

Achieve Together Limited

29 Bushy Hall Road

Inspection report

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Date of inspection visit:
24 October 2023
26 October 2023
29 October 2023

Date of publication:
12 January 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

29 Bushy Hall Road is a supported living service providing personal care for 5 people. The service supports people with a learning disability and autistic people. At the time of our inspection there were 6 people using the service.

People's experience of the service and what we found

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

Right Support

Risks to people were not always properly assessed and updated which meant some information about people was not correct. We made a recommendation to the provider ensure there was appropriate information to guide staff. People were supported by staff who did not always know the people well or understood their needs. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff did not always receive the necessary training to safely care for people. The home had recently recruited a new manager who had worked at the home previously. They had made positive changes immediately and were open and transparent and responsive to all our feedback throughout the inspection.

Right Care

People were not always supported in a caring way. Staff were not always meeting people's communication needs. Staff were undergoing refresher training to make sure they had the necessary training to care for people. Staff were starting to support people to make independent choices and support them to attend activities which they enjoyed doing.

Right Culture

There had been changes in managers at the home and this had impacted on how care was been delivered however the provider had not identified people were not supported to achieve their potential when they were visiting the home completing quality assurance visits.

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 under this previous provider was good published (18 December 2017)

Why we inspected

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

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 29 Bushy Hall Road on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to consent, staffing and good governance. We made a recommendation to the provider to review all risk assessments to ensure they provide the correct information to support people safely. Please see the action we have told the provider to take at the end of this report.

Follow Up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

29 Bushy Hall 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.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service provides care and support to people living in 6 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

At the time of our inspection there was not a registered manager in post, however the provider had recently recruited a new manager who was due to start soon. There was a manager based at the service who had applied for their registration.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 24 October and ended on 29 October.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records related to 3 people's care and support. This included people's care plans, risk assessments, medicines records for 1 person and 2 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, quality assurance records and a range of policies and procedures. We spoke with the area manager and 1 manager. After the inspection we contacted 1 professional and we spoke with 4 staff and 4 relatives and 1 stakeholder.

Is the service safe?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question is changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people were not always assessed and people's safety was not always managed effectively. A person was at risk of falls, and they had a recent fall in the community, when we reviewed this incident, it was recorded staff had not received the appropriate training to understand the risks the person faced when out in the community.
- We found care plans and risk assessments required updating. For example, staff told us 1 person had been supported by a specialist health care provider however this was not correct. This meant staff did not have the most up to date information when providing support.
- Staff were meant to be recording specific information about people's health. We found staff were not recording information in line with people's risk assessment which meant they were not able to monitor and ensure if a referral was required for specialist support.

We recommend the provider review all risk assessments to ensure they provide detailed information to guide staff how to support people safely.

- The manager discussed accidents and incidents in team meetings and used them as an opportunity to reflect on staff practice.
- Senior staff told us they were reviewing all risk assessments to ensure the information was up to date and reflected people's needs.

Preventing and controlling infection

- The systems for preventing and controlling infection were not safe and there was no effective systems in place for managing infection control practices.
- We found bags of soiled laundry had not been appropriately stored in the laundry room and staff were unclear what the procedure was to wash soiled mop heads.
- 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 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.

We raised our concerns with senior staff, and they took prompt action to ensure staff were following the correct procedures to manage infection control.

Staffing and recruitment

- On the first day of the inspection there was not enough staff to care for people, the manager called in agency staff to care for a person whilst the other people went on an outing. The manager told us this was an unusual circumstance, and they normally had enough staff to support people.
- The manager told us they monitored the staffing levels, and the staffing hours were based on people's assessed needs. Staff told us they felt there was enough staff to care for people in a safe way.
- Senior staff told us they were recruiting into posts, but staffing was an issue for the service however they had new staff starting in the future.
- Staff were recruited safely. We reviewed the recruitment records for 3 new staff members. Within the files we saw there were references from previous employers and staff had up to date Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- Medicines were prescribed safely. Medicines administration records were accurate and up to date, which evidenced people had received their medicines as prescribed.
- Staff received medicines training and had their competency checked to ensure they were safe to administer medicines. Staff confirmed this happened.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The provider had policies and procedures in place regarding safeguarding people.
- Staff completed safeguarding training, knew how to recognise signs of abuse, and understood the action they should take to protect people from the risk of harm.

Is the service effective?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were not assured staff were following the principles of the MCA, when we reviewed people's care plans we found they detailed a number of restrictive practices. These restrictions had not been authorised by the Court of Protection, and there was no other legal basis or framework in place to support their use. This was a breach of people's human rights. Senior staff were aware there was restrictive practice in place before the new manager started but they had taken no action to prevent this treatment of people.
- The provider did not always consider less restrictive options before limiting people's freedom. During the inspection we observed the kitchen to be locked for considerable lengths of time. Staff told us different reasons when the kitchen should be locked. It was also not evident when this restriction had last been reviewed, and if any less restrictive options had been considered.
- We observed locks on people's wardrobes which whilst no longer in use were still left on people's wardrobes. This meant whilst locks were in place staff could potentially use them. We discussed this with the manager and the senior staff and whilst they acknowledged they should not be in place. They were only removed completely when brought to the attention by the inspector.
- Senior staff had not followed best practice guidelines when assessing mental capacity and best interest decision making. For example, paperwork contained generic information and there was no information recorded on how the person was supported to participate in decision making. For example, 1 person had

their capacity assessed for 4 separate decisions on the same day.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, restrictions were reviewed, and the locks were removed from all wardrobes and the manager told us they were reviewing the procedure for using the kitchen.

Staff support: induction, training, skills and experience

- The provider had not always ensured staff received training to meet people's needs. When we reviewed 1 person's care plan it was recorded that staff should attend specific training to support the person, this was dated 19 April 2021.
- The provider had an induction programme in place however there was limited information recorded for staff on their individual induction process, this meant it was not always clear if they had completed the induction process in line with the providers policy.
- The provider was using agency staff who also received an induction, and we were told, part of the induction was to read people's file. The information contained in people's file was out of date which meant we were not always assured agency staff had the correct information to support people.

Suitable arrangements were not in place to ensure all staff employed received appropriate training or a robust induction. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014

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

- People were not always involved in choosing what food they would like. The manager told us that people were supported to shop independently however when we requested evidence of this it was clear the food was purchased by staff was generic and bought in bulk. we raised this with senior staff, and they told us they were introducing changes to how people shopped, yet the kitchen layout did not facilitate enough space for people to shop independently. Following the inspection, the provider took prompt action to address the concerns raised.
- On the first day of the inspection there was no fresh food in the fridge, staff told us this was because the home has been decorated so people were eating out.

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

- There had been no new admissions to the home since the last inspection. The provider had an assessment process which they would use. People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment.

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

- People's healthcare needs had been assessed and there were supported to access healthcare professionals.
- The provider had assessed people's oral healthcare needs and people were supported to attend visits with healthcare professionals.
- The provider was participating in a pilot with a local healthcare professional to support people to attend medical appointments by providing initial support at the service.

Is the service caring?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always referred to in a respectful way when some staff spoke about people. A staff member referred to people living in the service as "Them ". Senior staff and the manager spoke about a culture which, " Focused on doing things for people rather than encouraging people to try for themselves". This was also confirmed by staff who told us they were trying to make the changes to more of a supported living setting.
- A relative told us staff were not aware of a person's birthday and were only told on the day when the relative visited the person, this was disappointing for the family as they felt such a date should be celebrated.

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

- People were not always involved in decisions regarding their care. Senior staff told us, a quality assurance worker was updating people's files, but we could see no involvement by people, or their relatives being involved in how they wanted their care to be delivered.
- Staff were not always aware of people's diverse needs and were not always conscious of the impact this may have on someone when out and about in the community.

Respecting and promoting people's privacy, dignity and independence

- People were not always provided with compassionate and dignified care. A relative told us, staff did not use pictorial cards or communication cards which really would benefit their loved one as they simply didn't have the training or knowledge to understand how to support people in a way which focused on independence.
- People were not always given the choice about food they would like to eat, we observed staff giving everyone the same food at lunch, 1 staff member said, "Everyone gets the same here and if they don't like it we change it." Following the inspection, the manager told us people would be choosing their own food.



Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement.

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

- People did not always receive person-centred care, information recorded within people's files was not always accurate, for example, we read 1 person liked to go swimming but when we asked staff and the manager, they told us the person had not attended this event for many years. This meant staff were not aware if this activity was something they would like to do again.
- People using the service and their relatives felt they were not regularly updated when changes were made to how their care was being delivered.
- The manager was able to provide examples of how they were working to ensure people were receiving person centred care.

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 had communication plans in place which were detailed and provided staff with clear information on how to support people. A person was using a board which described the activity that was happening and in communication logs staff spoke about the positive impact this was having for the person and the importance of using it when in the community. On the day of the inspection staff left the service without the board.
- In another person's file we read they needed pictorial cards which were personalised however the provider had not implemented this for the person. The manager was aware of the need to complete this task and they showed us examples of how they had implemented personalised pictorial cards for 1 person.

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

- People were not always supported to maintain relationships, follow their interests or take part in activities that were relevant to them.
- There needed to be improvements to ensure people were supported to attend activities which interested them. Before the new manager started staff told us, people all went out together and activities were not personalised.
- However there had been improvements in recent months, 1 staff member told us, In the past people all went on the same activities and now they decide, and they choose.

- Relatives told us there needed to be better financial procedures in place to ensure people were able to participate in activities and holidays as sometimes planning was poor which meant people were not always able to attend holidays in a timely way.
- Notwithstanding the above, it was evident people were going on outings which focused on their interests. Staff confirmed people enjoyed going on outings and they could see the positive impact this was having on them.

Improving care quality in response to complaints or concerns

- There was a system in place for dealing with complaints. Relatives told us they were able to complain. One relative said, "I know how to complain, and I can speak to the manager."

End of life care and support

- At the time of the inspection the provider was not supporting anyone who was end of life.
- Two people did not have their end of life wishes recorded despite living at the service for many years, the manager told us they would be reviewing end of life plans with people in the coming months.



Is the service well-led?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have effective quality assurance checks in place to ensure people were receiving good care and support.
- The service, since registered had been run by a number of managers, none of whom had stayed in post long which had impacted upon the direction and leadership staff had received. Senior staff acknowledge this had led to a culture of poor leadership. For example, restrictive practice was ongoing until the new manager started work at the home.
- Improvements were needed to the culture of the home as the service was not inclusive and empowering. We found evidence of restrictions being applied to how people were supported, senior staff were aware of this poor practice and did not take appropriate action to ensure people were cared for in a person-centred way.
- Care plans and risk assessments were not always robustly updated and reviewed. We saw information in some folders that did not reflect the current needs of people, senior staff told us this information was out of date.
- The manager was holding supervision meetings however we identified 1 member of staff who had been observed using restrictive practice on three occasions. The manager had not used supervision sessions to address this practice. Following the inspection, the provider took prompt action to address this practice with the staff member.

The systems and processes in place did not always enable the registered person to assess, monitor and improve the quality and safety of the services being provided. This was a breach of regulation 17(1), Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did seek feedback, but the information was very basic and senior staff recognised the need to engage with people and their relatives in a more consistent manner.
- Relatives voiced their concerns about the change in management and staff and how this impacted on people, they also told us, "It was hard to get things progressed as things took large amount of time to get resolved and in reality, they should be simple enough."

- Staff told us that people were much happier since the manager had brought in changes and they felt the service was better managed.
- Notwithstanding the above it was evident the positive impact the new manager was having on the service. We observed the manager interacted positively with people who lived in the service, and it was clear staff felt the home was now being well managed.

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 manager understood their duty of candour and was open and honest about where the service needed to improve.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations.
- The legal requirement to display the CQC rating of the last inspection in the home was met.

Continuous learning and improving care

- The manager and senior staff told us they were committed to making the improvements to how the service was run. There was an action plan which the local authority were involved with, and it was evident that the service was progressing forward.
- The provider was planning to work closely with another supported living service so staff could learn from seeing how other services worked.
- The manager was identifying trends and analysing day to day events, and these were used as an opportunity to review practice and apply new working practices which were also backed up by the manager working with all staff to complete the care certificate again. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Working in partnership with others

- The service worked with other professionals to help provide people with joined up care. This included the local authority, occupational therapists, district nurses and GPs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always seek consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005 where a person did not have the mental capacity to make an informed decision. Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks. Regulation 17(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure service users were cared for by staff who were suitably trained and had received correct inductions to carry out their role. Regulation 18 (2)</p>