

Achieve Together Limited

New Partnerships Lynray and Peach Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

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

New Partnerships Lynray and Peach Cottage is a residential care home providing personal care and support to up to six people with a learning disability or autistic people. At the time of our inspection there were six people using the service but only three of these received personal care as detailed in the regulated activity. The service consisted of a cottage where three people lived, a cottage where two people lived and an annexe space where one person lived. Each person had their own bedroom with en-suite bathrooms.

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

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

Right Support

- The staff team supported people to have choice, control and independence. However, the service had five full-time vacancies and was heavily reliant on agency staff.
- Management and staff focused on people's strengths and promoted what they could do.
- The staff team supported people to identify their goals and where staffing levels made it possible, to work towards these.
- The registered manager and staff team worked with people to plan for when they experienced periods of distress, so that their freedoms were restricted only if there was no alternative.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.
- Staff supported people to take part in activities and pursue their interests in their local area.
- Staff enabled people to access specialist health and social care support in the community.
- The staff team supported people with their medicines in a way that promoted their independence. Agency staff did not administer medication.

Right Care

- People received kind and compassionate care; however, some agency staff members were observed to deliver task-based support.
- The core staff team understood and responded to the individual needs of the people they supported, however, there were not enough of them.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The service used a high level of agency staff and tried to ensure this was consistent.
- People could take part in activities and pursue interests that were tailored to them.
- The registered manager and staff team assessed risks people might face.

Right culture

- The registered manager and staff team worked towards helping people lead inclusive and empowered lives.
- The registered manager had recently joined the service and had been registered at a similar service in a different area which was rated good under their management.
- The registered manager told us they were in the process of embedding new governance structures and alongside the provider, seeking to recruit permanent staff members.
- Staff felt supported by the registered manager but were concerned there was not enough support for them or her, from the provider.
- Core staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff turnover had been high, and the service had five full time vacancies for support staff. The service made use of agency staff to help support people to receive consistent care, however, agency staff did not always know them well.
- The needs and safety of people form the basis of the culture at the service. The registered manager and staff team understand their role in making sure that people are always put first. They provided care that was person centred.
- The registered manager was working to create a learning culture. However, staff told us they did not all feel valued by the provider.

We made two recommendations to the provider:

We recommend the provider ensures that all updates to training are completed by the staff team within a short time frame.

We recommend the provider supports people and those that are important to them, to express their views regarding end of life care.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

This service was registered with us on 01 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 03 October 2018.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. An unrated infection prevention and control inspection report published 14 April 2021 found we were assured that the service was managing this well.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action as necessary to keep people safe as a result of this inspection.

We will continue to monitor this service.

We have identified breaches in relation to person-centred care. Please see the action we have told the provider to take at the end of the report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

New Partnerships Lynray and Peach Cottage

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection.

Service and service type

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 June 2022 and ended on 29 July 2022. We carried out two site visits to the service on 30 June 2022 and 6 July 2022 and requested additional evidence which was reviewed on 29 July 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

who work with the service. We received a Provider Information Return (PIR) from the service. 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided.

We spoke with five members of staff including the registered manager.

We spent time observing people and the care they received.

We reviewed a range of records. This included four people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with professionals who visit the service.

Is the service safe?

Our findings

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

This is the first inspection of this service under a new registered provider. 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 kept safe from avoidable harm because the core staff team and long-term agency staff knew them well and understood how to protect them from abuse. The registered manager told us that they ensured one core member of staff was always on duty at the service to provide support to agency staff.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff spoken with stated that they had received training in safeguarding adults.
- Relatives of people who lived at the service were aware of how to raise concerns to partner agencies.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much choice and control over their lives as possible. This was because the staff team managed risks to minimise restrictions.
- The registered manager was in the process of updating all the people's care records to help them get the support they needed. People had a daily diary which was completed on their account. We reviewed one and saw that it was completed in detail and included a symbol for the person to reflect how they felt about their day.
- The registered manager and staff team could recognise signs when people experienced emotional distress. For example, a staff member told us one person went to their room and spent time on their bed to relax and process information.

Staffing and recruitment

- The service had difficulty recruiting enough permanent staff, and therefore used agency staff. The registered manager told us they currently used approximately 80% agency staff and try to use the same people where possible for consistency.
- One relative expressed concern about the use of agency staff and told us, "It used to be the case that we knew who was looking after my (relative) at any particular time. Now the company is hiding behind "Data Protection" concerns and not letting us know who is on shift! At every one of my most recent visits there has been another different agency worker on shift".
- Staff recruitment was ongoing. The registered manager told us the service situation was considered urgent in terms of recruitment by the provider. They told us they had weekly calls with the recruitment team at Achieve Together and used social media platforms to advertise as well as attending job fairs to identify potential new candidates.
- The registered manager told us they tried to ensure agency staff used were consistent for continuity. We saw that one agency staff had been working at the service for six months, however, another had just started their first shift.
- There was a clear induction training process for new staff. Agency staff told us they had an induction, spoke

with the registered manager and read pen profiles, (a brief one-page document with essential information and dos and don'ts to ensure that temporary and agency staff could see quickly how best to support them) of the people they were to support prior to working at the service.

- Staff members spoken with told us that agency staff would "look at the main bit of care plans if it wasn't a busy day and then we (core staff) tell them things across the day. i.e. if you say walk, (person) won't go, if you say Hylands Park, they will go. With (another person) you need to suggest and ask their opinion, not tell them directly. If (another person) gets pacey, be careful as they are getting agitated. It takes a long time to get to know this information, longer than even six months".
- Managers arranged shift patterns so that people who were family did not regularly work together. We saw that the registered manager had taken action to address the issue of family working together and had drawn attention to boundaries.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received supported from staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- The registered manager told us that they ensured one core member of staff was always on duty at the service who was trained in administering emergency medicine and to provide support to agency staff, who did not administer medication. We reviewed three months of rotas for the service and saw this was the case. On the infrequent occasion that a core member of staff was not available, the registered manager worked the shift.
- We observed an agency staff who had an alarm of their phone. He told us that this was to remind him that the person he was supporting required medication. He told us that agency staff did not administer medication and that someone from one of the other houses would come to do this.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. We observed the premises to be clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The service supported visits in line with current guidance.

Learning lessons when things go wrong

The local authority had visited the service early this year and compiled an action plan around things needed to be done to improve the service. Some improvements had been made. For example, key workers were now in place and some people were able to tell us who their key workers were.

Is the service effective?

Our findings

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

This is the first inspection of this service under a new registered provider. 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

- The registered manager told us they were in the process of updating all care and support plans. We reviewed three and saw these were personalised and reflected people needs. There was clear information regarding people likes, dislikes and interests. There was clear guidance for the staff team on how to support people with their behaviours, choices and aspects of daily living. There was a separate health care plan.
- Staff ensured people had up-to-date daily care and support notes completed in the form of a daily diary. We reviewed daily diaries for two people, and these were comprehensive.
- Support plans set out current needs and identified ways people were independent. For example, in the 'what is important' section of one person's care plan it stated, "(Person) has lots of personal belongings that are very important to (them). (Person) likes to arrange (their) things in (their) bedroom independently and may become upset if staff interfere in (their) organisation". Additionally, staff members told us how one person was supported to wear clothes of their choice. On the day of the inspection we observed the person wearing their chosen clothing.

Staff support: induction, training, skills and experience

- People were supported by staff who had received or had access to relevant training. This included how to work with people with a learning disability and/or autistic people such as mental health awareness, communication tools and positive behaviour support. However, not all staff had completed their training updates. We saw 93% of the staff team had completed training in autism awareness; 86% had completed e-learning in learning disabilities and 80% of the team had completed the care certificate. Where updates were required, these were mostly recently overdue.
- There was a structured programme to update all training, and the registered manager was aware of who was overdue their training and discussed this in supervision.
- Staff received support in the form of supervision and appraisal. Records reviewed demonstrated that the registered manager used supervision constructively and to challenge practice that was not appropriate and to recognise good practice.

We recommend the provider ensures that all updates to training are completed by the staff team within a short time frame.

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

- People received support to eat and drink a balanced diet, however, one relative expressed concern. They told us, "We are relying on agency staff to meet [person's] needs. What I see when I visit is fruit and vegetables going off because they are not being used. I have no idea what the agency staff are feeding

[person]".

- People could have a drink or snack when they wanted. We observed one person helping themselves to a cookie.
- People were given guidance from staff about healthy eating and were encouraged to eat a healthy and varied diet, details regarding this were contained in individual care plans. Staff spoken with told us they sit and eat with the people they support and have the same food that they do.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment which met people's daily living needs. We observed one person had a ball pit and other sensory equipment in a room in their home.
- People personalised their rooms.
- The environment was homely and stimulating. For example, we saw a sensory swing was hung in a garden. People were involved in planting and watering the garden.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. One person had been supported to go to the dentist on the morning of the inspection. The person showed us how proud they were, and the staff team said they were proud too.
- Multi-disciplinary team professionals were involved in support plans to improve a person's care. For example, we saw letters from hospital consultants detailing care plans for medical concerns for people who live at the service.

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.

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

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

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions. However, some of this paperwork was out of date. The registered manager told us they were in the process of reviewing this.
- The registered manager confirmed that applications for deprivation of liberty safeguards had been made for those people who were restricted or constantly supervised for their own safety.

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 of this service under a new registered provider. 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

- Staff members spoken with told us the lack of core staff impacted on people's choice and access to individualised care, as some agency staff did not know the area and could not all drive the service cars, which impacted on people's abilities to go out into the community. The registered manager told us that agency staff were being added to the service cars insurance. We observed one agency staff drive to get a McDonalds for the people who lived in one of the houses.
- People felt valued by the registered manager and staff team who worked to ensure their well-being and quality of life.
- The registered manager and staff members showed warmth and respect when interacting with people. Staff told us that some consistent agency staff worked well with people, but that some were task based, rather than care focused.
- People were well matched with their designated support worker. The registered manager had introduced a key worker system with a secondary key worker to support this. We saw that people had been on holiday with their key worker and this helped people to be at ease, happy, engaged and stimulated.
- Staff were mindful of individual's sensory perception and processing difficulties and this was documented in the care plans that we reviewed.

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

- The registered manager and staff team supported people to express their views using their preferred method of communication. Care plans reviewed demonstrated clear knowledge of people's communication styles and preferences. Each care plan contained a communication passport, which detailed the person's likes and dislikes.
- The registered manager and staff team took the time to understand people's individual communication styles and develop a rapport with them.
- The registered manager and staff team respected people's choices and wherever possible, accommodated their wishes. For example, one person's care plan stated that they liked going swimming, the cinema, bowling alley and going out to the shops. They also liked drives or going on the bus but did not like places with animals. On the day of the inspection the person was taken to the cinema to see a film of their choice.
- Staff supported people to maintain links with those that are important to them.
- The registered manager and staff team identified paid or voluntary work for people, as well as social and leisure activities. For example, one person was helping the registered manager with some daily tasks in the office.

- The registered manager and staff team knew when people needed their space and privacy and respected this.

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 of this service under a new registered provider. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The registered manager and staff provided people with personalised support in line with their communication plans and support plans. However, agency staff did not always have time to read through care plans prior to starting work at the service.
- The registered manager and staff team offered choices tailored to individual people using a communication method appropriate to that person, however, staffing levels and use of agency staff meant people could not always go out when they wanted to and that there was not always consistency of care.

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.

- There were visual structures, including personal white boards, which helped people know what was likely to happen during the day and who would be supporting them. However, one relative told us that the use of continuous agency staff impacted upon his relative. "Over the last few months, it has been very noticeable that the service is very short of trained staff. My (relative) needs a core team of at least three carers and at the moment there is only one. Every time I have been to visit recently there has been agency staff on. My (relative) has never had agency staff looking after (them) until this recent past. (Relative) is non-verbal and requires (their) carers to have the intuition to understand (their) needs!".
- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, staff told us that one person would become restless when distressed or agitated and they knew what to do to help them to manage this.

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 participate in their chosen social and leisure interests on a regular basis. On the day of the inspection, one person was out at the cinema and another was helping the registered manager in their office. We observed another person spending time in a sensory environment.
- Staff provided person-centred support with self-care and everyday living skills to people. For example, staff told us people were supported to bathe and undertake oral healthcare by the use of verbal prompts and

supervision, if required.

- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and video calls.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints, however, relatives spoken with told us they did not feel listened to by the provider and that their concerns were not addressed.
- We saw the provider did respond to some concerns. For example, the service produced a 'You said, we did' response to concerns raised in January 2022. This included responses to issues such as staffing levels, use of agency staff, staff morale, staff recruitment. It also included responses to concerns regarding the registered manager needing support with their workload, and to updates in the environment. The responses detailed what the provider was doing currently. For example, a concern was raised regarding staffing levels and contracted one to one care not being upheld and the provider responded "We continue to provide all support hours that are commissioned this is either through our own contracted team members or the use of temporary agencies".
- The registered manager told us that all families were asked if they would like a monthly meeting with the regional manager and themselves, but that this offer had not been taken up yet.

End of life care and support

- At the time of the inspection, there were no people being supported with end of life care.
- End of life wishes were not contained within the care plans that we reviewed.

We recommend the provider supports people and those that are important to them, to express their views regarding end of life care.

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 of this service under a new registered provider. This key question has been rated 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Recruitment and staffing levels were a concern. The registered manager told us they were trying to recruit and to use consistent agency staff. Staff spoken with told us "(Person) wants to go out all the time but can't because there aren't enough staff". They explained that people going out was dependent on whether other people in the service also wanted to go out. Some staff members expressed concern about the level of agency staff being used and the impact on the people who live at the home. One staff member told us, "Care should be person-centred, like it says in the training, but it does not feel person-centre because there is so much change. There is constant change of staff and people are never sure who will come in next to support them".
- The registered manager told us they were actively trying to recruit staff and attended job fairs. However, the service was in a rural location which made it difficult to recruit staff. The provider had not considered if they needed to introduce additional incentives due to the rural location to support recruitment.
- Whilst the registered manager worked directly with people and led by example, including working shifts when required, there were no senior care staff at the service and staff told us when the registered manager was on annual leave, there was limited management or oversight. However, the provider told us, there was an on-call process whereby a home manager, a regional manager and a senior operator were available if support was required. The registered manager told us they were in the process of recruiting senior care staff and this was part of the current recruitment drive.

People did not always receive person centred care, support and choice in their daily lives as the high turnover of staff and high use of temporary agency staff impacted on the services ability to meet their needs.

This demonstrated a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager was working to instil a culture of care in which staff felt valued and which promoted people's individuality, protected their rights and enabled them to fully develop. They were visible in the service, approachable and interested in what people, staff, family, advocates and other professionals had to say. They were alert to the culture within the service and spent time with staff/ people and family discussing behaviours and values.
- Staff spoken with told us they felt supported by the registered manager who they felt was working to establish a positive and improvement-driven culture.

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

- The registered manager had the skills, knowledge and experience to perform their role and an understanding of people's needs and an oversight of the service. They were establishing and implementing governance processes. We saw records which demonstrated they had held staff to account when they had not followed the services policies and procedures.
 - The registered manager was in the process of reviewing and updating people's care and support. We saw people, their relatives and external professionals were involved in the planning of their care.
- Continuous learning and improving care; Working in partnership with others
- Staff encouraged people to be involved in the development of the service. For example, people had been involved in the recruitment process.
 - The registered manager engaged in local and national quality improvement activities. For example, the service was in the process of making improvements to the running of the service and had engaged well with commissioning bodies.

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 duty of candour and the need to be open and transparent when things go wrong.
- The registered manager made the necessary statutory notifications when things went wrong and had processes in place for reporting and investigating incidents.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive person-centred care, support and choice in their daily lives as the high turnover of staff and high use of temporary agency staff impacted on the services ability to meet their needs.</p>