

Achieve Together Limited

179 Green Lane

Inspection report

179 Green Lane
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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?	Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

179 Green Lane is a care home providing personal care for up to 5 people. At the time of our inspection, there were 4 people using the service. The service supported autistic people, people with learning disabilities and mental health needs.

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

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

Right Support: There was an open culture which supported people to set goals and achieve the outcomes they wanted. Staff knew people's care and support needs well and people were empowered to make decisions about their care.

Right Care: Staff were caring and compassionate towards the people they supported. People felt proud of their appearance and were encouraged to interact and communicate freely. Staff supported people to learn new skills, try new activities and maintain important contacts to them.

Right Culture: Values of the service were aimed at transparency and on-going improvement. There was a high morale within the staff team which led towards good working relationships and empowering of people to choose the way they wanted to live their lives.

Although people were encouraged to have control over their lives and staff supported them in the least restrictive way possible, people's risk assessments were not always individualised. Quality assurance processes in place to assess and monitor the care provision were not always operated effectively because the provider had failed to pick up the issues we identified during our inspection. We made recommendations about this.

Staff followed people's medicine management procedures and there was on-going management oversight to ensure safe care delivery. Infection control and prevention guidance was in place, including the recommended safe practice associated with COVID-19 aimed to prevent people and visitors from catching and spreading infections. There was enough staff to support people to attend the activities of their choice. Appropriate recruitment checks were completed before staff started working with people.

Records in relation to the Mental Capacity Act (2005) required reviewing making sure the provider had met the legal requirements. The staff team were in the process of attending all the necessary refresher courses. Although staff were observed on the job, the checks were not appropriately recorded. Staff were continually supervised to ensure they carried out their role responsibilities as necessary. People received support to attend to their health needs and follow a balanced diet where required.

People looked at ease in presence of staff who supported their privacy and dignity. Family members felt the service was meeting all their expectations and hopes. Staff used appropriate communication to interact with people and encouraged their involvement in conversations.

People were engaged and attended a number of activities that suited their interests and preferences. We observed people being excited and eager to attend to their daily activities. Any concerns received were dealt with quickly and in good time so that matters arising did not escalated.

There was good leadership at the service and a values driven culture with support for the staff team. Family members felt they had effective communication with the service and were involved in the matters arising regarding their relatives as and when necessary. Regular checks were carried out by the staff team to ensure good care and support for people.

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

Rating at last inspection

This was the first inspection of the service since the new provider took over and registered the service with the CQC on 1 December 2020.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Requires Improvement ●

179 Green Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by one inspector.

Service and service type

179 Green Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection. This was because we needed to be sure that the management team would be available to support the inspection when we visited.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. 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. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We also spoke with two members of staff and the registered manager. Where people had limited verbal communication, we observed their interactions with support staff.

We reviewed a range of records. This included care records for 3 people and staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including incident forms, medicines records and safeguarding procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care plans, staff training and quality assurance processes.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People told us they made choices and had control over their lives as necessary. Family members had confirmed that risks associated with people's chosen life-styles were managed safely by the staff team and in a least restrictive way possible. During our visit we also observed people being actively involved in their chosen activities with support from the staff who knew people's individual needs well and considered the least restrictive options to mitigate the risks involved.
- Although the care records showed that people's support needs were assessed and monitored, people's risk assessments were not always person-centred and individualised. We saw some generic risk assessments being completed for people, providing the same guidance for staff on how to mitigate the assessed risks in relation to going out in the community and eating. This was discussed with the registered manager who promptly amended the risk assessments making sure these reflected people's individual care and support needs.

We recommend the provider to review their systems in place making sure staff had an accurate reflection of the risks associated with people's care and support needs.

Fire safety procedures were in place and followed by staff to mitigate the risks associated with people's living environment. Fire drills were regularly carried out and staff had checked the fire equipment for faults as necessary. We observed the fire exits being marked and clear so people could leave the building easily in the event of fire. However, we found that not all fire-resistant doors were fitted with overhead door closing devices to enable the doors to be closed automatically when the fire alarm was activated. In response, the provider had promptly arranged for the doors to be fixed as necessary.

Systems and processes

- People told us this was a good place to live and that they had everything they needed. People looked happy around the staff that supported them. One family member told us, "I can sleep at night knowing that [my relative] is safe because [name of the registered manager] together with his staff ensure that [my relative] is protected."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One staff member told us, "Safeguarding is about the protection of people from abuse. It tells us how to support people safely with their finances and medication." Another staff member said, "If I see anything that is not right, I would tell the managers and If they don't do anything, I call the whistleblow number that we have upstairs in the office. I would also call the CQC."
- There were no safeguarding concerns raised regarding the service in the last 12 months. The registered manager was aware of the safeguarding procedure and the actions they had to take should a safeguarding

concern was reported to them. We saw the safeguarding team's contact details being visually displayed for staff's easy access if needed.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Most staff had been working for the provider for a long time and they knew people's care and support needs well. Shifts were covered by the permanent and bank staff where needed to ensure continuity of the service delivery.
- The provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. Staff were required to attend an interview, provide references and criminal records check carried out by the Disclosure and Barring Service (DBS). A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. The medicines administration record (MAR) sheets were appropriately completed and medicines stocks tallied with the MAR sheets. People's care records included a medicines profile, medicines side effects and a protocol for staff to follow where people took as and when required medicines.
- Staff knew the actions they had to take and followed the procedure when a person refused to take their medicines. One staff member told us, "If a service user doesn't want to take their medication, we leave them for a while and try again later. But if they don't take it anyway, we report to the manager and the GP."

Preventing and controlling infection

- The service used effective infection prevention and control (IPC) measures to keep people safe and staff supported people to follow them. There were good arrangements in place for keeping premises clean and hygienic. One staff member said, "We teach people how to wash their hands properly. We support people to disinfect the door handles, in the morning and evening, twice a day." Staff were required to undertake regular tests for COVID-19. Visitors were screened for symptoms of COVID-19 before being allowed to enter the home.
- Staff used personal protective equipment (PPE) effectively and safely. One staff member told us, "Oh yes, I always use PPE when doing the personal care." We observed the PPE being available and easily accessed by staff when needed.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, actions were taken to prevent further occurrences where a person had a fall resulting an injury.

Is the service effective?

Our findings

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

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

Staff support; induction, training, skills and experience

- Staff were provided with a variety of training courses to meet their role expectations. This included training for positive behaviour support, autism, learning disabilities, health and safety and medicines management. However, the staff team were out of date with the mental health awareness training which the registered manager booked staff on to promptly making sure they were up-to-date with the skills necessary to support people effectively. We will check their progress at our next planned inspection.
- Staff received on-going support in the form of supervision, appraisal and induction which promoted good quality care at the service. Although the registered manager told us that observations and checks of staff's competency were carried out to ensure best practice, these were not recorded but that from now on the records would be completed as necessary.
- People were supported by staff who had a good understanding their care and support needs. One family member told us, "Over the years, I have witnessed for myself and know that [name of the registered manager] and his staff have the skills and knowledge to support [name of the relative] needs, which is very important to me."

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.

- People had support to make choices in line with the requirements of the MCA. Staff were aware of the MCA and told us how they gained consent from people before providing care. One staff member told us, "We ask service users, for example is it ok to put your hair like this and apply the cream?"
- People's care records contained a number of mental capacity assessments and people were assessed as

having capacity to make some decisions but not others. The best interests decisions were made on people's behalf and the least restrictive option was chosen where people were assessed as not having capacity. For example, in relation to medicines management.

- However, some records in relation to the MCA required updating. This included the mental capacity assessments clearly identifying the decision to be made, followed by the record of who was involved in the best interests meeting. This was discussed with the registered manager who later told us that the records were reviewed and updated making sure all the necessary information was included. We will check their progress at our next planned inspection.

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

- The staff team completed a comprehensive assessment of each person's care and support needs before the admission making sure this was a suitable placement for them. The registered manager told us that when the service had people wishing to move in, the staff team ensured that people were compatible and wished to live together. There was a transition period that was directed by people and their needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in choosing their food, shopping and planning their meals. One person told us, "I choose my pudding, I ask for yogurt. I like yogurt." We observed people making a choice of what they wanted to have for their meal and when they wanted to eat, despite what was on the menu plan which is done weekly involving the people.

- People were given guidance from staff about healthy eating. One family member told us, "I am happy and satisfied to know that [my relative] receives the care that she needs in respect of her personal care, dietary needs, exercise and activities." Care plans included information on how to encourage people to maintain a healthy lifestyle. Visual guidance was available to support people to make informed choices to achieve balance nutrition.

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

- People had health actions plans and hospital passports which were used by health and social care professionals to support them in the way they needed. Staff assisted people to attend the required health appointments, including regular check-ups, so that their health needs would be monitored and addressed as necessary.

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

- People's rooms reflected their tastes because they were included in decisions relating to the interior decoration of their rooms. One person told us, "I like my room, it's good." People personalised their rooms with personal belongings such as family pictures and beauty items.

- The environment was homely and stimulating. We saw photographs of trips and parties being displayed to encourage conversations and remind people about their activities. Furniture in the communal areas was laid out in the way that people could easily socialise and interact with each other.

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 received kind, respectful and compassionate care from staff. One person told us that "[Staff] are good and friendly, they help me." A family member remarked, "From what I have witnessed this is not 'just a job' to [staff], they genuinely care for the wellness of my [relative] as well as the other service users, and that is why she is happy there... It does not feel like a cold care home, it feels like a family home - you can just relax. [Name of the registered manager] always says to me 'they are a family.'" Another family member described staff as, "Caring, kind, patient, polite, organised, responsible, proactive."
- Staff were patient and used appropriate styles of interaction with people. Staff talked warmly about people and people seemed at ease around them. We saw people spending time in the communal areas when they wanted company. Staff listened to people when they wanted to say something and took actions in response to their requests. We observed a staff member reassuring a person about a change in their daily routine which was important to them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. One person used to go to church regularly but during the pandemic they attended the on-line church services which they now preferred and staff ensured they continued doing so.

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

- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. People's feedback was gathered on an individual basis and by their key workers who took actions to accommodate their wishes such as going on holidays.
- Where appropriate, family members took part in making decisions and planning of people's care. They said, "[Name of the registered manager] always encourages me to be involved and he always calls to inform me of any updates or changes in [name of the relative] activities, medical appointments and results... Whenever the company made any changes, [the registered manager] would update me and the company also wrote to me."
- Staff were aware of people's choices and preferences regarding their support. One staff member told us, "[Name of the person] does what she wants and we know that because she tells us that. [Name of the person] tells us what she wants or doesn't want, for example what she doesn't want to eat. [Name of the person] only likes to go out on her own and not in groups."

Respecting and promoting people's privacy, dignity and independence

- Support focused on people's dignity and quality of life outcomes. One person told us, "[Staff] look after me. I go shopping, I buy toiletries and clothes." Another person pointed at their outfit noting they chose it

themselves. We observed people being extremely proud of their appearance and they looked nicely dressed. People had a facial treatment and their nails and hair done regularly.

- Staff knew when people needed their space and privacy and respected this. One staff member said, " We knock before we go into people's rooms, we don't just walk in when they are sleeping. They need to have privacy." Another staff member told us, "We always close the door when doing personal care. When the family is here, we give them privacy, we don't listen to what they are talking about."

- People had the opportunity to try new experiences, develop new skills and gain independence. One staff member told us, "We involve residents in cleaning, cooking, like peeling vegetables, setting the table and food shopping. [Name of the person] can make her bed now. We showed her how to do it and now she can do it herself. [Name of the person] strips her bed to change the sheets. She can put her clothes away independently."

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; Meeting people's communication needs

- Staff encouraged and motivated people to reach their goals and aspirations. People had set goals which they reviewed monthly with the support from their key workers to determine the progress they made. This included a person developing their gardening skills.
- Care plans were up-to-date and person-centred which informed staff on how people wanted to be cared for. Information was included in relation to what was important to people, their preferred way of transport, likes and dislikes, important contact details and life history. We found that staff knew people very well and the outcomes they wanted to achieve which gave them direction on how to help people to meet their individual needs and desires.

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 had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. People's care plans included a communication profile with information to support people's written and verbal communication. Easy to read format was used to provide people with information regarding the COVID-19 vaccine. Staff pictures were visually displayed to let people know who is going to be on shift that day.
- People were eager to interact and get involved in conversations with visitors which showed them being comfortable in their environment. We observed staff being respectful and patient when interacting with people. Staff waited for people to replay if they took time.

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

- Staff used different means of communication so that people were able to stay in a regular contact with their family members. One staff member told us, "We help [name of the person] to use video calls with their family. [The family member] calls us and we connect via [name of the device] so that they can chat. People told us their family members visited them when they wanted them to. One person showed us some photographs to share the highlights of their family's visit.
- People were supported to participate in their chosen social and leisure activities on a regular basis. One relative told us, "The staff does not just leave [my relative] to sit down and do nothing. They always encourage her to stay active and motivated." People told us they went out to do shopping, for walks or a

meal and that they had freedom of choice and control over what they did. They also attend a cookery class once a week in the community. People had a choice of in-house beauty treatments, aroma therapy and massage sessions. One staff member told us that when restrictions were in place, staff occupied people's free time by facilitating indoor activities such as Zumba.

Improving care quality in response to complaints or concerns

- Family members could raise concerns and complaints easily and staff supported them to do so. One family member said, "I regularly give my feedback both in written form and verbally to let the staff know that I am happy with how they take care of [name of the relative] and I thank them for doing so."
- There were no complaints received in the last 12 months. The registered manager told us that any concerns received were dealt with immediately and on individual basis so that it had not escalated to the complaint level.

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.

Continuous learning and improving care

· Although regular quality assurance audits were carried out by the provider, the governance systems in place were not always operated effectively because they had failed to pick up on the issues we identified during our inspection. This included issues relating to the risk assessments, MCA records and staff's observations and training. However, by the time we completed our inspection, the provider had addressed all the concerns identified.

We recommend the provider review their governance systems in place to ensure they effectively managed safe care delivery at the service.

· Staff carried out regular checks to monitor the care delivery so that people were provided with safe and effective support. Audits viewed included checks of health and safety, infection prevention and control and medicines management practices.

Planning and promoting person-centred, high-quality care; Duty of Candour

· There was a supportive, values driven and empowering culture at the service focusing on providing quality care for people. One family member told us, "Over the years that I have known [name of the registered manager], he is professional, caring and respectful to his staff, service users and their families. The majority of his staff have been working with him for many years which is a testament in itself. The staff in turn gives 100% to care and support." Staff's comments included, "Manager is listening, especially when we have concerns about the service users... I enjoy working here" and "I am happy working here. The manager is very helpful, hard working. He is very considerate."

· There was good communication between the staff members to ensure continuity of care delivery.

Handover processes were used to share information as necessary. We observed staff working together well to support people during the lunchtime and with the activities that were important to them.

· The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the staff team gave us honest information and suitable support, and applied duty of candour where appropriate. The registered manager openly shared with us any difficulties they were facing relating to staff support and how they planned to make improvement so that safe and effective care was provided for people.

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 a clear understanding of people's needs/ oversight of the services they managed. They demonstrated understanding of regulatory and legislative requirements, including when they required to notify the CQC about the events that affect the care provision. People's care records were well organised and securely stored to ensure confidentiality of their personal information.
- There were systems in place to hold staff to account so that people were kept safe and received good quality care and support. Staff had to sign after familiarising themselves with a policy to assure the provider they understood their role responsibilities.

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

- Staff encouraged people to be involved in the care provision of the service. Regular residents' meetings were facilitated to discuss matters concerning people's care. This included a staff member explaining the COVID-19 test results to the residents using a simple and easy to understand language.
- The management team sought feedback from the staff team which they used to develop the service. Regular team meetings took place to discuss good practice and changes needed to the care delivery, including matters related to the health and safety reporting procedures.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to improve people's wellbeing. Healthcare professions were consulted and involved in the care of the people to ensure their health needs were met. This included GPs, psychiatrists, opticians and podiatrists.