

# Achieve Together Limited

# Masons Hill

## Inspection report

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Date of inspection visit:  
11 March 2022

Date of publication:  
11 April 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Masons Hill provides care and support to people living in a supported living setting. At the time of the inspection six people were living in individual flats on one site that had been adapted to meet their needs. There was also an office on site from where staff and the registered manager arranged and managed support. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### Right support

People's independence was promoted, and they were encouraged to maintain a healthy balanced diet. Risks to people had been assessed to ensure their needs were safely met. People had access to health care professionals when they needed them. There was a complaints procedure in place in formats that people could understand.

### Right care

Their care and support needs were assessed before they started to use the service. Staff were trained in areas specifically related to people's care and support needs and they received regular supervision from the registered manager.

### Right culture

People had been consulted about their care and support needs. Care records included monthly keyworker documents. These recorded discussions between people and staff about their wishes and plans on how to achieve them. People using the service and staff views were considered through surveys, meetings and spot checks.

The provider had safeguarding and whistleblowing procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs.

People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had access to end of life care and support if it was required.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff told us they received good support from the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 1 December 2020 and this is the first inspection. The last rating for the service under the previous provider was Outstanding, published on 22 November 2017.

#### 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.

# Masons Hill

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out this inspection

#### Service and Service type

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

#### 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

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 provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with two people who used the service and three people's relatives about their experience of the care provided. We spoke with two members of staff and the registered manager. We reviewed a range of records. These included two people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe living in their flats, and they were well looked after by staff. We saw information was displayed for people in the form of easy read 'how to report abuse' posters in communal areas in the property.
- There were safeguarding adults and whistle blowing procedures in place. Staff had received training on safeguarding adults. Staff told us they would report suspected abuse to the registered manager, they were confident the registered manager would make a referral to the local authority safeguarding team.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- People's care records included risk assessments related to medicines, accessing the community, eating and drinking and health conditions. Care records included information for staff about action to be taken to keep people safe and minimise the chance of accidents or incidents occurring.
- People told us about the support they received from staff in relation to managing, administering and monitoring their medicines and traveling on public transport.
- Training records confirmed that staff had received training on how to support people with their assessed needs.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely. Staff had also received training on fire safety.

Staffing and recruitment

- People told us there was always enough staff around to support them with their needs. One person commented, "There is always plenty staff available when I need them."
- The registered manager showed us rotas and told us staffing levels were arranged according to people's care needs. If people's needs changed, they said they would increase staff numbers in order to meet people's care and support needs.
- Robust recruitment procedures were in place. Recruitment records included Disclosure and Barring Service (DBS) checks, application forms with full employment histories, employment references, health declarations and proof of identification.
- DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals.
- Medicines were stored in locked cabinets in people's flats. People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. They also included details on their medical conditions and how they were supported to take their medicines. Two people showed us their cabinets and told us in detail how staff supported them to store and manage their medicines safely.
- Staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines safely.
- The registered manager audited the MAR records on a monthly basis to make sure they were completed in full and there were no gaps in recording.

#### Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment.
- Staff had received training on infection control, COVID 19, they told us they had access to plenty of PPE and we observed they were abiding by shielding and social distancing rules.
- The provider was accessing testing for people using the service and staff.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends. They told us when trends, for example with specific behaviours, were identified they worked with staff and relevant health and social care professionals to support people to self-manage their behaviours.



# 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.

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

- Records showed that people's care, and support needs were assessed before they started using the service. Initial assessments were carried out to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, health care needs and wellbeing and activities of daily living. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had completed training that was relevant to people's needs. This training included understanding autism, supporting people with learning disabilities, communication methods, positive behaviour support, oral health, nutrition and hydration, safe food handling, safeguarding adults, medicines administration, health and safety and basic life support.
- Staff had completed induction training in line with the Care Certificate. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff we spoke with demonstrated clear understanding of people's care and support needs. They told us they were well trained and felt confident in their roles. We observed that people, whilst being supported by staff, were comfortable and relaxed.
- Staff told us they received regular supervision and annual appraisals of their work performance from the registered manager.

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

- People were encouraged to maintain a healthy balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes.
- We observed one person planning a weekly menu and shopping list. They told us, "I plan for what I want to eat. I go shopping and the staff come with me to help. I cook my own meals and the staff are teaching me some cooking skills. They mostly just make sure I have cooked my meals properly."
- Another person told us, "The staff are helping me to learn how to cook better. I try to eat healthy meals. The staff are very helpful."

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

- The registered manager and staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.
- People had access to health and social care professionals for support with their needs. One person told us, "I can see the GP or dentist when I need to. If I am not well, I would let the staff know and they would get me the help I need."
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had health action plans and hospital passports which outlined their health care and support needs for professionals.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed where required and these were retained in care plans. Best interest decisions were made and followed by staff where necessary and documented appropriately.
- The registered manager provided evidence confirming they worked closely with the local authority where applications had been made to the Court of Protection to deprive people of their liberty.

# 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's care records included sections that referred to their likes and dislikes, cultural and religious needs and sexual wellbeing and gender identity.
- One person told us, "I have a lot of different interests. The staff are caring and understanding of the things I like to do." Another person told us, "The staff are very caring and supportive. I am well treated and respected."
- A relative commented, "My loved one is very happy and loves living at Mason's Hill." Another relative told us, "We are very happy because our loved one enjoys a secure relationship with the staff team."
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. A member of staff told us they were very happy to support people to do whatever they wanted no matter what their diverse needs or preference were.

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

- Assessment records showed that people had been consulted about the support they received.
- Care records included monthly keyworker documents. These recorded discussions between people and staff about their wishes and plans on how to achieve them. For example, one person told us about planning a trip to the coast and paintballing.
- One person told us, "I can plan and do a lot for myself. I have a keyworker who helps with my care plan. If I need help from staff I just ask, for example when I go to new places staff support me with travel training and route planning. That way I can go to places by myself."

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I am very independent. I love my flat and my privacy is always respected. This is the perfect place for me, it's near where I work and near my family too." Another person told us, "The staff and the manager are amazing. They encourage me to do things like taking and counting my medicines and cooking for myself."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. They encouraged people to be independent by supporting them to manage as many aspects of their own care that they could.

# 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 had care plans that described their health and social care needs and included guidelines for staff on how to best support them.
- Care plans reflected the principles and values of Right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community. Care plans were kept under review and changed whenever people's needs changed.
- A relative commented, "We are entirely happy with the care and support our loved one receives. They get brilliant support for a very stable staff team that knows them really well."
- Staff had a very good understanding of people's needs. They were able to tell us in detail about people's individual needs and wishes and how people liked to be supported. For example, a member of staff told us they tried to support people in a very person-centred way and how they encouraged people with employment, social activities and accessing the community independently.

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.

- People's communication needs were assessed when they started to use the service.
- We saw that information was provided to people in ways they understood for example easy read and picture formats. This included the providers complaints procedure, a reporting abuse leaflet and a pictorial shift planner so people can see who is on duty.
- The registered manager told us if people required information in a different language or visual aids this would be made available to them.

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

- People were supported to learn new skills and take part in a range of activities that were of interest to them. One person told us about their job, their hobbies and planning for their social activities such as a climbing wall and cinema trips. Another person told us about the social clubs they attended and shopping trips. They showed us their piano and swimming medals. They also helped the manager with records administration at the service.
- We saw an activities planner located in the registered managers office that included individual plans for people throughout the week. Activities included attending day centres, social clubs, staying with family,

banking and shopping, cycling and cinema trips. People were also encouraged to complete activities of daily living such as cooking, cleaning and laundry.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- A relative commented, "I am very happy that the registered manager is back. I have total confidence in them that they will act to rectify any concerns we have." Records showed that when a complaint was raised it was investigated by the provider and responded to appropriately.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- We saw people's care records included a section on how they would like to be supported at the end of their lives.

# Is the service well-led?

## Our findings

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

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

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- People spoke positively about the service. One person said, "I am very happy with the service and the staff. I do lots of activities." Another person said, "I am encouraged to do lots of things for myself. I like my flat and I have all I need."
- Staff were positive about how the service was run and the support they received from the registered manager. A staff member told us, "I am well supported by the registered manager. I can go straight to her if I need anything at all. I think our teamwork is good. We have an on-call system where we can get management support twenty-four hours a day seven days a week."
- Another staff member told us, "The turnover of staff at the service is very low. This means that people have received consistent support from staff that know them well and understand their needs."

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 demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and took responsibility when things went wrong.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular audits that covered areas such as people's medicines, health and safety, incidents and accidents and complaints.
- The provider had a business continuity plan in place for managing the service in an emergency or in case of an infectious disease outbreak. The registered manager told us they had kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives when it was appropriate.
- The provider carried out unannounced 'spot checks' on staff to make sure that care was provided for people safely. During spot checks they checked if people received their medicines, attended activities, that key-working reports were being completed and staff carried out the tasks recorded in people's care plans.

- The provider carried out regular quality assurance audits at the service. We saw a report and an action plan following an audit in February 2022. This had identified areas for improvement. These included for example, ensuring that people's monies were dual signed in and out from a safe, people's health action plans were updated, and that staff fire training was to be completed. The deputy manager confirmed with us that all these actions had been met.

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

- The provider sought people views about the service through annual surveys and meetings. We saw an action plan from a recent resident's survey. This indicated that residents were very happy with the service they received. One person had expressed that they would like to go out for evening runs or walk in the woods. The action plan recorded that the persons keyworker was discussing this with them in key-worker meetings with a timescale to complete by March 2022.
- We saw the minutes from regular meetings with people using the service. Issues discussed at the February 2022 meeting included fire drills, putting rubbish in the bins and the Easter holiday. One person said about the meetings, "We talk with the manager and staff about the things we like to do and what is important for us. We recently discussed getting a ramp at the entrance to the service so that a person using a walking aid could get in easier. They listened and this is now in place.
- Staff told us regular staff meetings were held to discuss the running of the service and to discuss areas of good practice. Areas for discussion at the most recent meeting in February 2022 included the registered manager returning to the service, Covid 19 testing, managing medicines, staff training, updates about people using the services care and support needs and positives and thanks. A staff member told us, "The registered manager expects staff to contribute. We can express our views and opinions and I think we are all listened to."

Working in partnership with others

- The registered manager told us they were worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- The registered manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. For example, they learned from other providers who had experienced COVID-19 breakouts about the things to do prevent a breakout within the service.
- An officer from the local authority told us they held regular meetings with the service. The registered manager had recently returned to the service after a period of absence. The service had been well managed in their absence. The registered manager had good support from their deputy managers.