there were enough staff to meet their needs. The service had enough staff to provide safe care.
- We saw there were enough staff on the day of the inspection. Staff spent time with people on a one-to-one basis and people were in control of which activities they would like to do on a day-to-day basis. People, relatives and staff told us there was a stable staff team and that staff retention was high.
- Staff recruitment and induction training processes promoted safety. The provider followed safe recruitment practices which included requesting references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Medicines were stored securely following current guidelines for the storage of medicines. There were dedicated places for storing people's medicines which were locked when not in use.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. We saw people had individual and detailed guidelines regarding how they wished to take their medicines. People confirmed these were accurate and told us they were involved in the writing of the guidelines. One person told us when staff give them medicine, "I get myself some water and sit down."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- Relatives spoke highly of the staff and their ability to deal with the challenges of Covid. They told us, "The carers have been amazing keeping [Name] safe and occupied during the lockdowns for Covid." Another relative said, "During Covid they [Staff] were amazing."

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, under the previous provider, we rated this key question good. At this inspection the rating has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and social needs were assessed in a person-centred way to ensure staff were able to support them with their needs. People's care plans were up-to-date and reflected a good understanding of people's needs.
- Staff were knowledgeable about people's individual care and support needs. Conversation with staff showed they knew people well. They had good knowledge of people's specific likes and dislikes and ensured care provision was in line with people's choices.
- Care was delivered in line with national standards and guidance such as Right support, Right care, Right culture. Staff empowered individuals to make their own decisions. One member of staff told us, "It's all about the guys."

Staff support: induction, training, skills and experience

- People's relatives told us they felt staff had the training, skills and experience to effectively support people. They told us that staff knew them well and, "Were skilled."
- Staff received support in the form of supervisions and appraisals. They could describe how their training related to the people they supported. They told us, "The training is good. We get refreshers every year."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in choosing their food, shopping, and planning their meals. People told us they had choice regarding what they ate. For example, one person told us they were, "Having cottage pie for dinner as it was their favourite."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person using the service was very keen to share how they were cooking dinner for themselves and another person as they both wanted spaghetti bolognese. They showed us how they had the ingredients in the fridge and explained how the staff would assist them.
- A relative told us they were happy with the provision of food at the service. They said, "[Name] eats well and gets exactly what they want. [Staff] encourage [Name] to have a healthy balanced diet."
- People were supported to maintain their health and wellbeing. They were supported to attend health checks, primary care services and were referred to healthcare professionals to support their wellbeing and help them to live healthy lives.

- Where people were at risk of choking, we saw input from a speech and language therapist (SaLT). This included details of people's required food and drink. This information was translated into people's care plans and was easily accessible to staff. Staff were aware of individual guidelines and were able to discuss them without referring to documentation.
- Staff spoke positively regarding the support they received from people's GP's. They said, "The GP is really helpful, especially if we are unsure about anything."

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.

- Staff empowered people to make their own decisions about their care and support. Staff told us all people were able to make choices and decisions. A relative told us, "[Name] definitely has choice. [Name] has a great life, [they] get exactly what [they] want."

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, under the previous provider, we rated this key question good. At this inspection the rating has remained 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

- Staff members showed warmth and respect when interacting with people. People said they felt valued by staff who showed genuine interest in their well-being and quality of life.
- People and their relatives told us staff were respectful, kind and treated people as individuals.
- People were well matched with their keyworker and as a result, people were at ease, happy, engaged and stimulated. A relative told us, "[Name] is really happy there." They also told us about the good relationship between their relative and their keyworker. Another person spoke fondly regarding their keyworker. They said, "I love them. They are the best." They went on to say, "The neighbours are friendly, I sometimes chat to them. I don't come across people who aren't nice."
- All staff we spoke with told us they were happy working at the service. Comments from staff included, "It's a lovely place to work. The people are great, we have really good relationships." And, "The guys are marvellous, we all get on, just like a family."

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

- People told us they felt involved in their care and were supported by staff to express their views. People were at ease with the staff and referred to staff as their friends. We saw people were comfortable asking staff for assistance when they needed.
- One person showed us their care plan and was able to confirm the information within it was reflective of the care they received. The person confirmed their involvement in developing their care plan and told us how they made decisions about their day-to-day care.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. For example, people were encouraged and assisted with day to day tasks including washing, shopping, cooking and cleaning. One person told us in great detail about the 'jobs' they did and their involvement in the running of the service. They told us they were the fire marshal and explained the fire alarm system and the procedure in the event of the fire alarm sounding. They also explained they, "Wipe the tables, cook dinner, vacuum and tidy my room. Sometimes we wash the car too."
- A relative told us, "[Name] is always happy to go back after a visit with us because [they] miss everyone."

Is the service responsive?

Our findings

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

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has remained 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. Staff provided person-centred support with self-care and everyday living skills to people.
- People learnt everyday living skills with staff who knew them well. Staff spoke knowledgeably about tailoring the level of support to individual's needs.

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
There were visual structures, including an activities board, which helped people know what was likely to happen during the day and who would be supporting them.
- Staff had good awareness, skills and understanding of people's individual level of understanding. Staff told us the people they supported had, "No communication difficulties. [They] all talk fine."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were to stay in regular contact with friends and family via telephone and social media. A relative told us, "[Name] uses [their] iPad to talk to me anytime in fact [they] were on FaceTime this morning just to say hi." Another relative told us, "During Covid they [staff] were amazing. [Name] was able to video call. It was hard not seeing [Name] but we could keep in touch."
- People were encouraged and motivated by staff. They were supported to participate in their chosen social and leisure interests on a regular basis. Staff helped people to have freedom of choice and control over what they did. A person told us how they enjoyed dancing every week. They showed us this on the activities board. The person's relative also confirmed their relative's enjoyment of dancing.

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback so they could ensure the service worked

well for them. This was done by spending time with people on a daily basis and via their key worker reviews.

- People and their relatives told us they knew how to complain and they felt confident action would be taken in response. One person told us concerns they had raised were, "Taken seriously and resolved."
- Everyone we spoke to told us they were happy with the service. Comments included, "The home is a home and a family too." "They are always welcoming when we come to fetch [them]" and, "I love it. I love all of it. Everything."

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, under the previous provider, we rated this key question requires improvement. At this inspection the rating has remained 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.

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

- At the time of the inspection there was not a registered manager in post, however following the inspection an application has been submitted. We are currently assessing this application.
- The service was being managed by a senior care worker with the support of the regional manager. Staff told us, "[Regional manager] is supportive. They visit every week." Another staff member told us, "They come in and talk to everyone. They check how the guys are. They have really great conversations." Staff told us the regional manager was always available if needed. A staff member said, "If I'm stuck, I can ask [regional manager]."
- The regional manager confirmed they were overseeing the service until a registered manager was in post. We saw that people were comfortable with and used to spending time with the regional manager. Relatives we spoke with did not raise any concerns regarding the current management arrangements.
- 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 had good oversight of the service.
- The regional manager carried out frequent and robust quality assurance audits. There was an improvement plan in place for areas of improvement. There was evidence of actions taken in response to the audits and lessons learnt were shared to improve the quality of care provided.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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; Working in partnership with others

- People and their relatives told us they felt engaged in the running of the service and their suggestions were listened to.
- Staff encouraged people to be involved in the running of the service. For example, the inspection was facilitated by one of the people who used the service.
- Management were visible in the service, approachable and took a genuine interest in what people, staff and family members had to say.
- The management set a culture that valued reflection, learning and improvement and they were receptive

to challenge and welcomed fresh perspectives.

- Staff had worked effectively with other organisations such as healthcare professionals and the local authority. We saw in documentation that healthcare professionals had been involved in people's care to achieve good outcomes for them. For example, we saw the speech and language therapist (SaLT) had been involved in the care of an individual and staff spoke highly of the involvement of people's GP's.