

# Achieve Together Limited

# Chertsey Road

## Inspection report

401A Chertsey Road  
Twickenham  
Middlesex  
TW2 6LS

Tel: 02088947081

Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

Date of inspection visit:

18 May 2022

25 May 2022

Date of publication:

20 June 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# 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

Chertsey Road is a 'care home' that provides care and support for up to four people. All the people who live at Chertsey Road have a learning disability. There were four people living there at the time of the inspection.

CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides support for up to four people with a learning disability.

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

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

### Right Support

People using the service were provided with a service that was safe for them to use and for staff to work in. Service quality was reviewed, and changes made to improve people's care and support when required. This was in a way that best suited people. There were well-established working partnerships that promoted people's participation and reduced their social isolation.

### Right Care

There were enough suitably trained and recruited staff who supported people to live in a safe way and enjoy their lives. Any risks to people and staff were assessed and monitored. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Trained staff safely administered medicines to people.

### Right culture

The leadership and management was transparent with an honest, open and positive culture. The provider's vision and values were clearly defined, and staff understood and followed them. Staff were aware of their responsibilities, accountability and prepared to take responsibility and report any concerns they may have.

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

### Rating at last inspection

The last rating for this service was Good (published 16 March 2018).

### Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chertsey Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Chertsey 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

This inspection was carried out by one inspector.

#### Service and service type

Chertsey Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chertsey Road is a care home without nursing care. 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last 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. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager. We spoke with three people using the service, four relatives or advocates, and six staff, to get their experience and views about the care provided. We reviewed a range of records. This included two people's care plans and risk records. We looked at two staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People did not comment on their safety. Their body language whilst we were carrying out observations was relaxed and positive which indicated that they felt safe. They told us they had a very enjoyable holiday recently when accompanied by staff. A relative told us, "A very safe service we have nothing but praise for the [registered] manager and staff. They are doing a great job and the [people using the service] are well cared for and looked after" Another relative said, "Absolutely wonderful, I ring each week to see how [person using the service] is and have a chat. I know all the staff and they are great."
- Trained staff identified any possible abuse and took appropriate action if it was encountered. They were aware of how to raise a safeguarding alert. There was no current safeguarding activity. A safeguarding procedure was included in the provider's policies and procedures that were available to staff.
- Staff advised people how to keep safe and if there were areas of individual concern about people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were enabled to take acceptable risks and enjoy their lives safely by staff following risk assessments that included all aspects of people's health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed to keep people safe.
- There was a well-established staff team who knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. People were not good at road safety, staff reminded them of the hazards and supported them to keep safe when they were out in the community.
- There were general risk assessments that were regularly reviewed and updated. This included equipment used to support people that was regularly serviced and maintained.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people behaved in a way that could challenge the service. People had personal behavioural plans if required.

Staffing and recruitment

- The staff recruitment process was thorough, and records showed that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six-month probationary period with reviews. This could be extended if required so that staff can achieve the required standard of care skills.

- There were enough staff to provide people with flexible care to meet their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. One relative said, "The staff and [registered manager] are so caring and the [people using the service] always come first."
- One person was very ill in hospital and staff visited them every day to make sure they were eating properly.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We receive good training."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- The provider kept accident and incident records and there was a whistle-blowing procedure that staff said they were comfortable using.
- Any safeguarding concerns, complaints, accidents and incidents were reviewed and analysed to ensure emerging themes had been identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and staff provided a positive, open, inclusive, empowering and person-centred culture that achieved good outcomes for people.
- Although people did not comment on how well-led the service was led, their positive, relaxed body language towards the registered manager and staff indicated that the service was well-led in a way that met their social as well as health needs. A relative said, "They [people using the service] have lived together for a long time and it's really nice." A staff member told us, "I really enjoy working here."
- Relatives said the registered manager was very good and the home well-run. Staff worked hard to meet people's needs, make their lives enjoyable and reflected the organisation's vision and values when carrying out their duties. A relative said, "You can see everyone [staff and registered manager] really care." A staff member said, "The [registered] manager is great, very supportive."

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 provider understood their duty of candour responsibilities and were open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the positive attitude and contribution made by the registered manager and staff. One relative told us, "[Registered manager] always keeps us up to date with what's going on and is always friendly and approachable." Another relative told us, "The [registered] manager is in regular contact, eager to do things for people and caring towards [people using the service]."

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

- The registered manager and staff clearly understood their roles, the quality assurance (QA) systems and there were clear lines of communication. Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the praise from relatives. The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Audits were thorough, carried out by the registered manager, staff, and organisation and regularly

reviewed and kept up to date. There was a quarterly internal audit that checked specific records and whether all the necessary tasks and processes were completed. These included finances records, staff tasks, staff observations and health and safety. There was also a service development plan. This meant people received an efficiently run service.

- The records kept demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions where necessary. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, relatives, staff and the public were engaged by partnership working.
- People, relatives and staff were listened to and people's wishes acted upon. Three people recently went on holiday to a destination of their choice. They had previously decided on Wednesdays as takeaway night as part of their normal routine. This was continued whilst on holiday, when they selected a chicken takeaway.
- There were close links with services, such as speech and language therapists, physiotherapists, occupational therapist and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure that people had access to local resources such as the Rethink Wandsworth and Richmond Advocacy Service who provided advocacy and advice, if required.
- Relatives said they visited and had regular contact, which kept them informed and adjustments were made from feedback they gave. A relative told us, "Whenever we visit [people using the service] are always well looked after and well dressed."
- The provider sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.
- There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. This included house-based meetings for people using the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.  
People, their relatives and staff told us they were given the opportunity to voice their views about the service. One relative said, "[registered manager] always listens." A staff member said, "A good manager who makes me feel valued. I enjoy working here."
- The registered manager and staff checked throughout the day that people were happy and getting the care and support they needed in a friendly family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

- Staff received annual reviews, quarterly supervision and staff meetings so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- A good relationship and rapport had been built with local shops and restaurants with people being greeted by name, when they visited.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.