

Achieve Together Limited

Danbury

Inspection report

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Date of inspection visit:
17 November 2022
09 December 2022

Date of publication:
12 January 2023

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?

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

Danbury is a residential care home providing personal care to 5 at the time of the inspection. The service is registered to support up to 5 people.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

This service was registered with us on 01 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 5 May 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Danbury

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

One inspector carried out this inspection.

Service and service type

Danbury 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. Danbury is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also a regional manager and had oversight of a number of services. Danbury had a manager who was also the manager of another nearby Achieve Together location and they shared their time between these locations. They had submitted an application to be registered as manager with the Care Quality Commission for both locations.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 November 2022 and ended on 13 December 2022. We visited the location's service on 17 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We received a Provider Information Return (PIR) from the service. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information received into our system for ongoing monitoring of the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 1 relative, and spent time observing people and the care they received.

We spoke with or received feedback from 5 members of staff including the registered manager.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 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.

We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the staff team knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff spoken with stated they had received training in safeguarding adults. One staff member told us, "I have received full safeguarding training and I know how to protect the people we support from harm." Training records reviewed showed the staff team had completed safeguarding training.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much choice and control over their lives as possible. This was because the staff team managed risks to minimise restrictions. For example, 1 person liked to go out into the community but was at risk of absconding. The staff team ensured they were able to go out in the car to places the person liked to facilitate their choice and help mitigate risk.
- People's care records helped them get the support they needed because it was easy for staff to access and keep good quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- The service helped keep people safe through formal and informal sharing of information about risks. For example, we saw individual risk assessments were completed for people and these were kept in their care plans. Additionally, staff told us that information is shared amongst the staff team, when a person has a change in their need for support.
- Care and support plans reviews included ways to avoid or minimise the need for restricting people's freedom.

Staffing and recruitment

- The service had enough staff, however, at the time of the inspection there was 1 staff vacancy. The manager told us there was a proactive approach to recruitment at organisational level.
- The numbers and skills of staff matched the needs of people using the service. Staff told us staffing levels changed to accommodate changes in the needs of people who lived at the service. For example, one staff member told us, "There are usually three people on shift, sometimes four. If there is a daytrip planned, there will be more staff on duty to help. Someone has to stay behind as 1 person likes to stay at home".
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.

- Managers arranged shift patterns so any agency staff used were working with established staff members to help ensure consistency for the people who lived at the service. We reviewed the rotas for the last 4 weeks and these reflected this. There were occasions when agency staff were on the waking night shift but were supported by a sleep-in staff member. The rotas showed us there was never more than 1 agency staff at a time and there was always a shift leader on duty.
- Each person had a clear one-page profile with essential information and dos and don'ts to ensure new or temporary staff could see quickly how best to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Records reviewed showed us the staff team had completed training in medication. They had also completed training in epilepsy awareness and the administration of emergency medication. Medicines competencies were also undertaken by the staff team.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. We observed the premises to be clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The service supported visits in line with current guidance.

Learning lessons when things go wrong

- The service had a system to record and report incidents affecting people's safety.
- Staff and managers investigated incidents and shared lessons learned. Where organisational audits identified areas of concern, we saw that these were addressed in staff meetings, with actions to be taken. For example, ensuring all towels were placed in the laundry after use and ensuring the Now and Next communication aid was being used throughout the shift were discussed and identified as daily action points.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff told us they had an app they could use to immediately record concerns. These would be sent directly to the

manager and regional manager for relevant action to be taken.

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

- We reviewed the care and support plans for 2 people and saw these were personalised and reflected people's needs. There was clear information regarding people's likes, dislikes and interests. There was clear guidance for the staff team on how to support people with their behaviours, choices and aspects of daily living. There was a separate positive behaviour support plan which detailed factors influencing a person's behaviour, the possible reasons for this and ways to reduce the likelihood of the behaviour happening.
- Staff ensured people had up-to-date daily care and support notes completed in the form of a daily diary.
- Support plans set out current needs and identified ways people were independent. For example, 1 person was supported to be more independent in the bathroom, by being encouraged to run their own bath with staff present. They were also encouraged to take their clothes to the washing area and to get items out of the cupboard to make a cup of tea or sandwich. They were supported to do this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received or had access to relevant training. This included how to work with people with a learning disability and/or autistic people such as mental health awareness, communication tools and positive behaviour support. One relative told us "Fantastic staff. The (staff team) make the difference to how people live".
- There was a structured programme to update all training, and the staff team had access to and had completed a comprehensive training programme. Training due dates were audited by the manager on a monthly basis and then further reviewed by the regional manager.
- Staff received support in the form of supervision and appraisal. Documents reviewed showed appraisals highlighted areas of strength and areas for development.

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

- People received support to eat and drink enough to maintain a balanced diet. The staff team had completed food safety and nutrition and hydration training.
- Where possible, people were involved in choosing their food.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals and people chose where they would eat.
- People with complex needs received support to eat and drink in a way that met their personal and cultural preferences as far as possible.

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

- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained

environment which met people's daily living needs. We observed a large lounge and separate dining area, which people were using. One person sat at the dining table to have their nails painted. One person chose to occupy a quiet conservatory area off the main lounge.

- People personalised their rooms. We observed 1 person had a collection of footballs placed on a high shelf in their room and another had pictures of motorbikes and motorbike paraphernalia, reflecting their likes.
- The environment was homely. One member of staff told us, "It is lovely, it is home from home". We observed that the front of the house was in need of decoration. The service manager told us this was in the process of being addressed.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in support plans to improve a person's care. For example, we saw input from the learning disability service behaviour advisory team and people had positive behaviour support plans.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. For example, 1 staff member told us, they had completed training in the Mental Capacity Act and that people had the "...right to refuse care", and that "depending on the situation a best interest (decision) may have to be made".
- For people the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions.

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 and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed 1 person demonstrating they wanted a drink, by showing their cup. A member of staff responded to this and made the person a drink while chatting to them about what they were doing.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. For example, we observed a staff member looking for a basket of toys that 1 of the people living at the service wanted to play with. When they were given the box of toys, they became calmer for a period of time.
- Staff were mindful of individual's sensory perception and processing difficulties. Staff were able to tell us about the ways in which people communicated, and about their likes and dislikes.
- Staff members showed warmth and respect when interacting with people. We observed people being attended to by staff in a manner that demonstrated they knew the person well.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff members communicating with people in a way they understood. We observed non-verbal people being included in decision making and involved in conversation.
- Where possible, people were enabled to make choices for themselves and staff ensured they had the information they needed.
- 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.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Documents reviewed showed family members had been involved in the planning of care people received, where appropriate. The service held meetings for the people who lived there, where they reflected on activities they had enjoyed and suggested ideas for food and future activities.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Where appropriate, people had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.

- Staff knew when people needed their space and privacy and respected this. This was documented in individual care plans.

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. For example, we saw changes had been made to the care and support people received and this was recorded in their care plan. Additionally, meeting minutes demonstrated that the manager consistently pushed the staff team to try new things with people and to continue to use available means to offer choice and developmental opportunities. For example, 1 person did not like to go out, but the staff team were encouraged to continue to ask them, as this could change.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. One relative told us they had only good things to say about the service. They told us, "Since (relative) has been (at Danbury) I can say that (they have) been transformed.they are well cared for, healthy and well looked after and happy there".
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, how non-verbal people would behave if they were happy, distressed or in pain so the staff team were aware and could take appropriate action.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. For example, people were supported to go out to town to buy something of their choice and to go out for lunch with a family member; people were supported to visit family on a weekly basis and people were taken out to

engage in activities they enjoyed.

- Staff provided person-centred support with self-care and everyday living skills to people. One staff member told us person centred care was, "Care that is focused around (the person) and is best for them not everyone else".
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and video calls. People were also supported to visit family on a regular basis, and family members were able to visit and take their relative out for lunch.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. However, at the time of the inspection there had been no complaints received at the service. There had been a number of compliments received from professionals and relatives.
- The service treated all concerns seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. There was a clear complaints structure in place.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- Staff members were trained in the support and management of end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection 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.

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

- The manager worked to instil a culture of care in which staff felt valued and which promoted people's individuality, protected their rights and enabled them to fully develop. Although the manager worked across 2 locations, they were visible in the service and approachable. They were alert to the culture within the service and spent time with staff/ people and family discussing behaviours and values.
- Managers worked directly with people and led by example. For example, the manager would work alongside other staff members as additional support and would work shifts where required.
- When the manager was not at the service, it was led by lead support leaders. However, the service had an on-call system in place which meant the manager or the registered manager were available to support staff at all times. Rotas identified the on-call manager.
- Staff spoken with told us they felt supported by the manager. They told us they felt able to raise concerns with managers without fear of what might happen as a result.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The 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 were supported by the registered manager who was also the regional manager, and by clear governance systems established by the provider.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. We saw there were clear governance systems to give assurance of quality and to identify areas that required improvement. For example, the manager completed a driving up quality assessment audit each month, which included medication, health and safety and infection control. Additionally, quarterly audits were carried out by the provider, which included a visit to the service and a time-based action plan.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy and regulation to inform improvements to the service.
- The provider invested in the service to embrace change and deliver improvements. For example, they had installed a central system for governance oversight and staff had apps on their phones where they could report a concern or seek advice.
- The manager and regional manager engaged in local and national quality improvement activities. For example, the service engaged with commissioning bodies and other health and social care organisations.