

Achieve Together Limited

Hartley Road

Inspection report

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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

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

Hartley Road is a supported living service. Personal care is provided to three people living in a shared house.

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

Right Support

People were not consistently supported to ensure they had fulfilling and meaningful lives. People's goals were not clearly defined and people were not always offered choices in a way that was meaningful to them. Staff had identified where the support they provided was restrictive for people's safety, but had not obtained the appropriate authorisations for these practices. While the setting is registered as a supported living service, some areas of the home, particularly the dining room, looked and felt like staff areas which is not appropriate in people's homes. People were supported by staff who knew them well and who cared about them.

Right Care

Staff knew people well and understood how they communicated their wants and needs despite this being poorly captured in care records. People were supported to access the healthcare services they needed to stay well. Staff worked closely with people's families to ensure people received the care they needed. However, people's care plans lacked details about people's preferences, goals and aspirations. People were not consistently supported with activities they enjoyed.

We have made a recommendation about how people are supported to follow a balanced diet.

Right culture

People's families were closely involved in their support and people were supported to maintain relationships with people who were important to them. Staff had not always received the training they needed to perform their roles. The provider had identified there was more work to do to seek and act on people and their families' feedback.

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

Rating and update

This service registered with us on 26 April 2021 and this is their first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We had undertaken a monitoring activity and this indicated the service might not always have been applying these principles.

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 was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches of regulations in relation to medicines management, staff training, consent and safeguarding related to restrictive practice.

Please see the action we have told the provider to take at the end of this 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?

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 ●

Hartley 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 was completed by two inspectors.

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.

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

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 and to give people who lived in the service time to prepare for visitors.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and local safeguarding team. We used the information we had collected through our recent monitoring activity. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with two people who used the service. One person used speech to communicate and the other expressed themselves with their body language and some signs. We sought feedback from three relatives about their experience of the care provided.

We spoke with four members of staff including the Head of Regional Operations, the registered manager, the deputy manager and a support worker.

We reviewed a range of records. This included two people's care records and two people's 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

- ☐ People were supported to take their regularly prescribed medicines safely. However, the systems in place for supporting people with medicines prescribed on an 'as needed' basis were not operating effectively and staff misunderstanding led to people being without medicines.
- ☐ One person was prescribed pain relief medicine on an 'as needed' basis. Both the registered manager and deputy manager told us that the prescriber had to write the guidance for when this is administered. This is not correct. In the absence of the doctor writing this guidance staff had returned this person's pain relief medicine, leaving them with no pain relief medicine.
- ☐ Instructions for medicines with variable dosages were not clear. While staff were able to describe how they decided the dose, this was not included in the care plan. This meant there was a risk of inconsistency or the person not receiving their medicines as needed.
- ☐ One person took their medicines in yoghurt due to a swallowing difficulty. This was not included in their medicines plan and there was no record to show staff had checked with a pharmacist if the administration of medicines in yoghurt would affect how they worked.
- ☐ The registered manager completed monthly medicines audits. While these identified the lack of guidance for 'as needed' medicines no actions had been taken to address this. The provider's audit identified the same issue but did not identify all the issues we found with medicines.

The above issues are a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- ☐ Medicines were stored in individual locked storage units in people's bedrooms. Records showed people were receiving their regular medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- ☐ The systems and processes for safeguarding people from the risk of abuse were not operating to protect people from this risk. Staff knew how to report allegations of abuse but the provider's own audits had identified where safeguarding alerts should have been made but had not.
- ☐ Staff were not up to date in their safeguarding training. More than half the staff team were overdue their safeguarding training. Despite this, the support staff we spoke to knew how to report and escalate concerns about allegations of abuse.
- ☐ Relatives were confident their family members were safe in the care of staff.

- ☐ Staff looked after people's money. There were effective and robust systems in place to protect people from the risk of financial abuse.

Assessing risk, safety monitoring and management

- ☐ The systems in place for identifying and mitigating the risks faced by people were not operating effectively. The quality of risk assessments in place varied, some were clear and detailed where others were missing or lacked detail.
- ☐ For example, one person could display behaviours which indicated their distress, and caused distress to others. The provider's own audit had identified there was not an appropriate risk assessment or plan in place to support this person. There was an action plan in place to ensure this was produced within the next month. Likewise, the provider's audit had identified risk assessments for various activities and health conditions were not always in place or of an appropriate standard.
- ☐ Relatives told us they were confident staff acted to ensure their relatives were safe. However, they also felt there were occasions when their relatives could be supported with a more positive approach to risk taking.

Staffing and recruitment

- ☐ There were enough suitable staff deployed to meet people's needs.
- ☐ Staffing levels were determined by people's support needs and funding arrangements. People required one to one support and this was provided.
- ☐ Staff had raised in their supervisions that they were having to work additional shifts to ensure staffing levels were maintained and they did not feel this was sustainable in the long term. New staff had been recruited since staff had raised this issue. Relatives told us they were hopeful that new staff would relieve pressure on staff to work additional shifts.
- ☐ Staff had been recruited in a way that ensured their suitability to work in a care setting.

Preventing and controlling infection

- ☐ People relied on staff support to ensure effective infection prevention and control. There was variation in how well people were protected from the risks of infection.
- ☐ There were clear processes in place to reduce the risks that visitors and staff brought infections into to service. Visitors were screened for signs of infection upon arrival. Staff completed regular COVID-19 testing to reduce the risk of introducing infection to the people they supported.
- ☐ During the inspection we saw variation in how well staff wore face coverings. While they were not delivering personal care at the time, staff face coverings were frequently not covering their noses which made the face covering less effective.
- ☐ Some areas of the home were in a state of disrepair, including the kitchen and the bathrooms. The condition had deteriorated to the point where some surfaces could no longer be cleaned effectively. The provider was working with the landlord to resolve these issues.

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 requires improvement.

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 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.

- ☐ The service was not working within the principles of the MCA. People were being deprived of their liberty without the appropriate authorisations being in place.
- ☐ People's care plans had correctly identified that their support arrangements amounted to restrictive practice. However, they had not ensured appropriate referrals to the Court of Protection had been made. We saw they had emailed details of the restrictive practice to people's social worker. However, they had not asked for the referral to be made, or identified the need for the Court of Protection to be involved.

The above issues regarding restrictive practice are a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Records showed that people's relatives had signed their tenancy agreements, and in other cases were asked to consent to medical interventions on people's behalf. The relatives did not have appropriate legal authority to make these decisions on people's behalf. Relatives should have been involved in a best interests decision making process rather than being asked to sign consent forms.
- ☐ People's capacity to make decisions into some aspects of their care had been assessed. While the support people received was in their best interests, it was not clear that appropriate processes had been followed to

ensure this.

The above issues consent are a breach of Regulation 11(Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- ☐ Staff told us they received the training and support they needed to perform their role. However, records showed significant gaps in staff training and supervision.
- ☐ Staff files did not show staff received regular supervision. One staff member did not have a supervision recorded between June 2021 and April 2022.
- ☐ Training records showed more than half the staff did not have up to date training in safeguarding training. Three staff did not have up to date training in medicines, four were out of date in nutrition and hydration and three did not have in date training in person centred care. Half of the staff did not have up to date training in the MCA or infection control.

The above issues are a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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

- ☐ People's care plans did not reflect best practice, or the provider's guidance, in supporting people to develop their skills and independence.
- ☐ Care plans contained goals, but these were generic and there was no detail about how people should be supported to achieve these goals. For example, one person had a goal to be more involved with domestic tasks but there was no guidance about how to support the person to achieve this. Another goal related to using pictures to communicate but there was nothing in place to support the person to achieve this goal.
- ☐ Another person had unrealistic goals set. They had a capacity assessment in place that stated they had no understanding of money or finances yet had a goal for them to hold their own bank card. This was not a realistic or achievable goal for this person.
- ☐ The provider's audit had identified actions in relation to ensuring people were involved in setting goals which were meaningful, with skills development being planned for.

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

- ☐ People were not always consistently supported to eat a balanced diet in line with their needs and preferences.
- ☐ Care plans did not contain details about people's dietary preferences, although staff were able to say what foods people liked. Care records did not show people were offered a choice of meals and people's dietary intake was not consistently recorded. It was not recorded if people wanted to be involved in meal preparation or if they were in practice.
- ☐ One person had a health condition that can respond well to dietary interventions. However, there was no information in the person's care plan to suggest this had been considered or supported.
- ☐ This person had a plan in place which described they needed their food to be of a modified consistency, they needed food to be "minced and moist" to be safe for them to eat. A speech and language therapist had provided detailed guidance on suitable foods and how to prepare them. The records of care showed this person was regularly supported with other foods such as takeaway chips and sandwiches which were specifically described as unsuitable in the guidance. Staff told us they pureed this food for the person so they could eat the same meals as the other people in the house rather than preparing an alternative that was specifically cooked to be the correct consistency.

We recommend the service seeks and follows best practice guidance about supporting people with swallowing difficulties to have a balanced and nutritious diet.

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

- ☐ People had comprehensive health plans and were supported by staff to have their health needs met.
- ☐ People had dedicated health folders which included details of their health conditions and the support they required to access healthcare services. The quality of this information varied. For example, one person had recently received a new diagnosis, with a recommendation they required some equipment. There was no information to show that staff had supported the person to access this equipment. The provider's audit had identified this and included an action to complete this follow up.
- ☐ People's relatives were very involved with their health-related support. Relatives confirmed to us this was their choice and they felt staff supported them to ensure health needs were met.
- ☐ The manager liaised with other services involved in supporting people to ensure people's needs were met. We saw the registered manager was following up with the local authority where someone wished to attend a day centre.

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 requires improvement.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- ☐ People were supported by staff who knew them well. However, improvements were needed to ensure people's equality and diverse needs were fully respected.
- ☐ Care records lacked detail regarding how to ensure people were well treated. While care plans contained sections where people's needs in relation to their sexuality could be explored, in both the care plans we reviewed this section stated that people did not "engage in any sexual activities." This demonstrates a limited understanding of what it means for people to have sexual needs.
- ☐ Some of the people supported by the service did not use speech to communicate. Their diverse needs had not been well planned for; their communication plans were not detailed and staff did not demonstrate they understood how to offer meaningful choices to people. For example, staff only offered activities using verbal prompts, without any supporting objects or pictures to support people to understand the question.

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

- ☐ The service did not seek people's views or regularly involve them in making decisions about their care.
- ☐ The registered manager told us tenants' meetings had been discontinued because they were dominated by the one person who used language to communicate. This shows staff had not attempted creative means of involving people who did not use language to communicate.
- ☐ The registered manager told us people were involved in monthly keyworker sessions to provide feedback on their care. The monthly keyworker reports we reviewed did not show people were involved or record people's views on the support they had received.
- ☐ The provider had identified the lack of people's involvement in their care plans during a recent audit and there were multiple actions relating to increasing people's involvement in decision making within the service.
- ☐ Relatives told us they were actively involved in supporting their loved ones to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ The service was not actively working to promote people's skills and independence.
- ☐ The provider's audit had identified that staff used inappropriate language to refer to people and their behaviours. This language did not demonstrate that people were being valued and respected by staff.
- ☐ People's care plans contained high level goals which related to developing independent skills. However,

there were not appropriate plans in place to support people to develop these skills. Relatives told us they were keen for their family members to develop their independence and would like the staff to be more proactive in this area.

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 requires improvement.

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

- ☐ There was variation in the levels of personalisation in people's care plans..
- ☐ People's relatives told us and records confirmed they were involved in planning care in a personalised way. However, their confidence in whether this support would be delivered without their involvement varied.
- ☐ Records of care lacked detail and did not show that people were regularly offered choices about what they did. The records did not always show what people had been supported to do. Staff did not record handovers so it was not clear how they ensured information about people's experiences was shared across the staff team.
- ☐ The provider's recent audit had identified the need to improve how choices were recorded.

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 not consistently identified and met.
- ☐ Where people did not use speech to communicate the only details regarding their communication related to how they expressed pain. There were no details about how to facilitate them to make choices, or how they expressed other emotions.
- ☐ People's care plans and records of care were not in a format that was accessible to them. The provider had accessible versions of key policies that were available for people.
- ☐ The provider had identified that people did not have accessible care plans and had included the creation of these on their action plan for the service. We will follow up on this at our next inspection of the service.

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 maintain close relationships with their families. However, they were not consistently supported to engage with interests and activities they were interested in.
- ☐ Before the inspection we completed a monitoring activity where we received feedback from relatives that people were not always supported with activities they enjoyed. Records confirmed this was still an issue at the point of inspection.

- Only one person had a structured timetable of activities. The registered manager said this was because their family insisted on it, and other people could take a more flexible approach. However, in practice this meant people were not consistently offered meaningful choices of activities. For example, one person's care plan stated they enjoyed walks and cycling. Their records of care showed they had only been cycling once in the month prior to inspection and it was not clear they had been offered to go on any other occasions.
- The provider had identified the need for people to have structured activities and included it in the action plan for the service.

Improving care quality in response to complaints or concerns

- There were effective systems in place to respond to complaints or concerns.
- Relatives told us any concerns they raised with the registered manager were thoroughly investigated and responded to. They felt confident the registered manager took their concerns seriously.
- The registered manager told us there had been no formal complaints. They knew the appropriate processes for responding to complaints.

End of life care and support

- Hartley Road is a service that is supporting young people who do not have life limiting health conditions. As such, no one was in receipt of end of life care and support.
- Care plans showed that people were asked if they wished to make plans in case they became unwell or their health deteriorated.

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 requires improvement.

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

- ☐ While staff demonstrated they held person centred values, there were improvements needed to ensure an inclusive and empowering culture was embedded.
- ☐ There were no records of staff meetings, so it was not clear if staff understood the values of the organisation and the principles of their "wheel of engagement" approach. The wheel of engagement is the provider's quality of life tool which aims to ensure people are supported to live fulfilled lives as full members of their communities.
- ☐ We saw that some of the principles of supported living and Right Support, Right Care, Right Culture were not always being upheld. There was a separate office in the garden for the administration of the service. However, we saw that the dining room had a large cupboard full of files, and information that only related to staff pinned to the walls. This is not appropriate because it would not be usual to have care providers' files stored in the dining room of a private home.
- ☐ Due to the lack of detail in people's care records, it was not clear that people were achieving their desired outcomes.

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

- ☐ Improvements were needed to ensure people, their relatives and staff were actively engaged with the service.
- ☐ The registered manager told us they did not have meetings for people who used the service as they had been dominated by the person who used language to communicate. They told us people's feedback was sought in monthly keyworker reviews. However, when we reviewed these they showed a review of what people had done but did not show people's views on their experience.
- ☐ Relatives told us they felt they were able to communicate with the management team and staff, but they did not feel they received information or updates from the provider. The provider had changed over a year ago and one relative said they had heard nothing since then. There were no regular meetings for relatives facilitated by the service. Relatives told us they coordinated things amongst themselves.
- ☐ Relatives also told us they felt there was a risk their loved ones, and the service, could become isolated from the community. One relative told us they sought out local community activities that people living in the service might be interested in, but they did not feel confident staff looked for these opportunities.

- The provider's recent audit had identified these issues with engagement opportunities and addressing them was included in the action plan.

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

- The registered manager understood their duty to be open and transparent with people and their families when things went wrong.
- The provider's recent audit had identified that notifications to CQC had not always been made. Notifications are information about events which providers are required to tell us about by law. The registered manager had submitted these notifications in response to this audit.

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

- The registered manager was working with the provider to develop their understanding of the quality, performance and risks within the service.
- As described in the safe key question, we identified shortfalls in the effectiveness of some of the internal audits conducted in the service.
- The provider had recently completed an annual audit of the service. This had identified many of the issues found during the inspection and had led to a 69 point action plan for the registered manager to complete.
- The registered manager told us he was receiving support from the organisation to help him to address the issues within the service. They also told us the provider had adjusted their audit systems to move from an annual programme to quarterly assessments.

Continuous learning and improving care

- The registered manager was open about the issues we found during the service and demonstrated they were committed to improving the quality of the service provided.
- The provider had put in place an action plan and the registered manager told us he was receiving support to complete it.
- Relatives told us they trusted that the registered manager, and the deputy would drive improvements in their family members' care.

Working in partnership with others

- There was close partnership working with family members, which led to working with other agencies to ensure people received continuity of care.
- We saw staff worked with social services, health care services and other providers of support to adults with learning disabilities and autistic people.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not seeking consent or making decisions in line with the Mental Capacity Act. Regulation 11
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed in a safe way. Regulation 12
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Restrictions on people's liberty had not been properly authorised. Regulation 13
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training and support they needed to perform their roles. Regulation 18