

Achieve Together Limited

5 Fengates Road

Inspection report

5 Fengates Road
Redhill
Surrey
RH1 6AH

Tel: 01737778858

Website: www.achievetogether.co.uk

Date of inspection visit:
16 May 2022

Date of publication:
30 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?	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

5 Fengates Road is a residential care home providing accommodation and personal care for up to five people. At the time of inspection there were four people living there.

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

Right Support

People were encouraged to have control in their daily lives and staff ensured people were able to live as independently as possible. For example, people had been supported to learn new skills such preparing meals with minimal staff support and taking care of their home environment. Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them.

Right Care

Staff knew people well and ensured that people received the support they needed to keep them safe and to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring. They treated people with respect and encouraged them to make decisions about their care and support.

Right Culture

There was a positive ethos at the service and a culture of empowering people to live the lives they wanted to. People were involved in planning their own care and were encouraged to give their views about the support they received. The support staff provided was flexible to take into account people's needs and preferences.

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 1 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good (published on 24 January 2018).

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?

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.

5 Fengates 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

One Inspector, an Inspection Manager and an Expert by Experience carried out the inspection. 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

5 Fengates Road 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

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and we spent time observing people receive care and support. We spoke with three members of staff including the registered manager, deputy manager and a support worker. We spoke to three relatives of people who lived at 5 Fengates Road about their experience of the care provided. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to two health and social care professionals who worked alongside the service. We continued to seek clarification from the provider to validate evidence found. We looked at further care records, 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 for 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 the risk of abuse. People told us they felt safe living at the service and relatives we spoke to supported this. One person told us, "I do [feel safe]. I like being here." A relative said, "[Person] is more than happy there and very safe."
- Staff received regular training about safeguarding, they knew how to identify potential abuse and how to report it. One member of staff told us, "We protect people from harm and neglect...I would report [any concerns] to my manager and they report to the local authority, CQC and people's family."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were encouraged to take risks in a positive way. For example, guidelines had been put in place to enable one person to leave the service safely without staff support.
- The service used a range of risk assessments to assess each person's risks from which they developed plans and strategies to manage them. Each person had a risk assessment associated with their individual health needs such as epilepsy. People also had individual risk assessments that identified risks and support needs associated with a wide range of activities, including, meal preparation, personal care and managing money.
- People had positive behavioural plans that described de-escalation and support strategies that staff had to follow to respond to distress. These included warning signs, triggers and positive behavioural strategies that helped staff recognise and support distress in the least restrictive way. We observed that staff knew people's behaviours well.
- Staff learned from incidents which had taken place in order to improve people's care. For instance, following an error with someone's medicines new guidelines were put in place to mitigate the risk of a similar incident happening again. The registered manager told us they analysed all incidents in order to work out what action to take.

Staffing and recruitment

- There were enough staff deployed to support people safely. Staffing levels were flexible and carefully assessed around a person's needs to ensure these could be met, including staff support for participating in activities and accessing the community. The registered manager told us, "If [people] have plans to go out I put an extra member of staff on."
- People were involved in the recruitment of new staff. The registered manager told us, "Normally they are on the interview panel and after the interview the [candidate] speaks to all residents."

- The registered manager told us that recruitment was an issue and they were working to try to improve this, however this was challenging due to a shortage of available workers in the adult social care sector. Agency staff were used to fill gaps in the rotas or the registered manager stepped in to help with shifts.
- Staff were recruited safely. New staff members underwent appropriate checks, including verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. One relative told us, "[Person] is on quite a bit of medication now and I'm happy that staff understand their medication."
- Medication was ordered, stored and disposed of appropriately. Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- The staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability or autism). For example, the staff closely monitored the use of 'when required' (known as PRN) medicines that can be used as a form of chemical restraint. Chemical restraint is the use of medication to calm people.

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 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.

Visits for people living at the home were facilitated in line with the current guidance.

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

- People's needs and choices were fully taken account of when planning care. We observed that people were given options about how to use their support time and care plans reflected a good understanding of people's needs. They included strategies to encourage learning and skills development and enhance independence.
- People's needs were assessed before they started to receive care and support from the service. This included working closely with other health and social care professionals by completing joint assessments. This helped to ensure people's individual needs could be met.
- Care was delivered in line with relevant standards, guidance and the law. This included the provider following guidance from the National Institute for Health and Care Excellence (NICE) and ensuring people were protected from discrimination in accordance with the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff told us they received a good level of support from the registered manager. One member of staff told us, "[Registered Manager] is supportive, he listens, and you can go to him." Another member of staff said, "He is kind, I can talk to him."
- Training records showed that staff received the training they needed for their job roles and staff we spoke to confirmed this. This included specific training for supporting people living at the service with conditions such as epilepsy and autism.
- New staff received an induction when they started working at the service. This included shadowing of other staff and completing the Care Certificate. The Care Certificate is an agreed set of standards expected of specific job roles in health and social care.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations as well as identify areas of learning and development.

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

- People were supported well to ensure they had enough to eat and drink. People were involved in choosing their food, shopping, and planning their meals.
- We observed staff supporting people to prepare and cook their own meals. People were supported to be as independent as possible with this and encouraged to have a balanced diet. One member of staff told us, "We want people to be independent and get involved in making food,"
- We saw people's support plans detailed their favourite foods and foods they disliked. Details were also given about individuals' ability to prepare food and drink and how to support the person to do this safely.

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

- The environment reflected the friendly atmosphere of the service. People had their own bedrooms which were highly personalised and decorated to their individual taste. One relative told us, "[Person's] bedroom is comfortable and nice, they have not long had new furniture and the place is always clean and hygienic."
- People found it easy to move around the home safely due to adaptations such as bathroom rails, avoidance of clutter, and good lighting.
- The home had a good range of shared facilities, including, a communal lounge, kitchen, dining area, a laundry and courtyard garden.

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

- People were supported to access healthcare when they needed to. During the inspection we observed staff were taking someone to a medical appointment and people told us that they always get this support when they need it.
- People were supported to live healthier lives. Staff encouraged people to eat healthily and promoted exercise. People were supported to see a dentist and to have good oral health.
- Detailed and up to date health action plans were in place which recorded important information such as how to tell if someone was feeling unwell, records of previous appointments with healthcare professionals and support required to help with their health conditions.

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's care was provided in line with the principles of the MCA. Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "We give choices and show [person] the options."
- The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- Mental capacity assessments had been completed with people where staff were unsure whether or not they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

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

- Staff treated people with kindness and respect. One person told us, "Staff are nice." Another person said about staff, "They get on with me alright."
- We observed good interactions, rapport and relationships between people and staff. Staff knew people well and responded to them appropriately and sensitively. They responded to each person in a different way tailored to their individual needs, preferences and choices.
- Equality and diversity was promoted at the service and people were supported to feel positive about themselves. Staff used respectful language which people understood and responded well to.

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

- Staff supported people to make choices for themselves by expressing their views using their preferred method of communication. One member of staff told us, "We do menu planning on a Monday and have pictures to help [person] to choose."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. One member of staff told us, "People's routines are flexible. If you get to know them you understand their needs and make them feel respected."
- Relatives confirmed they were involved in decisions about people's care and records showed relatives had been included and kept informed appropriately

Respecting and promoting people's privacy, dignity and independence

- People received the care and support they required whilst having their privacy and dignity maintained. One relative told us, "[Person] has got their own space, its home and they have the space to do what they want."
- People were encouraged to do as much as possible for themselves. People made decisions about how they spent their free time and had access to transport which enabled them to attend clubs and activities. People were also supported to do things at home such as cleaning, laundry and meal preparation.
- Staff supported people to access advocacy services who could provide independent support and advice when they needed them.
- People's rights to privacy and confidentiality were respected. Staff made sure that people's care records were stored securely.

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; End of life care and support

- People received person centred care. Care staff understood people's needs and supported them to set and achieve goals that were important to them. One person told us, "I have a job now at [shop]. I enjoy it, that's the main thing."
- People received responsive care from staff that were able to adapt their support and be flexible in their approach. For example, we saw staff knew how to provide reassurance to help prevent people becoming anxious or distressed.
- Care plans were person centred, and captured people's personal histories, specific wishes in relation to the care they received as well as the things that they did not like.
- There was no one receiving end of life care at the time of inspection however people's care plans contained details of their end of life care preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. We observed that staff communicated well with people and understood their individual communication needs. For instance, a member of staff was encouraging someone to choose something for lunch and brought several options to them in the lounge as a prompt.
- Care plans included detailed information about how people communicated and how staff could support them to make their wishes known.
- Systems were in place to ensure information was provided to people in an accessible format. This included a pictorial format and staff would explain to people verbally or using other communication methods if needed. A member of staff told us, "You put yourself in [people's] shoes to understand them."

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 led varied lives with the support of a group of staff who knew them well. One person told us, "I am going on holiday with [staff] in June. We are going to Greece." Records showed people were supported to engage in a diverse range of activities including meals out, trips to the coast, and accessing day services.
- Some people liked to regularly attend a local church. They were supported by staff to be able to do this.
- Staff supported people to maintain relationships and avoid social isolation. On the day of our inspection, everyone who wanted to go out had been supported to do so. People were supported to maintain contact

with people who were important to them and were able to invite friends and family to spend time with them at their home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had used this previously to improve care. The complaints procedure was displayed in a pictorial format in the service and people and relatives told us they knew how to make a complaint if they needed to.
- The registered manager demonstrated, through discussion, that they took complaints and concerns seriously, investigated them, and responded in a timely way. Records we looked at confirmed this.

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; 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 service had a positive culture that focused on person-centred care and meaningful outcomes for people. Staff understood the values of the service to keep people safe whilst encouraging independence.
 - Staff described good team working and management support. They spoke positively about the service and said they enjoyed their work. One member of staff told us, "I like the teamwork, it makes things easier." Another member of staff told us, "I like working here." □
 - Staff described people in positive terms and said they enjoyed getting to know them as individuals. They had good relationships with people and worked closely with them.
 - The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.

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

- The registered manager also managed another service owned by the same provider. There was a deputy manager in post who helped to oversee the day to day running of the service. Staff we spoke with were clear about their job roles and responsibilities.
- There were a range of checks to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, health and safety and medicines. Action was taken to address any identified issues.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- The registered manager promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the care they received.
- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and questionnaires. The registered manager also frequently provided people's care themselves which meant they could have regular discussions with people.

- Staff were encouraged to contribute their ideas about what the service did well and what they could do better. This was through regular contact with the management team, which included individual and team meetings. The registered manager also sought feedback from visiting professionals about improvements that could be made to people's care and support.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged an open and honest approach within the service and were continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.

- The provider had a positive behaviour intervention team who worked alongside the staff to help improve people's care. Accidents and incidents were recorded and analysed to look for evidence of trends and where improvements could be made.

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check people consistently received the support they needed and expected. One visiting professional told us, "They do seem to be proactive at referring [person] to other agencies if they are concerned about their health."