

Achieve Together Limited

18 Hawthorn Crescent

Inspection report

18 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

18 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

People were supported by staff to pursue their interests. Staff supported people to have maximum possible choice, control and independence and they had control over their own lives. They supported people to take part in activities and pursue their interests in their local area. However, the staffing provision sometimes prevented people from being able to participate in their chosen activities. We discussed this with the registered manager who was aware of this shortfall and is actively recruiting staff.

They focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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. They enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

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.

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.

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 evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. They valued and acted upon people's views.

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 18 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 reinspection 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.

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?

Requires Improvement ●

The service was not always 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.

18 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 Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements.

CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service 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 11 May 2022 and ended on 31 May 2022.

We visited the location on 11 May 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 spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff.

We reviewed a range of records. This included all four people's care records and medication records. We looked at 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 spoke with the registered manager and continued to seek clarification 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 the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe at the service. Relatives told us, "[Name] is very happy there."
- 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.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who mattered to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One person told us, "I wouldn't leave here. I like living here."
- 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.
- People's care plans had clear details regarding their positioning. For example, one person's care plan had wheelchair cushion instructions with photographs. This ensured staff knew how to position them correctly and meant the person was less at risk of developing pressure sores.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. A relative told us, "They are short staffed, but the care is brilliant."
- The service had enough staff to provide safe care. A relative told us, "They are short staffed, but it has no impact on the care they give. [Name] is always well turned out, clean and tidy. The care is good. It impacts on the number of days out people can have, especially at weekends." The impact of the staffing provision of people's quality of life has been reported on more in the responsive section of this report.
- 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 followed effective processes to assess and provide the support people needed to take their

medicines safely. Staff received appropriate training in the administration of medicines which included observations to ensure their competency.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

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 ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. 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.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice. For example, prior to administering medicine staff had their practice observed.
- Staff could describe how their training and personal development related to the people they supported. A staff member told us, "When I first started here I never thought it would be possible to have a conversation with [Name]. Now it's really easy. We can just have a chat. He's a really great guy."

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

- People were involved in choosing their food, shopping, and planning their meals. Staff told us, "They all plan their own menus. Then we help them by turning it into a shopping list. It's just ordinary, like you would do it at home."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff told us, "They like cooking, although mainly cakes, it's more fun. Most people aren't that interested in cooking dinner. They prepare the veggies, make the decisions and then supervise our cooking. They like to make sure we are doing it right."
- During our visit we saw people made choices regarding what they had for lunch and how it was served.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating. One person's care plan said, 'I will eat everything on my plate, so please don't give me too much as I wish to remain healthy.'
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. The speech and language therapy team (SALT) had assessed people when necessary.

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 attend annual health checks, screening and primary care services in line with their personal preferences. For example, one person's care plan said they like to be, 'Supported by mum as they felt less anxious with her there' when attending dental appointments.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital.

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.

- Staff empowered people to make their own decisions about their care and support.
- Care was provided in the least restrictive way possible and any restrictions were clearly documented, rationalised and agreed. For example, one person's care plan stated they had a, 'Lap belt on their wheelchair for safety and not to manage behaviour.' The person was also, 'Accompanied by a staff member when using a cash point due to their vulnerability and risk of exploitation.'
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

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 were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A relative told us, "[Name] is so, so happy there." They also told us about the good relationship between their relative and their keyworker. The person spoke fondly regarding their keyworker.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff were mindful of individual's sensory perception and processing difficulties.
- 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.

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. Staff supported people to express their views using their preferred method of communication. A relative told us, "[Name] facetimes us daily. Staff get involved and help as [Name] is non-verbal. If he's pointing at something they interpret what he is telling us. They are really great, I can't fault them."
- Staff supported people to maintain links with those that were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- 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.

A relative told us, "[Name] is happy to return after spending the weekend at home. He'd let us know if he wasn't happy there."

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 requires improvement. This meant people's needs were not always met.

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 who were living away from their local area were able to stay in regular contact with friends and family via telephone and social media.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People were encouraged and motivated by staff. They were supported to participate in their chosen social and leisure interests. However, people and their relatives told us activities were sometimes cancelled due to lack of staff or due to not having a member of staff on duty qualified to drive the minibus. One person said, "The problem is when staff are on holiday, then there aren't as many and I miss out on what I want to do," and, "There are more drivers needed, then we can go out more."
- Staff told us, "We need more staff. The personal care is great, no problems. There is a good standard of care, everything is safe. It's just we could do with more outings. If there were more drivers we could go to lots more places."
- Relatives gave specific examples of times when people had been unable to participate in activities due to staffing. This is an area that needs improving.

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.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- People told us they were happy with the service. The only concerns raised related to the level of activities. One person told us they were, "Bored," and "There isn't enough to do."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People learnt everyday living skills with staff who knew them well. One person told us how they wanted to become more independent and staff were helping them with shopping tasks.
- People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against. People were supported to understand their rights and explore meaningful relationships.
- End of life care was not being provided by the service.

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.
- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- 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. Staff told us, "[Name] is non-verbal. He uses pictures, symbols and gestures. It's really easy to know what he wants."
- There were visual structures, including photographs and symbols which helped people know what was likely to happen during the day and who would be supporting them. When discussing how they spent their time people referred to the photographs to explain which staff worked with them.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff and people told us the staff provision needed reviewing. The impact of the staffing provision of people's quality of life has been reported on more in the responsive section of this report. The registered manager was aware of the shortfall and was actively recruiting staff.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- 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 registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and had effective oversight of the service.
- 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.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative told us, "[Housing Association] are not doing their bit. [Manager] has written to them and is adding our voice to the complaint."
- Staff had confidence in the registered manager. They told us, "[Manager] is on the case about the décor. She is very persistent. She will sort it out eventually."

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did. A staff member told us, "It's an amazing job. The other day we all went off to Marwell Zoo. It was such fun we had a real laugh. What a great job."

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; Continuous learning and improving care

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The service apologised to people, and those important to them, when things went wrong.