

Achieve Together Limited

Hervey Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	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

Hervey Road provides personal care to people with a learning disability in a supported living setting. People using the service lived in a medium sized house occupied by six people. They shared communal facilities such as kitchen and sitting areas. 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 visit, the service supported six people with personal care needs.

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: The model of care and the setting supported people's independence, control and choice. People were supported to promote and maintain their independence. Staff worked with people to achieve their goals. Staff supported people in a way which was tailored to their individual needs.

Right Care: People received care which promoted their dignity, privacy and human rights. People told us they were treated with respect and kindness.

Right culture: The provider and staff understood the values of the service. They promoted a culture that encouraged inclusion, diversity and empowered people achieve positive outcomes.

Risks to people were assessed and management plans developed to reduce harm. Staff were supported to ensure they learned lessons from incidents and accidents. Staff knew the action to take to safeguard people from abuse. They had received training in safeguarding adults. There were enough staff available to support people safely. People's medicines were managed safely. Staff followed infection control procedures to reduce the risk of the spread of infection.

People's needs were assessed in line with best practice guidelines. Their nutritional and hydration needs were effectively met. People had access to various health and social care services when needed to maintain good health. The provider had systems in place that ensured people continued to receive an effective service when they move from one service to another.

Staff told us, and records showed they were supported in their roles. They and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

People were involved and supported to express their views about the care and support they received. People were actively involved in the running of the service. Support plans reflected people's individual needs and the support they received.

The provider had a complaints procedure in place which was available for people to review and follow if needed. People and their relatives knew how to complain if they were unhappy with the service. The provider carried out regular quality assurance checks to help drive service improvements. The provider worked in partnership with other organisations to develop the service.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published on 20 September 2018).

Why we inspected

This service was registered with us under a new provider on 1 December 2020 and this is the first inspection since their new registration.

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.

Hervey 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.

Inspection team

The inspection was carried out by one Inspector.

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 means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because 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 held about the service which included notifications of events and incidents at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided, three care staff members and the registered manager. We carried out general observations to check how staff supported people.

We reviewed a range of records. These included three people's care records and six medication administration records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. 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 registered service under the current provider. 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 safeguarded from abuse. They and their relatives told us they felt safe when supported by staff. One person said, "I feel safe in this house. I have always been safe and happy here." One relative commented, "My loved one likes it there. When they visit me and it's time to go back, they do not hesitate which is a good sign that they are safe and secure."
- The provider had effective systems and processes in place to ensure people's safety. People knew what to do if they felt unsafe. They told us they would speak to the registered manager or member of staff.
- Staff were trained in safeguarding adults at risk. They told us they would report any concerns to the registered manager or senior staff member on shift. Staff also knew how to whistle blow to external authorities if needed to, to safeguard people.
- The registered manager understood their responsibilities in safeguarding people from abuse including how to make a referral to the local authority, investigating concerns and notifying CQC. They had followed their procedures in dealing with safeguarding concerns in the past.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people's safety and well-being were thoroughly assessed.
- Where necessary, relevant healthcare professionals were involved in assessing risks to people. Risk assessments covered people's mental and physical health conditions, behaviours, personal care, accessing and using community services, and carrying out activities of daily living.
- Risk management plans had been developed to guide staff on how to support people appropriately. Where people's behaviours put them at risk, Positive Behavioural Plans (PBP) had been drawn up with the input of health professionals such as a psychologist to ensure they received appropriate support. Triggers to people's behaviours and signs to recognise relapse were also highlighted in people's support plans to prompt staff on the most effective way to support people safely.
- Staff understood people's risk management plans. They knew how to support people to minimise any risks. One staff member told us, "The aim is to try and support people well so we can prevent them from relapsing. We follow the support plan and engage them in things they enjoy. The support plans help us understand when things are not quite right, so we know what to do next."
- Risks to people were reviewed regularly, and their risk management plans were updated when needed to reflect their changing needs and situations.

Staffing and recruitment

- There were enough staff on each shift to support people safely. One person told us, "There are staff here

always when you need them." Another person said, "Staff take me out to do my activities and help me with anything I want."

- The registered manager used an assessment of people's individual needs to identify the level of support they required, so they could plan staffing levels accordingly. We noted people received their planned level of support, for example when taking part in daily activities or to maintain their safety sat home and when going out.
- Staff told us they were able to support people safely with the planned staffing levels. The provider had a pool of flexible/bank staff who covered any staffing shortfalls or unexpected absence.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment checks included seeking satisfactory references, confirming staff had the right to work in the UK, checking their employment histories and carrying out criminal records checks.

Using medicines safely

- People's medicines were administered and managed safely. People's needs in terms of managing their medicines were detailed in their support plans.
- Staff received training in medicines administration and management. The registered manager had also assessed their competency to administer medicines safely.
- Where people had been prescribed 'as when required' (PRN) medicines, we saw guidelines had been put in place for staff to follow. Staff knew when people might need to take their PRN medicines and records showed they only administered them when necessary.
- Medicine administration record charts (MAR) were signed legibly and correctly by staff.
- Medicines were stored in locked cabinets in people's rooms. The provider had systems in place for ordering, checking in/out and returning unused medicines; and records of these were maintained. Regular medicine audits took place to monitor medicines management within the service.

Preventing and controlling infection

- The provider had systems to reduce the risk of the spread of infection, in line with government guidance. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff had access to appropriate Personal protective equipment (PPE), and we observed them wearing facemasks throughout our inspection. They also took part in a regular programme of testing to reduce the risk of the spread of COVID-19.
- The environment was clean and hygienic. Visitors were asked to show result of a recent COVID-19 test on arrival and their temperatures were checked by staff before they came into the service.

Learning lessons when things go wrong

- The registered manager sought to share learning from any incidents and accidents, to reduce the risk of repeat occurrence. Staff reported incidents and accidents using reporting forms which the provider designed. The registered manager then reviewed the reports and shared information for any potential learning. For example, we noted that following an incident involving two people the registered manager had taken appropriate steps to reduce the chance of a similar issue occurring in future.
- The registered manager used staff meetings to discuss and share learning from incidents to promote people's safety.

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 of this registered service under the current provider. 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 care needs were assessed in line with relevant guidance and law. The provider had sought the input of specialist healthcare professionals when assessing people to ensure their needs were effectively met. People and their relatives were involved in the process so their choices and requirements could be taken into account.
- People's assessments covered various areas such as physical health conditions, mental health conditions, behaviours, medicines management, personal care, nutrition, and any goals they wanted to achieve. Care plans were developed based on people's needs.

Staff support: induction, training, skills and experience

- Staff were effective in their roles because they had been trained and supported adequately by the provider. One person said, "The staff are all very well trained in all categories. They are very skilful and experienced." A relative mentioned, "I believe the staff are trained and experienced. They understand my loved one's needs and they give them the support they need. My loved one has improved a lot."
- Staff told us, and records confirmed they had received relevant training to enable them support and care for people adequately. One staff member told us, "I was very well supported from when I started. The registered manager has been incredible. She helped me with my training, proper induction, shadowing and regular one-to-one to make sure I know the job and how to support people."
- The registered manager provided staff with regular one-to-one support and supervision to enable them effectively support people. Staff took part in regular meetings and handovers between shifts which gave them the opportunity to support each other and share information and experiences on how to support people better.
- All new staff members completed an induction to give them understanding of the needs of people they would be supporting. Staff also received regular appraisals to review their performance and look at their developmental needs.

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

- People were supported to meet their nutritional and hydration needs. Care plans indicated people's needs with regards to their eating and drinking, shopping and preparing their meals.
- Staff supported people where required with shopping and preparing their meals. They provided information to people about healthy eating. We saw staff supporting people in the kitchen to prepare their meals. People chose what they wanted to eat and ate in a relaxed atmosphere.
- Staff told us if they had concerns about a person's nutritional needs, they liaised with appropriate healthcare professionals to address them.

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

- People had access to the healthcare services they needed to maintain good health and well-being. Records showed a wide range of healthcare services were involved in meeting their healthcare needs.
- Each person had a personal profile which contained important information about them, including key contacts, background information, and details of their physical health and communication needs. This information accompanied people when attending healthcare appointments to ensure they received consistent support.
- The local community mental health team (CMHT) were involved in supporting and managing people's mental health conditions. They held regular meetings with staff to review people's needs and records confirmed that staff implemented any recommendations or changes they proposed to the way in which people were supported.
- Staff liaised and shared information appropriately with relevant services to ensure people's needs were met in a consistent and effective way. One person told us how staff had shared information with a community service they attended so they knew how to support them.

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.

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, 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 sought people's consent with regards to the care, support and services they received. One person told us, "Staff always involve me and ask for my decisions." Support plans documented people's capacity to make decisions and who supported them to make specific decisions. Relatives has also been involved in supporting people to make key decisions, where appropriate.
- Staff had received training in Mental Capacity Act 2005 (MCA). The registered manager and staff understood their roles and responsibilities under MCA. They knew to involve other professionals in making decisions in people's best interests where appropriate.
- People were not restrained or deprived of their liberty in their home. Where people needed someone to accompany them when going out, it was assessed and agreed as part of their support plan.

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 of this registered service under the current provider. 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 supported people in a kind and caring manner. One person commented, "All the staff here are polite, kind, caring, hardworking, reliable and efficient." Another person said, "Very polite, kind and respectful. They are like friends." A relative stated, "They are all helpful and friendly. The atmosphere there is lovely and makes you comfortable."
- Each person had a support plan which contained information about them, the things they liked and disliked, their preferences and routines; and what could agitate them. Staff were aware of these details and supported people accordingly to reduce unnecessary disturbances to their emotional well-being. For example, one person was noted to become anxious when they had an appointment coming up so staff knew to notify them well in advance and provide them with the level of reassurance they needed to stay as relaxed as possible. Another person had been identified as becoming frustrated if their routine changed, so staff knew to follow their routine and not change it unless necessary.
- Staff showed they were interested in the people they supported. The atmosphere during our inspection was friendly and upbeat, and we observed staff regularly engaging in conversation with people. Staff were polite, they listened to people and responded to their requests and questions respectfully.
- Staff understood and promoted equality and diversity amongst people. Care records included information about people's religion, culture, gender, sexuality, disability and race. People told us they were supported to attend places of worship as they wished. One person said, "I go to church. I especially like listening to the hymns and sermons."

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

- People's views about their care and support were sought and respected. One person told us, "They [staff] give choice and always involve us." Relatives confirmed they were involved and kept informed about their loved one's care and progress. One relative said, "The registered manager would ring us to let us know what is going on. If we have questions, we contact her too. The communication is good."
- People made decisions about the activities they wanted to do and how they wanted to spend their day.
- People had individual keyworkers who supported them to express their needs and views during regular meetings. A keyworker is a member of staff who has the responsibility to support people individually.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People received support from staff to stay independent with activities of daily living and to maintain their tenancy. One person commented, "I'm

getting a lot of support with the things I can't do. They empower me and support me with the things I can."

- People were in control of running their affairs and staff supported them where needed. One person said, "They [Staff] do everything to promote our independence. We do our chores - laundry, cleaning, ironing. They supervise and support us to do so."

- People told us staff respected their privacy and dignity. One person said, "I like to stay on my own sometimes and they respect that. My privacy is important to me. They listen to me." Staff understood the principles of underpinning dignity and independence. They gave us various examples of how they promoted people's dignity. One staff member mentioned, "You need to treat people well as a person, it doesn't matter colour or religion, you must respect them."

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 of this registered service under the current provider. 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's individual needs and preferences were met in a way that promoted choice and gave them control. One person commented, "Staff understand my needs a lot more now and what I'm capable of. We talk about it and they have learned about me. They give me all the support I need. They really do understand."
- People had individual support plans in place which detailed their needs and how they should be met. Support plans also contained information about people's backgrounds, family networks, personalities, routines, support needs and goals.
- Staff worked with people and involved other healthcare and social care professionals to meet people's needs. We saw staff had worked in coordinated way to support one person to maintain their mental health following a breakdown. They liaised with the provider's multi-disciplinary team and the community mental health team to devise a support plan. Staff showed they understood people's needs and guidance in place to support them.
- Support plans documented people's end of life wishes. There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.

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 activities to occupy themselves. People had individual activity plans which reflected their interests and goals.
- Staff supported people to follow their daily programme of activities. One person told us, "I do a lot of activities here. I have a paid job and I do activities at the local college. Staff support me where I need support." People were keen to tell us about the various activities they took part in and how much they enjoyed them.
- People were supported to maintain relationships which mattered to them. Staff supported people to visit their relatives and the service welcomed visits from relatives too.

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 support plans included information about their communication needs and how best to achieve effective communication. Staff communicated with people in the way they understood using both verbal and non-verbal methods. The provider arranged for information to be shared with people in formats which met their needs, including large print and pictorial formats.
- The registered manager told us that they could produce information in other formats such as audio, video and Braille depending on the needs of people they supported.

Improving care quality in response to complaints or concerns

- People and their relatives understood the provider's complaints procedure, and knew how to make a complaint. One person told us, "I will speak to the registered manager to tell them about my concerns."
- The registered manager was knowledgeable about the provider's complaint procedure. Complaints were monitored as part of the provider's quality assurance processes to help improve the service. There had not been any complaints in the last year.

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 of this registered service under the current provider. 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.

- People were supported to improve their lives and to achieve positive outcomes. One person commented, "I'm feeling good about myself. My confidence has improved. I just want to do things now and they support me to do whatever I want." A relative mentioned, "The service is very well run, and things are working out for the people using the service. My loved one is very happy and well looked after there."
- The service worked with people to promote their independence and achieve the goals they wanted to achieve. Support plans detailed people's goals and outcomes; and staff supported people to achieve these.
- People talked positively about how well they were supported by staff. One person said, "They [staff] go above and beyond really in supporting us achieve our goals."
- Staff worked closely with people and relevant professionals to review people's needs and progress.

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

- The culture of the service was open and transparent with regards to any incidents or accidents which occurred. Staff knew the systems for reporting incidents and near misses. The registered manager took actions to address them and staff meetings were used to share learning from them.
- The registered manager had worked at the service for several years and had transferred to the new provider. People and staff spoke positively about the impact she had made. One person said, "[Registered manager] is absolutely fantastic and highly motivated. She made the service what it is today. She put the structure and made it an amazing service for us."
- The registered manager complied with the requirements of their registration and had notified CQC of any significant events as required. Staff demonstrated they understood their job roles and how to effectively support people.

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

- People were engaged in the running of the service. One person commented, "The registered manager gets us all involved in running the service." Regular meetings were held where people discussed issues affecting to the service. People had regular one-to-one sessions with their keyworkers to enable them to express their views on any matters bothering them and about their care and support.
- People told us they were involved in the recruitment and selection of new staff. One person spoke about

the benefit of this to the service. They commented, "We [people using the service] get a chance to meet the staff and ask them questions about our needs; disabilities, equality and diversity issues to make sure they understand our needs."

Continuous learning and improving care

- Senior staff carried out regular checks on the quality of the service to identify improvement areas. The registered manager shared the findings of these quality checks with the provider's senior management team to review for action.
- Quality audits undertaken included medicines audits, care records, infection control, health and safety checks, staff training and recruitment checks. The provider monitored and had an oversight of events and incidents that took place at the service; and they used them to improve the service.
- Records were up to date and were stored securely.

Working in partnership with others

- The service worked in partnership with other agencies and services to achieve outcomes for people. They worked with local services to provide and deliver activities to people and with charity organisations to help support people find employment opportunities. They also worked closely with service commissioners and other healthcare professional to meet people's needs.