

Achieve Together Limited

16 Hawthorn Crescent

Inspection report

16 Hawthorn 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

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

16 Hawthorn Crescent is a supported living service providing personal care to people with a learning disability and cerebral palsy so that they can live as independently as possible.

The service is registered to provide care and support to people living in a 'supported living' setting. At the time of our inspection there were four people receiving care and support. 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.

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

Right Support

Staff supported people to have maximum possible choice, control and independence and they had control over their own lives. They focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to take part in activities and pursue their interests in their local area. They enabled people to access specialist health and social care support in the community.

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. 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.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their

range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or 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. They placed people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 this service, under the previous legal entity, was good. This is the first inspection of 16 Hawthorn Crescent under the new registration.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

16 Hawthorn 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 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.

Inspection team

One inspector and an assistant 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 12 April 2022 and ended on 20 April 2022. We visited the location on 12 April 2022.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with all four people who used the service about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, gesture and their body language.

We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at five 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 and sought feedback from professionals who regularly visit 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 risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe and happy at the service. People's relatives agreed, they told us, "[Name] is very happy there, it's a great place for him."
- Policies and procedures were in place for the reporting and investigation of any concerns.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us, "Training is really good. We know to respect them, keep them safe. We must not neglect and ignore them, it wouldn't be safe or good for their wellbeing."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Accidents and incidents were investigated appropriately to ensure actions were taken to reduce the risk 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.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep clinical and care records. Staff kept accurate, complete, legible and up-to-date records.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of equipment through checks and action to minimise risk.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.

Staffing and recruitment

- 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 told us, "We have enough staff most of the time," and, "We have sickness every now and again, but there is agency and on-call."
- The numbers and skills of staff matched the needs of people using the service. Relatives we spoke with told us they were happy with the staffing levels. They said there were, "Enough staff," and, "No problems".
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.

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.
- Staff received appropriate training in the administration of medicines which included observations to ensure their competency. They followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff told us, "We re-order medication too. Especially if they run out, we quickly call GP to get the medication for them. We are good at checking records. The shift lead checks medication administration records (MARs) at the start of each shift."

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 for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

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 of 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

- Staff completed a comprehensive assessment of each person's physical and mental health before they moved into the service. Staff took the time to understand people's behaviours.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs. The care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. They were reviewed regularly to ensure they were up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and equality and diversity.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- The service checked staff's competency to ensure they understood and applied training. Updated training and refresher courses helped staff continuously apply best practice.
- Staff received support in the form of supervisions and appraisals. They could describe how their training and personal development related to the people they supported. They told us, "Training is really good. We have moving and handling and lots of stuff."

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. The speech and language therapy team (SALT) had assessed people when necessary. Staff told us, "All SALT guidelines are on the cupboard, by the kettle in the kitchen. We are told about in on induction and it's in people's support plans." And, "We are trying to get [Name] reassessed as we've noticed he is coughing when eating."
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff told us, "We do menus offered by pictures or ask them what they want to eat. [Name] is quite independent and will pick on a day to day basis. Others quite like to choose. We know what [Name's] likes and dislikes are. We take out two or three options and let him choose."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People could have a drink or snack at any time and they were given guidance from staff about healthy eating.

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

- People had health actions plans and health passports. These provided information about people's health their support and communication needs if they needed medical treatment. They were used by health and social care professionals to support them in the way they needed.
- 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. They knew about people's capacity to make decisions through verbal or non-verbal means.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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 of 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. They showed warmth and respect when interacting with people.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focussed and attentive to people's emotions and support needs they were mindful of individual's sensory perception and processing difficulties. A relative told us, "They know [Name] well. They understand him."

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

- People felt listened to and valued by staff. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- A relative told us, "I can't fault it, It's very good. [Name] is very happy there."
- People were enabled to make choices for themselves and staff ensured they had the information they needed. They were empowered to make decisions. Staff told us, "We need to promote what's best for them."
- Staff supported people to maintain links with those that are important to them. A relative told us, "[Name] is really happy there, he gets on well with the other guys."

Respecting and promoting people's privacy, dignity and independence

- Staff prompted and encouraged people to do things for themselves. We saw people had the opportunity to develop skills and gain independence. Staff told us, "[Name] will do anything you are asking him to do. He will help with the washing up and cleaning."
- Each person had a plan which identified goals and supported them to achieve confidence and independence. Staff told us, "[Name] likes others to do things. It's about encouraging him to do things for himself."
- Staff knew when people needed their space and respected this. Staff told us, "[Name] will not do anything he doesn't want to do."

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 of 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; Supporting people at their end of life

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored.
- People learnt everyday living skills by following individualised learning programmes with staff who knew them well. We saw staff supporting one person with laundry and another was being assisted to write a shopping list.
- People were supported to understand their rights and explore meaningful relationships. They were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. They offered choices tailored to individual people using a communication method appropriate to that person.

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.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including pictures and symbols which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication.
- 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. A relative told us, "They help [Name] as he can't speak for himself."

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 supported to participate in their chosen social and leisure interests on a regular basis. Staff enabled people to broaden their horizons and develop new interests and friends. Staff told us how they were exploring a dog walking volunteering opportunity for one person.
- Staff provided person-centred support with self-care and everyday living skills to people. This included supporting people to prepare meals, with food shopping and with general household chores.
- People were supported to keep in touch with their families, either with visits or via telephone / video calls.

A relative told us, "I've not visited for some time due to Covid, but I am kept very well informed."

- Staff helped people to have freedom of choice and control over what they did.

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 via key worker meetings, annual surveys and reviews.
- People and those important to them, were aware of how to raise concerns and complaints and felt confident doing so. The living environment was managed by the Housing Association. People raised concerns regarding the environment. A relative told us, "There are a few issues with the Housing Association. They are not maintaining the property as they should be. [Relative] needs their bathroom refurbished. Staff are doing everything they can, they are supporting [Relative] with a complaint to the Housing Association." Another relative told us, "The place looks sad. It's the décor, but that's down to the Housing Association."
- Relatives gave mixed feedback about how complaints were addressed. One relative told us, "They do their best to deal with things," and "They keep me well informed." Another relative told us, "There have been problems with communication. We have raised concerns and not heard anything," and, "I would hate for [Name] to ever move. It's great for him there, he's happy, they just need to communicate better."
- Everyone we spoke to told us that people were happy at the service.

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 of this newly registered service. This key question has been rated 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

- The registered manager understood their statutory responsibilities around notifying the CQC and the local authority of any significant events, when required. However, they were unclear about their responsibilities to report concerns relating to the conduct of ex-staff members. This is an area that requires improvement.
- The registered manager had a clear understanding of people's needs oversight of the services they managed. Staff told us, "Really well managed," and "[Name] is the best manager we've had in here."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. People, and those important to them, worked with the registered manager and staff to develop and improve the service. However, one relative expressed concerns regarding the level of communication from the service. This is an area that requires improvement.
- The registered manager had identified several issues regarding the environment, primarily in relation to maintenance and décor. The Housing Association responsible for the building had been notified of the specific issues and areas in need of attention. The registered manager had liaised with relatives and was assisting people to raise a formal complaint to the Housing Association regarding their tenancy agreements.
- Staff encouraged people to be involved in the running of the service.
- Staff told us about how they were able to give feedback and make suggestions to improve the service, "During supervision and I like to offer opinions outside of them too. Sometimes it is a bit of trial and error to see if we can make things better."
- Staff told us the registered manager, "Is really good when we do tell her. I wasn't able to attend the last staff meeting but we're able to raise concerns there."
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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

outcomes for people

- The registered manager instilled a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. She and staff put people's needs and wishes at the heart of everything they did.
- The registered manager was visible in the service, approachable and took a genuine interest in what people and staff had to say. She worked directly with people and led by example.
- Staff felt respected, supported and valued which supported a positive and improvement-driven culture. They felt able to raise concerns with managers without fear of what might happen as a result. Staff told us, "If there are any issues, we will discuss and resolve it in the office, not in front of the people here. We work well as a team."

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 gave honest information and suitable support, and applied duty of candour where appropriate. Staff told us the registered manager was, "Very approachable. She's the sort of person you're not scared to tell when something has gone wrong."