

Achieve Together Limited

Reddown Road

Inspection report

39b Reddown Road
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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?

Outstanding ☆

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

Reddown Road is a supported living service providing personal care for up to seven people. The service provides support to people with a learning disability and autism. At the time of our inspection there were seven people using the service.

The service at Reddown Road had previously been provided by another provider. The current provider, Achieve Together Limited, took over the management and operation of the service in December 2020.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The service was highly person centred. Staff focused on supporting people to live their best lives through offering people choices and opportunities. The registered manager and staff excelled in addressing people's unique behaviours in personalised and consistent ways. The service was outstanding in supporting these behavioural support needs and viewed them within the context of people communicating their anxieties. This meant the service placed an emphasis on promoting enjoyable and fulfilling days for people rather than on behaviours with the potential to disrupt them.

The registered manager and staff were exemplary in their commitment to supporting people's social lives and social inclusion. Staff worked until the early hours of some weekend mornings to enable people to attend social events that finished after midnight. Staff supported people to expand their individual social circles and to engage in the life of their local community.

The impact of staff support on promoting people's independence was outstanding. Staff provided people with skills teaching in a range of areas. This transformed people's lives enabling them to do a wide range of daily living tasks independently which they had previously been dependant on staff to do for them.

Right Care

People were treated with respect and dignity by kind and caring staff. The service was highly person centred and organised around people's individual needs and preferences. Staff supported people to maintain and develop relationships with relatives and friends and to have fulfilling social lives.

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.

Right Culture

The registered manager led a team committed to supporting people to having enjoyable and fulfilling lives with continuous opportunities to try new experiences. People were empowered to develop increased independence and acquire new skills. Staff told us they were happy in their work and felt motivated and supported in the role.

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 14 March 2018. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reddown Road on our website at www.cqc.org.uk.

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?

Outstanding ☆

The service was exceptionally 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.

Reddown Road

Detailed findings

Background to this inspection

The inspection

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

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 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 29 April 2022 and ended on 5 May 2022. We visited the location on both dates.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous reports and notifications from the registered manager about important events at the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, four staff and the registered manager. We reviewed four people's care records and four staff files. We observed interactions between people and staff during skills teaching activities and when people presented with behavioural support needs. We reviewed photo albums of people engaged in activities and people's communication systems. We checked medicines administration records and medicines storage. We also checked the service's quality assurance process and a number of policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff were trained to keep them safe. Staff undertook regular safeguarding training and understood their role in protecting people from the risk of abuse.
- The provider had up to date safeguarding policies and procedures which the service followed. Where there were concerns these were shared appropriately with social workers.
- Staff we spoke with understood whistleblowing and which organisations to alert if they had concerns about people's well-being, should the provider fail to act to keep people safe.

Assessing risk, safety monitoring and management

- The risk of people experiencing avoidable harm was reduced by the risk assessments and risk management plans in place.
- The registered manager reviewed people's risks. These included people's risks around areas including mobility and health. Where risks were identified staff had guidance in care records to mitigate the risk.
- Where people had allergies, these were stated clearly in care records. Staff supported people to avoid allergens and knew how to support people experiencing an allergic reaction.

Staffing and recruitment

- There were enough staff available at all times to ensure people remained safe. Whilst the service had some staff vacancies these were covered by permanent staff working overtime. In addition, the service drew upon a pool of regular bank staff who were familiar with the service and who people knew well. The service did not use agency staff.
- The provider carried out a range of checks to ensure staff were suitable to deliver care and support. New staff were interviewed, their identities were confirmed and Disclosure and Barring Service (DBS) checks were carried out. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This meant the provider had assured themselves that staff were safe.

Using medicines safely

- Staff prompted people to take their medicines and recorded they had done so in medicines administration record charts. One person confirmed to us, "Staff remind me to take [medicine] and they write it down." This meant people were supported to receive their medicines safely.
- Medicines were kept securely in people's bedroom.
- Where people were prescribed 'when required' medicine, the circumstances when they should be administered were clearly stated in care records.

- GPs regularly reviewed people's medicines to ensure they remained appropriate.

Preventing and controlling infection

- People were protected by the infection, prevention and control measures used by staff.
- Effective arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections and ensured visits for were in line with current published guidance.
- The service had safe systems in place for admitting people.
- Staff used personal protective equipment (PPE) effectively and safely.
- People and staff were regularly tested for infection.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service had plans to effectively manage infection outbreaks.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager ensured there was collective learning when things had not gone well or as planned. This included reviewing behavioural incidents and near misses.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question 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 needs were assessed and reassessed regularly and as their needs changed.
- People participated in their assessments which ensured the process was person centred.
- People's assessments reflected their strengths and preferences.
- When required, referrals were made to healthcare professionals for specialist assessments to be undertaken.

Staff support: induction, training, skills and experience

- Staff received on-going training to deliver care and support effectively. One member of staff told us, "Training gives me knowledge and makes the job easier."
- People were supported by staff who were supervised. Staff received supervision from the registered manager and deputy manager. These one-to-one meetings were used to review how staff delivered care and support.
- Staff were also supported with annual appraisals. These were used to evaluate staff performance and to identify areas for training and development.

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

- People were supported to eat and drink well.
- People's nutritional needs were assessed. Assessments included people's likes and dislikes, the support required to eat, as well as any safety issues such as food allergies.
- People chose what they ate at each mealtime.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of other agencies to ensure people's needs were met. These included adult education services, day service providers, social work teams and healthcare professionals.

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

- People accessed healthcare services whenever they required. Staff maintained records of health appointments and their outcomes.
- Staff ensured that people had hospital passports in place. Hospital passports are documents designed to accompany people should they need to go to hospital. They contained important information about people that healthcare professionals needed to know. For example, details about people's health needs, medicines

and allergies. Hospital passports also stated how people expressed themselves and communicated they were experiencing pain, discomfort or illness. This meant people were supported to have a more person-centred experience when in hospital.

- Dates were kept of people's periodic screening appointments such as breast and cervical screening checks to ensure they were up to date.
- People were supported to be fit and healthy. Staff supported people to participate in a range of fitness activities including walking, swimming and going to the gym.
- Staff supported people to maintain good oral hygiene. People were supported to use electric toothbrushes and to attend appointments with dentists.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

- People were supported in line with legislation. People were supported with mental capacity assessments. Where people lacked capacity and restrictions of their liberty were required to keep them safe, this was done appropriately.
- Where DoLS restrictions were required, the nature and duration of the restriction was stated in care records and authorised by the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question 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

- People told us the staff were caring. One person said, "The staff are very nice." Another person described them as, "Very, very good."
- We observed people and staff interacting on both days of our inspection. We saw that people and staff knew each other well. Staff were friendly with people and spoke to them in a respectful way. Staff understood people's speech and body language and responded to people in ways they evidently liked.
- Care records referred to people in respectful terms and highlighted people's qualities. For example, within one person's care records, under the heading of 'What people like and admire about me', it said, "My sense of humour and friendliness." Within another person's it said, "My kind and caring nature." Within a third person's we read them described as, "Bubbly and friendly"
- Whilst staff treated people as unique individuals, they also met people's cultural needs. This included supporting people around hair care, skin care and diet.

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

- People decided how they received their care and support. This included the activities they engaged in, what people ate and wore and how their personal care needs were met.
- People's communication needs were assessed so staff knew how people expressed themselves and were best supported to understand.
- The service operated a keyworking arrangement to support people to express their views and make decisions. Keyworkers are members of staff with specific responsibilities to people including in areas such as activities, skills teaching, liaison with relatives and supporting purchases.
- The registered manager maintained photographic records of people engaged in activities. This meant over time that hundreds of photographs had been gathered and presented in a number of formats including folders and personalised care records. People were supported to refer to these pictorial records to see their achievements and to assist them to make choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked on people's bedroom doors and waited to be invited in before entering.
- People were supported to lock their bedroom doors independently when going out to protect their privacy.
- Staff supported people to independently protect their information. One person was supported to develop the skills to use a password to protect the privacy of their laptop.

- The support people required to be independent in areas that were important to them were stated in care records. For example, in one person's care records it stated, "I can dress myself but please make sure my clothes are straight before I go out."
- People were supported to maintain relationships with their families and friends. For example, one person told us staff took them to visit relatives and collected them after extended stays.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager and staff were outstanding in their management of people's behavioural support needs. They skilfully used strategies to prevent behaviours from occurring and to effectively respond to them when they did. This enabled people to lead full and active lives at home and in the community.
- Behavioural support plans were unique to people and the behaviours they could display. This meant in some cases staff using different strategies to support people with similar issues. For example, two people displayed heightened anxiety when faced with upcoming events such as appointments and big activities. For one person staff supported them with reassurance during the hours, days and weeks before hand. This included using photographs, counting down the number of sleeps and using a technique called 'social stories'. Social stories are scripted conversations that staff use to provide consistent information in response to people with autism who are anxious about social situations. For the other person, staff only notified the person shortly before an event and provided continued one to one support and reassurance until it happened. In both cases the person-centred approach by staff helped manage people's anxiety and enabled them to attend important appointments and participate in enjoyable activities.
- Due to a number of identified reasons (including the presence of CQC in their home) there were a number of times when people became anxious during our inspection. We saw the registered manager and staff demonstrate excellence in their application of behavioural support techniques. For example, to one person who was becoming increasingly distressed and shouting, the registered manager calmly asked them what day it was. This caused the person to pause, think and respond. When they returned to shouting the registered manager asked them, "And what day will it be tomorrow?" The person responded and returned to shouting but not as loudly. This process of redirection was repeated until the person stopped shouting and was speaking at their usual volume. At that point the registered manager supported the person to share why they were anxious and to reassure them. This technique of redirection prevented an escalation to what care records showed could have been a serious incident.
- In another example, we observed a member of staff redirect a person who was becoming anxious to write down what was worrying them. By redirecting the person from shouting and pacing to thoughtfully writing, the person's anxiety was reduced, and the cause of their anxiety was clarified. Shortly after we observed the person engaged in activities with staff in a communal area.
- In a further example of excellent support, we observed staff supporting a person who was anxious to take deep breathes. Staff showed the person how to do so. In this instance the person was able to less anxious within minutes and engage in activity they enjoyed.
- The registered manager shared behavioural support strategies with relatives. This meant that people benefitted from a consistent approach in both the care home and family home which helped to reduce

anxiety and in turn the number of incidents.

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

- Staff went the extra mile to support people to lead enjoyable and fulfilling social lives. Staff regularly adjusted their shifts to finish working in the early hours of the morning to support people to attend clubs and late-closing sports bars at weekends. One person described this as, "Great."
- Staff were exceptionally responsive to people's desire to get fit. People who chose to, were supported to join a gym and attend boxercise and spin classes. Staff also supported people to go for long walks, trampolining, to play table tennis and bowling.
- People were supported to engage in activities within their local community which they found calming. For example, one person who used a steam room and jacuzzi told us this was, "Relaxing." Another person who was supported to have pedicures at a local nail bar said the experience was, "Very nice." Photographs of them engaged in this activity showed them to be relaxed.
- Staff supported people to develop relationships within their community which in turn led to the community supporting people's needs. For example, one person collected, and often brought around with them, hairdressing dolls heads. Staff supported the person to develop a relationship with a local hairdressing salon where the person could wash and style their dolls' hair at the sink in the salon alongside professional hairdressers.
- People were supported to embrace their hobbies and interests. One person who had an interest in London buses was supported to regularly travel on them and display pictures of them in their bedroom. In addition, they were supported to go to the Transport Museum where they sat in the driver's seat of a bus. Staff took photographs of this activity for the person to look back on.
- People and staff were outstanding at breaking down social barriers. People and staff attended a project for members of the public who were job seeking. At these events people spoke about living with a learning disability and autism and a staff member spoke about how support was provided. One person told us, "I tell them about me and living here." One former attendee in the audience at an information session told us they were so inspired by the enthusiasm of people and staff that they chose a career in adult social care. They now work at the service supporting the person who spoke to and inspired them.
- Staff supported people to maintain the relationships that were important to them. In addition to supporting people to travel to see relatives, staff also supported people to maintain relationships with those they knew from previous settings. For example, on the day of our inspection one person was supported to visit friends and teaching staff at a college they attended several years previously. This meant that a friendship circle at risk of have been lost was actively promoted.
- A personalised and consistent approach by staff to skills teaching had an exceptional impact on people's independence. People moved into the service largely dependent upon staff to meet their daily living needs. For example, one person had been unable to prepare any meals for themselves. Staff supported them with a skills teaching programme which progressed from hand over hand support, to physically prompting, to verbal prompting and finally to supervision. With these acquired skills the person was able to choose a make a number of meals including their breakfast and lunchtime sandwiches. We observed another person responding positively to minimal staff direction to make a cake. The person was happy and smiled continuously throughout the activity.
- Staff followed this step-by-step approach to skills teaching to transform people's lives from dependent to independent in areas such as personal care, laundry, hanging clothes on a clothes line and shopping.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff supported people in line with their assessments.
- Staff supported people to communicate using a range of tools. For example, one person used an iPad to express their needs. The iPad had been loaded with a range of images empowering the person to communicate. By showing images such as activities, items of food or photos family members staff knew the support to provide. For example, video call a relative.
- Staff knew people very well and understood their non-verbal communication. For example, one person who did not use speech would enter the staff room and lay down on the sleepover bed. Staff understood this meant the person was saying they were unwell. Staff would respond to this by supporting the person to their room and use communication aids to establish what was wrong.
- In another example, staff knew that when one person told them, "I can't hear", they were expressing that they could not understand what staff had just said. Staff then knew to use an alternative form of words which the person could understand.
- While people could choose from a pictorial menu, the registered manager explained, "We support people to choose what they want to eat from the cupboards, fridge and freezer and we then make it together." This personalised approach meant it was common for each person to prepare and eat a different meal for lunch or dinner.

Improving care quality in response to complaints or concerns

- The registered manager reviewed concerns and complaints alongside the regional manager and learning was shared with staff.
- People had access to a complaints procedure. This was produced in an easy-to read pictorial format to support people's understanding.

End of life care and support

- None of the people supported at Reddown Road had been identified as requiring end of life care.
- The registered manager told us the service would aim to continue supporting people if they required end of life care by working collaboratively with people, relatives and healthcare specialists. This meant people's end of life care would be personalised and dignified.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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.

- Staff told us there was an open culture at the service. They felt supported and encouraged by the registered manager. One member of staff told us, "I am full of praise for [the registered manager]. She makes this a place you want to work in and are proud to work in." Another member of staff said, "I enjoy coming to work. It's fun for us and the people we support. That's all down to [the registered manager]." A third member of staff said, "The management are like family; so supportive. They care and make you care more."
- The service was person centred and organised around meeting people's individual needs and achieving positive outcomes for people.
- People were supported to meet and share their views. Most people did not like to meet in a large group such as a residents meeting. Therefore, people's views were shared in one to one meetings with members of staff. Records were maintained of these meetings and people's choices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to share important information with people.
- CQC and local authorities were informed about important events at the service.

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

- The registered manager undertook quality audits. Audits covered a range of areas including care records, the environment, health and safety, medicines, and staff training. Regional managers also carried out quality assurance checks. The regional manager and registered manager together reviewed the actions from quality assurance checks to ensure they were carried out.
- Staff understood their roles and the management arrangements at the service which included a registered manager and a deputy manager with an out of hours on-call telephone arrangement. This meant staff always had access to management support and guidance.

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

- People were actively involved in shaping the service. The registered manager and staff ensured the service being provided was built around the needs, preferences and choices of people. For example, the staff rota varied and was based upon the activities people wanted to do.

- Staff were encouraged to share their views about improving care and support. Team meetings took place each month and records were maintained of these for staff to review at the next team meeting. This meant there was a team approach to ensuring actions were completed.
- As part of the process of supporting people to resettlement into the service the registered manager undertook a compatibility assessment. This was to maximise the probability of people getting along and minimising foreseeable and avoidable conflicts.

Continuous learning and improving care; Working in partnership with others;

- Ongoing learning took place at the service. The registered manager and staff undertook training and networking to develop the skills, knowledge and access to resources required to deliver high quality care.
- The registered manager and staff worked collaboratively with other organisations to ensure positive outcomes for people. This included working with other providers, health and social care professionals, day services, employment services and adult education.