Achieve Together Limited

Mill Road

Inspection report

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Date of inspection visit:
13 May 2022
18 May 2022

Date of publication:
17 June 2022

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Mill Road provides personal care to younger adults who have a learning disability and autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, there were only four people receiving personal care.

Everyone receiving care lived in a shared house that could accommodate up to 10 people The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service and what we found
There were times the manager was unable to have robust oversight of care as they had been rostered on as a carer. This also meant they were not able to update relatives of things relating to their loved ones ongoing care. However, on the second day of the inspection the manager told us moving forward they were going to become supernumerary.

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.

Right support:
• Model of care and setting maximises people's choice, control and independence. People had an opportunity to decide about whether they wanted to live at Mill Road. Staff supported people with daily life skills and supported people to make their own decisions about their care.

Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff and the management team ensured that people were at the centre of the delivery of care. People were treated as individuals whose life and experiences were considered and factored into care planning.

People, their relatives and staff told us the registered manager and the senior staff were supportive, valued

their input and ensured that they were included in any changes to the service provision. The took a personal interest in people and knew them well.

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.

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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Mill 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 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
Our inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 meant they and the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had been promoted to a more senior role so on the day of the inspection we were supported by the registered manager and the new manager (manager).

Notice of inspection
This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke and communicated with three people who used the service. People who used the service who were unable to talk with us used different ways of communicating, such as using their body language. We spoke with five members of staff including the registered manager, deputy manager and care staff. We called and spoke with four relatives to gain their feedback.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data and quality assurance records.

Good

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

- Relatives fed back risks associated with their family members care were managed well. One relative told us, "For me, [persons] safety and being happy are the main things and they get massive ticks for these."
- Individual assessments detailed the action staff should take to minimise the risk of harm occurring to people. This included when supporting people to travel on public transport, mobility and nutrition and hydration. One person told us they had a particular phobia and that staff supported them with this.
- Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep them safe. For example, one person was at risk of choking. The guidance stated staff were to ensure the person was sat upright when eating and for their meals to be cut into bite size pieces.
- Staff had a detailed understanding of their role and there were effective procedures in place to help ensure people were safe. One member of staff told us of a person that may become anxious, "I normally make sure everyone around [person] has moved away so they and [person] is safe. I will give [person] time to do feel calmer."

Staffing and recruitment

- One person told us that the majority of the time there were enough staff to support them. However, they also said there were at times shortages at the weekend. Relatives fed back there were sufficient staff. One told us, "There are sometimes new staff, but turnover isn't a problem."
- During the inspection we found there were sufficient staff to safely meet the needs of people. However, staff told us where there were shortages this could impact on how often people could be supported to go out. One told us, "I would say three is the minimum, if there is more it would be great as if people want to do a random activity we could."
- The manager told us they were actively recruiting for more staff. They told us where possible they were using agency staff and tried to ensure it was the same staff to provide consistency of care. The manager told us, "As soon as I ask for agency, they send me a profile, I go through that and see what training they have had. If I feel comfortable with that then I book them."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People and relatives said medicines were managed well. One relative said, "[Person] has a condition with regular medicines they manage well."

● The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Most of the medicines were stored in locked cabinets in people's rooms. One person told us, "I take medicines for [their condition] and staff help me with this."
● There was a current photograph, medical history, allergies and GP details on the person's Medicine Administration Record (MAR). There was guidance for 'as and when' medicines that included the symptoms people would show if they needed pain relief and their preferred method of taking medicine.
● Medicine training and competency checks took place to ensure that staff were appropriately administering medicines. One member of staff told us, "I have been trained for medicines and feel confident with this."

Systems and processes to safeguard people from the risk of abuse
● People told us they felt comfortable with staff and we observed this from their interactions with staff. One person said, "The staff are nice." Relatives also said they felt their loved ones were safe with staff. One relative told us, "[Person] is safe, there haven't been any issues I am aware of at all. [Person] would say if he wasn't safe." Another said, "You can tell when he's happy and if he's not happy you'll know."
● There were appropriate arrangements in place to keep people safe to reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available in an easy read format for people and displayed on the wall at the home.
● Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. One member of staff told us, "If I saw any bruises or marks that weren't there before, I would immediately body map them and report them to [manager]. I've never seen anything like that though."
● Where safeguarding incidents had occurred, these had been reported to the manager who investigated them and notified the Local Authority safeguarding team.

Learning lessons when things go wrong
● Where accidents and incidents happened there were actions in place to reduce further risks of them reoccurring. One person had a number of falls due to their health condition. An occupational therapist had reviewed the person's care and updated guidance was provided to staff. The person was being encouraged to walk more slowly to prevent further injury.
● All accidents and incidents were reviewed by the manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person was displaying a behaviour that challenged, they looked for triggers that caused the behaviour. The manager drew up an action plan with the person to give them strategies to help them deal with their anxiety.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Good

Is the service effective?

Our findings

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

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

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

● Information about people's choices and needs had been obtained by completing a, 'transition care plan'. This was to ensure that they knew the service could meet their needs before the people moved out of the family home to move into the support living home. Our observations were that people seemed to get on well together. We saw two people fist bump together when they passed each other.

●The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. The transition from home to support living was managed in a careful way. People visited the service to see how they got on with other people at the service. One relative fed back, "[Person] is very happy and settled there. That's the main thing for me."

● Information from the 'transition care plan' was then used to develop care plans for people.

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

● Relatives fed back their loved ones were supported with their health care. One told us, "[Person's] primary health is adequately supported. Staff plan and support GP appointments." Another told us, "They are good, [person] has a hospital referral at the minute they are keeping me in touch with this."

● People were supported to remain healthy and had access to health care professionals. For example, one person was referred to a dietician in relation to their eating. Advice was given to staff to encourage the person to try more types of foods.

● People had access to the GP, Community Team for people with a Learning Disability, Speech and Language Therapist and the occupational therapist. People were supported to visit the dentist, opticians and hospital appointments. One member of staff said, "I can support people to the dentist, doctors, should they have any appointments from outside organisations. I support with that. Some people are more independent with their appointments."

Staff support: induction, training, skills and experience

● Staff were sufficiently qualified, skilled and experienced to meet people's needs. A relative told us, "They (staff) know their stuff." Staff told us that training at the service was relevant. One told us, "There are a lot of opportunities to do more. The training is good."

● We saw staff providing appropriate care to people particularly around people's autistic behaviours. One person liked to stick to a particular routine and staff supported them with this and understood this. One member of staff told us, "We have lots of training. We've had PBS (Positive Behaviour Support) training."

● The manager undertook regular supervisions with staff to assess their performance and to provide support. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. We asked staff about their experiences of supervision and

appraisal. One told us, "I find them very useful."

Supporting people to eat and drink enough to maintain a balanced diet;
● People were supported with sufficient nutrition and hydration. One person told us, "We can eat at any time we like, have our own choice." A relative said, "[Person] would have quite a restricted diet and staff are good at spreading things out and bringing in new things."
● Where people's nutritional and hydration needs needed to be monitored this was being done. We saw that one person was at risk of malnutrition. There was a risk assessment in place for this and the person had been referred to a health care professional.
● People were supported to make their own meals and encouraged to eat healthily. One person said, "I have help to make my meals." They told us they were supported to make their packed lunch when they attended college.

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).

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

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

● During the inspection we saw staff asked people for consent before they delivered any care. One relative told us, "They wouldn't do anything without consulting me."
● We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. We saw staff asking people what they wanted to do next and respecting the person's decisions. This showed that people made their own decisions about how they wanted to live their life and spend their time.
● Staff were aware of the principles of MCA. One member of staff told us, "Everyone has capacity until you prove otherwise." We asked a member of staff how they obtained consent from a person who could not verbally communicate. They told us, "[Person] puts their thumbs up, use Makaton, or point to their flash cards.
● Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care and for staff to manage people's finances.

Good

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 were complimentary about the caring nature of staff and told us that they liked living at the home. One person said, "I like [staff member]. He is honest, caring and makes me laugh. All staff are caring." Another told us of another member of staff, "She's great." Comments from relatives included, "They (staff) are all very nice", "It does seem kind and caring, they're friendly and welcoming" and "[Person] likes them."
- Staff developed positive and caring relationships with people that they were supporting. We observed staff interacting with people throughout the day in a kind and caring way. There was easy going conversation during the day with staff and people. It was a friendly atmosphere and staff knew people well.
- Staff made efforts to help people develop their social skills to help them to make friends and to integrate into the community.

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

- People and their families had not been informed by the provider that if they wanted to use the services of a different care provider, they could do this and still live in the house. However, the relatives also fed back although they were now aware of this, they were still happy with the care received from Achieve Together. We spoke with the registered manager about this who told us they would ensure this is made clearer with people and their relatives.
- Care plans included information about people's interests and what was important to them. This information was used to help develop people's routines. People were able to make choices for example about when to get up in the morning, what to wear and activities they would like to participate in. Those people that chose to say in the home instead of going out was respected by staff.
- Each person met with their key worker to discuss things that were important to them and their choices around the care they wanted.
- A member of staff told us, "What I tend to do is when someone requires support to go food shopping, before they go, I will ask if that's ok. I ask them who they would like to support them."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people in a respectful manner and treated people with dignity. One person told us, "It's a nice place, I have my own space, my own bedroom which I like."
- We observed staff knocking on people's doors and waiting for the person to respond before entering. If there was no response, they would call out to the person to ensure they were safe and well. One member of staff told us, "I make sure everyone is aware that knocking on doors is very important to give people their own space."
- Staff encouraged independence in people irrespective of their conditions and this was a feature in all the

care of the people at the service. Staff encouraged people to do things rather than assume they could not do them.

● Staff listened attentively to a person they were talking to and responded to everything they were saying to show they were listening. The member of staff respected the person's wishes when they said they had changed their mind about going out.

Good

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; 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

● There were support plans for each person that outlined individual's care and support. The support plans were in picture format so that people could understand the care that had been agreed. They included information such as medication, medical history, communication and behaviours. There was also detailed information about the person's background, their interests, hobbies, religious beliefs, preference over personal care products and measurements of clothes.
● Each support plan had information on what made people happy and what triggered their anxieties. Staff were very knowledgeable about the people they provided support to. For example, a person disliked meeting new staff. Staff always ensured there was a familiar member of staff supporting them and would slowly introduce new staff to them. A relative told us, "For me, [person's] safety and being happy are the main things and they get massive ticks for these."
● People were allocated a key worker who regularly reviewed the care with the person. People we spoke with knew who their key worker was and told us how fond they were of them. A member of staff told us, "[Person] asked me to be their key worker which was so nice." The member of staff said as a key worker they helped people set goals and aspirations. One person's goal was to eat more healthily and we saw staff supporting them with this.
● People were involved in individual and group activities throughout the week including college, day centres, eating out, shopping and day trips. Where appropriate people were also supported to access social network sites. A personal trainer also came to the service weekly and people enjoyed taking part.
● People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

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.

● The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They had implemented 'easy read' formats of certain documents to provide

information in a more meaningful way to people. For example, information on raising a safeguarding concern or a complaint.
● Where people communicated nonverbally staff understood this. We observed the manager understood the sign language used by another person that suggested the person did not want to go out and this was respected.
● All staff have received Makaton training which one person understood. We saw one person was also given an iPad which had all of the staff names they used to communicate with them.

Improving care quality in response to complaints or concerns
● People knew what to do if they were unhappy about anything. We saw that people were provided with a copy of the complaints procedure that was in picture format to help them understand. One person said, "If I was unhappy, I would speak to [staff member]."
● At tenant meetings staff discussed that people could go to staff if, when talking to each other, it did not resolve an issue they had with each other.
● We noted there had been no complaints at the service since the last inspection. However, staff told us they would support people if they had a complaint. One told us, "We would get them to write out a letter, like a statement. And then it would be shown to [manager]."

End of life care and support
● All of the people at the service were younger adults and conversations were not needed to take place around end of life care.

Requires Improvement

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. This meant the service management and leadership was inconsistent. However, leaders and the culture they created did support the delivery of high-quality, person-centred care.

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

- Since the last inspection the registered manager had been promoted to a more senior role and oversight of six of the provider's services. During this time the deputy manager had been temporarily promoted to the manager role. This had an impact on the oversight of the service as up to the point of the first day of inspection the manager was also rostered on to work as a carer. The manager told us, "My job is supposed to be in the office but it's not." They said, "It's hard to do both, I would say the guys (people) are first. If I miss something in the office, I would put them (people) first."
- We found the manager had not had sufficient opportunity to appropriately review the records to ensure their accuracy. Where people had health care appointments their care plans were not always updated with this information. People's diaries indicated that at times people were often staying at home. On discussion with the manager and staff they said people would at times prefer to stay at home however this was not always being recorded to reflect this.
- The manager told us they had not always reviewed the daily notes to determine whether people were receiving all of the one to one funded hours. The manager told us, "I kind of look through them but not that often. I would say once a week, just to see if they have been completed properly. I don't look for one to one hours."
- Relatives fed back they at times struggled to get updates on their family members' care. One told us, "I have asked for regular quarterly updates for example dentist and chiropody appointments, but these don't always happen unless I push for it." Another told us, "Maybe they don't update me as much as they could. Information isn't always forthcoming, but I can always ring in and they help."
- On the second day of the inspection the manager told us they were no longer being rostered as a carer. They told us this had already given them the opportunity to undertake more management duties including reviewing people's care records.
- People and relatives fed back they were confident about the management at the service. One relative said, "I am pretty happy, the house is well run by the managers, it used to be [registered manager] now it's [manager]. I'm very happy with both." Another said, "They are all very approachable."
- Staff were also complimentary of the management of the service. One told us, "I think the management is good, if I have a query, I wouldn't hesitate in speaking to [manager]." Another said, "[Manager] is amazing. [Manager] is very easy to get on with, easy to talk to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

● There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. One told us, "We all get on so well together and that's the important thing. If staff get on, it makes it a happy place for everyone. We all have a laugh together and a good time and it's just great doing all the different activities with them." Another told us, "I love working here. I love the guys (people) and it's just a great place."
● The manager told us, "I want every single person to live an independent life as possible. I would love to see them move to the next stage" This was reflected in the care being provided. People were encouraged to express the aspirations and wishes for the future. One person told us the job they would like to do and staff practices interview questions with them.
● The registered manager and manager team led by example which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak and engage with people.
● The provider and the manager undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control audits, medicine audits and health and safety audits. Actions plans were recorded and followed up on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and their relatives, were encouraged to provide feedback on the service they received. People and relatives told us they would have no hesitation to approach staff to make suggestions about the service. One person told us, "We have tenants' meetings. People can be honest about our opinions like maintenance issues."
● There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. A member of staff told us, "We try to do them (meetings) once a month. The last one was in April. I like that we can discuss all the people we support and where they are at and more support is needed."
● The manager and staff told us they felt valued and enjoyed coming to work. The manager said, "I feel so valued within the house I do, never had a job that has given me so much satisfaction. You get so attached to every single one of them (people)."
● The manager said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs. For example, supporting people to improve their diet and mobility. This ensured people's needs were met in line with best practice.

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
● We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirmed with us that they were contacted where incidents had arisen.
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns.