

Achieve Together Limited

Holmesdale Road

Inspection report

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27 May 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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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

Holmesdale Road is a supported living service providing support to people in their own home. The building is managed and maintained by a not-for-profit housing provider and each person has their own tenancy agreement. All the people who use the service have a learning disability and some people are also on the autism spectrum.

The service supported four people at the time of our inspection, three of whom received support with personal care. CQC only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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:

People felt safe at the service and when staff provided their care and support.

Staff managed risks well to keep people safe while promoting their independence.

Staff supported people to take their medicines safely and to access healthcare services when they needed them.

Staff focused on people's strengths and supported people to identify and achieve their goals.

People were encouraged to be as independent as possible.

People were involved in planning their support and had opportunities to give feedback about their care.

Right care:

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had.

The provider's recruitment procedures helped ensure only suitable staff were employed.

Staff support was available when people needed it. This included allocated one-to-one support hours, which people could choose how they used.

Staff had the training they needed to provide people's care.

People received kind and compassionate care. Staff treated people with respect and maintained their dignity.

Staff supported people to take part in activities they enjoyed and to live fulfilling and meaningful lives.

Right culture:

Staff valued people's individuality, protected their rights and supported them to lead confident, empowered 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.

Staff felt valued for the work they did and were well-supported in their roles.

The provider's governance arrangements were effective in keeping people safe and ensuring good quality care and support.

The manager and staff had established effective relationships with other professionals to ensure people received the care and treatment they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 November 2020 and this is the first inspection under the current registered provider.

The last rating for the service under the previous provider was Good, published on 13 April 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holmesdale 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 Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting so 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.

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. The registered manager had recently been appointed to a different role within the organisation and a new manager had been appointed, who had begun the process of registering with CQC.

Notice of inspection

We gave a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant incidents. We sought feedback from professionals who had worked with the service. We used the

information the provider sent us in the provider information return (PIR). 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 visited the service and spoke with three people about the care and support they received and two relatives. We also spoke with the registered manager, the recently-appointed manager, the regional manager, two senior support workers and a support worker.

We checked two people's care records, including their assessments, risk assessments and support plans, and the arrangements for managing medicines. We reviewed information sent to us by the manager, including recruitment records for two staff, training and supervision records, and quality assurance audits.

After the inspection

We spoke with two relatives about the care their family members received and a social care professional who had an involvement with 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on each shift to keep people safe and meet their needs. People told us staff were available when they needed them and we observed this to be the case.
- There were two vacancies on the staff team at the time of our inspection although two staff who had worked for the provider previously were expected to start work at the service in the near future, which would complete the permanent staffing compliment. In the meantime, agency staff were used to ensure safe staffing levels were maintained. The provider employed the same staff regularly to ensure people received consistent care from staff who were familiar to them.
- Relatives told us their family members received consistent care from staff who were familiar to them, which was important. One relative said, "There have been some changes recently but the staff team has generally been consistent. There is continuity, which is really important for [family member] as she finds change difficult."
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider made appropriate pre-employment checks before appointing staff, which included obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff attended safeguarding training and the provider had policies in place regarding safeguarding and whistle-blowing.
- Staff understood their responsibilities in recognising and reporting abuse, including how to escalate concerns if necessary. One member of staff told us, "If I had a concern about a member of staff I would go to my manager. If it was about my manager, I would go to my regional manager. If it was severe I would contact the local authority or call the police, or I could whistle-blow." Another member of staff said, "There is always someone we can report to; there is the manager, the on-call manager, the regional manager."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at the service and when staff provided their support.
- Risks had been assessed in areas including health, behaviours, vulnerability to abuse and eating and drinking. Risk assessments recorded any hazards identified and actions to eliminate or reduce them. People were supported to take positive risks that enhanced their well-being. For example, some people were supported to go out on their own with individual measures in place to reduce risks.
- Lessons were learned from incidents and shared with staff. For example, when people had displayed distressed behaviours, risk assessments updated and advice sought from relevant professionals.

- A personal emergency evacuation plan (PEEP) had been developed for each person outlining the support they would need in the event of a fire. There was a fire risk assessment in place for the service and evidence that the fire alarm system and emergency lighting had been serviced by an engineer in June 2021.
- There was a business contingency plan for the service to ensure people would continue to receive their care in an emergency.

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- Staff were aware of the STOMP principles and had applied these in the service, working with a psychiatrist to reduce one person's prescribed medication. STOMP is a national project which aims to stop the over-medication of people with a learning disability, autism or both with psychotropic medicines.
- People were given information about the medicines they took in ways they could understand. One person had expressed a wish to manage their own medicines and staff were supporting the person to develop the skills to do this. The person countersigned their medicines administration record when staff had signed it and administered their own topical cream medicines.
- When people were prescribed medicines 'as required' (PRN), guidance was in place to guide staff about how, when and why this should be administered. The medicines administration records (MARs) we checked were complete without gaps and reflected the medicines stock available. Medicines were audited each month and were checked as part of the provider's quality monitoring systems.

Preventing and controlling infection

- Staff attended training in infection prevention and control (IPC) in their induction and regular refresher training. Additional training had been provided to staff during the COVID-19 pandemic, including in the use of personal protective equipment (PPE).
- Additional cleaning had been implemented at the service during the pandemic and monthly audits were carried out to ensure appropriate standards of IPC were being maintained. In addition to standards of hygiene, these audits also checked staff were using PPE when necessary and that waste was disposed of appropriately.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. Staff told us the induction process had prepared them well for their roles. Additional support was available to newly-appointed staff through the provider's induction co-ordinator.
- Staff had access to the ongoing training they needed to carry out their roles. This included mandatory training and service-specific training in areas relevant to the people they supported, such as learning disability and epilepsy. All staff had completed the Care Certificate and were working towards nationally-recognised qualifications in health and social care. The Care Certificate is an identified set of 15 standards that health and care professionals should adhere to in their daily working lives.
- The provider supported staff to further their career opportunities through additional training. For example, a senior support worker told us they had enrolled on a manager academy course. One member of staff told us, "If I do want any additional training, I can say to [manager], can I do it and she will support me. I asked if I could do an active listening course. She said she will have a look for me and let me know."
- Staff met with their line managers for one-to-one supervision. Staff told us supervision was a valuable opportunity to discuss their training, professional development and any changes to the support people required. One member of staff said of the supervision process, "I have always found it useful, especially during the difficult COVID times."

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

- People's needs had been assessed before they moved in to ensure the service was suitable for them. The support plans developed from people's initial assessments were personalised, holistic and reflected their individual needs and strengths. Support plans identified people's goals and aspirations and included strategies to promote independence.
- A transition plan had been developed for each person before they moved to the service which set out how their move would be managed. Relatives told us the provider had managed their family members' transitions when moving to the service well. One relative said, "It was a well-managed transition from [family] home into supported living."

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

- People told us staff helped them arrange and attend medical appointments when needed. Relatives said staff monitored their family members' health and ensured they had access to any treatment they needed. One relative said, "With regard to her health and taking her to the GP, they are very proactive, and with her mental health, too." Another relative told us, "They are good at monitoring family member's health" and

said that, when their family member had become unwell, "They did everything exactly as they should have."

- Staff responded well when people's physical or mental health needs changed. One person had developed anxieties which were exacerbated by COVID-19 restrictions. Staff supported the person to access group sessions run by the local NHS Trust which helped people find ways of managing and relieving their anxiety. A relative told us that when their family member was diagnosed with a healthcare condition, "It was a difficult time for all of us but they managed that tremendously well; they were amazing."
- Staff worked in partnership with healthcare professionals to help people maintain good health, which included implementing any guidance recommended by professionals. Staff had made referrals to healthcare professionals when necessary, including to speech and language therapy, psychology and psychiatric services.
- A health action plan had been developed for each person which outlined the support they needed to maintain good health. People also had a care passport, which provided information about their needs for medical staff in the event of an admission to hospital.
- People's needs in relation to oral care were considered in their initial assessment and recorded in their health action plans. Staff prompted people to maintain good oral health and supported people to obtain any dental treatment they needed.

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

- People were able to make choices about what they ate and were encouraged to be involved in food shopping and cooking. Each person was supported by staff to plan their meals for the week. Where necessary, staff used different formats to enable people to make informed choices. For example, staff used pictures to support one person to make choices about what they ate.
- Staff told us people often liked to cook for one another in the evenings and described mealtimes as, "A very social experience." People were able to choose to cook an alternative for themselves with staff support if they did not like the meal that was planned. Staff encouraged people to eat healthily and to maintain a balanced diet. One person wanted to lose weight and staff supported them to choose healthy eating options.

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

The Mental Capacity Act 2002 (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.

- People's care was provided in line with the MCA. Staff understood how the principles of the MCA applied in their work. They respected people's decisions about their day-to-day care and sought people's consent before supporting them. Staff had given people information about their rights in ways they could understand. For example, staff had run a session about personal space and consent.

- Assessments had been carried out to determine whether people had the mental capacity to make decisions about their care and support, for example, in relation to medical treatment and the management of their finances. Staff had used social stories to help people understand the decisions being considered. Social stories are an established means of helping people with communication needs understand a particular event, situation or activity.
- If people lacked the capacity to make informed decisions, appropriate procedures had been followed to ensure decisions were made in people's best interests. This included consulting others involved in people's care, such as families and health and social care professionals.

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 told us they got on well with the staff who supported them. One person told us, "Staff are nice." Another person said of staff, "They are nice people and they talk to me."
- Relatives told us staff were kind and staff treated their family members with respect. One relative told us, "The staff are fabulous; I cannot praise them enough." Another relative said, "The staff are lovely; [family member] loves them all."
- People had developed positive relationships with the staff who supported them. The consistency of staffing meant people and staff had got to know one another well. A relative told us, "The staff go above and beyond. They have developed a good relationship with [family member]; they have got to know her really well." A professional who supported one person at the service said of staff, "They have a lovely relationship with [person]."
- Staff spoke positively about the people they supported and the relationships they had formed with them. One member of staff said, "I do love working here; I have really bonded with them."
- Staff understood people's individual needs related to their protected characteristics and ensured these were met. Staff supported people to attend places of worship of their choice.
- People's needs in relation to their sexuality and sexual health were met. One person had been supported to access information after speaking with staff about aspects of sexuality.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's choices about their care were listened to and respected. For example, the provider had arranged meetings with one person's local authority to discuss whether the person wished to stay at the service or to find alternative accommodation.
- Staff told us their role included making sure people had opportunities to give their views about their care and support. One member of staff said, "We encourage them to express themselves. [Person] speaks up much more now. I have seen such an improvement in his confidence." A relative told us, "They champion [family member's] rights. They want positive outcomes for her."
- People's support was provided in line with the REACH standards, which are the 11 standards people with learning disabilities have said they expect from supported living. They include people being able to choose where they live, how they are supported and how they are involved in their local community.
- Relatives told us the supported living model of care met their family members' needs. One relative said, "We thought a supported living placement would be better than a care home for [family member]. It has been a very positive experience. It has been more than we could have hoped for. She has been able to stay in her local community."

- All the people using the service had a tenancy agreement with the housing provider that owned the property, which had been provided in an easy-read format. The manager told us a housing officer came to talk to people about their tenancies when they moved in and visited each month to listen to any issues people had about the property or their tenancies.
- People told us they could have privacy when they wanted it. They said staff respected their right to spend time alone and not to be disturbed.
- Staff were committed to promoting people's independence and giving them choices about how they lived their lives. One member of staff told us, "Supporting people to be more independent is our main goal. We have supported [one person] to learn how to use the washing machine. The same with [another person]. We have done travel training with [person], which is a really big achievement for him. He can walk to his parents or to the shop now." Another member of staff said, "We give them choices and independence. We support them with life skills. [One person] is learning to use public transport by himself. [Another person] is developing abilities like cooking, going on the bus. She loves to go shopping and pay with her own money and getting the change."
- Some people told us about the skills they had learned and the aspects of their lives in which they had become independent. One person said, "I make my own breakfast and do my washing. I go to the Co-op and Morrisons by myself." A relative told us their family member had been supported to learn new skills, which had been beneficial to their confidence. The relative said, "[Family member] is much more independent now. She is like a different person to when she moved in 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 Good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was planned to meet their individual needs and preferences. Each person had an allocated number of one-to-one support hours each day and could choose how they used these.
- Relatives told us staff provided person-centred support that reflected their family member's needs. One relative said, "They have taken the time to get to know [family member's] specific needs. They are proactive rather than reactive. They want to find solutions to things." Another relative told us, "They certainly know [family member] well and understand his needs. They have tried to develop more activities for him."
- Each person had a keyworker with whom they met regularly to plan and review their individual goals. A member of staff told us, "We sit down with them, we make their plans with them, we find out what specific things they want to do, what targets they want to reach."
- Staff told us supporting people to achieve their goals was an important part of their role. One member of staff said, "We give our tenants a voice. We help them achieve things or to voice their concerns. For example, [person] said he wanted a job. I listened and I spoke up for him and I helped him achieve that."
- We heard examples of how people had been supported to achieve their goals. One person wanted to raise money for the NHS through a sponsored bike ride. Other people at the service decided to join in the project and were supported to learn to ride for this purpose. The people who lived at the service cycled the equivalent of London to Paris and raised £1400.
- One person volunteered at a local shop and another person was about to start paid employment with the provider. The person's role would involve visiting different services operated by the provider and seeking people's views about the support they received, then feeding back to the provider about how people wanted to see services run.
- People were active in their local community and were supported to pursue their interests and hobbies. For example, one person liked animals and had been supported to walk a neighbour's dog. Another person had been supported to join a local cricket club, which they attended with a friend.

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.

- The provider had implemented the principles of the AIS, including identifying and recording people's communication needs, ensuring these needs were taken into account when people's support was planned, providing information in ways people could understand, and ensuring people received support with communication if they needed it.

- Each person had an individual communication profile, which outlined their preferred means of communication. Staff used alternative methods of communication where necessary to meet people's needs, including Makaton, Widgit symbols and social stories. Makaton uses signs and speech to help people communicate. Widgit symbols illustrate a single concept in a clear and concise way.
- If people needed additional support with communication, staff had sought the input of specialist professionals. For example, staff had made a referral to a speech and language therapist for one person as they recognised the person was finding it difficult to express their feelings.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed, which had been produced in an easy-read format. One complaint had been received in the last 12 months, which had been investigated and responded to in line with the provider's complaints procedure. Action had been taken following the complaint to improve practice.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a culture in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People told us their views and wishes about their care were listened to and respected. We heard examples of how the support staff provided had resulted in positive outcomes and achievements for people.
- Staff felt respected and valued, which supported a positive and inclusive culture. One member of staff told us, "I can call [manager], [registered manager] or [regional manager] any time, so the support is there if I need it." Another member of staff said, "The support is good. [Manager] has been very supportive and [senior support worker] has shown me everything. They have a lot of patience."
- Staff told us they valued the opportunities for career progression which had been made available to them. One member of staff said, "I am on a manager's course. It helps me with supervision, managing change, and managing conflict."

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

- The registered manager had recently been appointed to a different role within the organisation and a new manager had been appointed, who had begun the process of registering with CQC. The manager told us they were receiving a handover from the outgoing registered manager and attended meetings every six weeks with other managers of the provider's services. The manager told us, "It is a good support network. We share information and ideas."
- The manager had the support of a regional manager, who also carried out quality monitoring checks of the service. Additional monitoring was carried out by the provider's quality team, including a quality of life audit, which involved spending time with people to hear their views about their care and support.

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 responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

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

characteristics; Continuous learning and improving care

- People and their relatives were able to be involved in planning their care. People met regularly with their keyworkers to set and review goals and to plan their support.
- People had opportunities to have their say about their support and how the service was run. There were regular tenant meetings in which people were supported to contribute. Staff also supported people to complete satisfaction surveys about the care they received, most recently in May 2022. Staff had introduced a 'You said, we did' board, which had photographs of people taking part in activities they had requested, including a picnic, outings and a visit to a restaurant.
- Team meetings took place regularly, which were used to discuss developments in the service and the support people received. The registered manager told us, "We discuss incidents, family feedback, any areas to improve, organisational updates. We pick a value and look at how we have met it. Updates from keyworker meetings. Any changes in needs."
- Staff told us team meetings were valuable in making sure people received consistent support. They said they were encouraged to contribute to the development of the service and that their views were listened to. One member of staff said, "I would say our ideas and suggestions are welcomed."

Working in partnership with others

- Staff had established effective working relationships with other professionals involved in people's care. This included healthcare professionals, whose input was obtained when needed to ensure people received the support they required.
- The provider worked collaboratively with other stakeholders to ensure the support people received met their individual needs. For example, for one person whose accommodation was under review, meetings had been held involving the manager, the person's family and the placing authority to discuss the most appropriate placement for the person's needs. a professional told us, "Their communication with us has been very good. We have had some positive meetings about trying to find a solution. "