

Achieve Together Limited

109 Masons Hill

Inspection report

109 Masons Hill
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Ratings

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|---------------------------------|--------|
| 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

109 Masons Hill provides care and support to people living in a supported living setting. At the time of the inspection seven people were living in individual flats on one site that had been adapted to meet their needs. There was also an office on site from where staff and the registered manager arranged and managed support. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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

We found the outcomes for people using this service reflected the principles and values of Right support, right care, right culture. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Right support

People's independence was promoted. Their care and support needs were assessed before they started to use the service. Risks to people had been assessed to ensure their needs were met safely. Staff supported people to achieve their aspirations and goals. Staff supported people to take part in activities and pursue their interests in their local area. There was a complaints procedure in place in formats that people could understand.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People had a choice about their living environment and were able to personalise their rooms. They had access to health care professionals when they needed them.

Right culture

People received good quality care, support and treatment because staff were trained in areas related to their care and support needs and they received regular supervision from the registered manager. People and those important to them were involved in planning their care. People, their relatives and staff views were considered through surveys, meetings and spot checks.

The provider had safeguarding and whistleblowing procedures in place and staff had a clear understanding

of these. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs.

People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control. 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 supported this practice. Peoples preferences for their end of life care was sought and recorded.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff said they received good support from the registered manager and deputy manager.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Rating at last inspection and update

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 13 December 2018.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our well-Led findings below.

Good ●

109 Masons Hill

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.

Inspection team

One inspector carried out this inspection

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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.

During the inspection

We spoke with three people who used the service and four people's relatives about their experience of the care provided. We spoke with two members of staff and the registered manager. We reviewed a range of records. These included three people's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 avoidable harm because staff knew them well and understood how to protect them from abuse. A relative told us, "I think my loved one is safe because the staff are caring."
- The provider had safeguarding adults and whistle blowing procedures in place and staff had received training on these procedures. Information was available for people in the form of easy read 'how to report abuse' posters if required. We saw safeguarding was discussed with people at a recent tenants meeting.
- Staff said they would report to the registered manager if they suspected any abuse had occurred and they were confident the registered manager would take appropriate action. They also said they would report safeguarding concerns to the police, CQC or social services if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- People's care records included risk assessments related to medicines, fire safety, eating and drinking and individual health conditions. Care records included information for staff about action to be taken to keep people safe and minimise the chance of accidents or incidents occurring.
- Staff had received training on how to support people with specific health conditions, for example epilepsy, diabetes and dysphagia.
- People received support from the multi-disciplinary teams' speech and language and occupational therapists, behaviour and epilepsy teams to support them with their needs.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. We saw completed restrictive practice checklists in each person's care file. The registered manager told us there was no restrictions or physical interventions placed on anyone at the service.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely. Staff had also received training on fire safety.

Staffing and recruitment

- The registered manager showed us rotas and told us staffing levels were arranged according to people's care needs. If people's needs changed, they said they would increase staff numbers in order to meet people's care and support needs.
- We observed there were enough staff available to support people with their needs. We saw staff supporting people to attend activities in the community. A relative commented, "I think there is enough staff. When I visit my loved one always has staff with them." A staff member told us, "We have enough staff

available to meet people's needs. I get plenty of time to support people to do the things they want."

- Robust recruitment procedures were in place. Recruitment records included Disclosure and Barring Service (DBS) checks, application forms with full employment histories, employment references, health declarations and proof of identification. 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 were receiving their medicines as prescribed by health care professionals. Medicines were stored in locked cabinets in people's flats. People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. They also included details on their medical conditions and how they were supported to take their medicines
- Records showed that staff responsible for administering medicines had received training on the administration of medicines and they had been assessed as competent to administer medicines safely. Staff had also received training on the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- We saw MAR records were audited on a monthly basis to make sure they were completed in full and there were no gaps in recording.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included assessing risks of people taking medicines themselves. We saw one person had been assessed as able to self-administer their medicines. They had agreed that staff would help them with a daily medicines count.

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 saw the service premises was clean and hygienic.
- Staff had received training on infection control, COVID 19, they told us they had access to plenty of Personal Protective Equipment (PPE) and we observed they were abiding by shielding and social distancing rules.
- The provider was accessing testing for people using the service and staff.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The registered manager used an electronic system for monitoring and learning from incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. They told us when trends, for example with specific behaviours, had been identified they worked with relevant health and social care professionals to support people to manage their behaviours. This support recently led to a person moving to a placement that was more suitable for needs.

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 care, and support needs were assessed before they started using the service. Initial assessments were carried out to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, health care needs and wellbeing and activities of daily living. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had completed training that was relevant to people's needs. This training included understanding autism, supporting people with learning disabilities, sexuality and personal relationships, dignity and respect, equality and diversity, oral health, nutrition and hydration, safe food handling, safeguarding adults, medicines administration, health and safety, basic life support, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff had completed induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff we spoke with described in detail how their training and personal development related to the people they supported. A relative commented, "The staff seem to be well trained and are meeting my loved one needs."
- Records showed that staff received regular supervision and annual development reviews with the registered manager.

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

- People were encouraged to maintain a healthy balanced diet. People's care records included assessments of their dietary requirements and the support they required with eating and drinking. A relative commented, "My loved one tries to help as much as they can in the kitchen. They prepare a shopping list and go shopping; I think the staff encourage my loved one to eat healthily. Every Friday my loved one has a takeaway which they really enjoy".
- People were involved in choosing their food, shopping and planning for their meals. People received encouragement from staff in preparing and cooking their own meals in their preferred way. One person told

us they were going shopping to buy their food and going for a pub lunch afterwards.

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. We saw that speech and language therapists had put plans in place advising staff on supporting people with eating and drinking. A staff member told us in detail how they prepared people's meals and drinks so that they could enjoy their meals safely.

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

- The registered manager and staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. Records showed that Multi-disciplinary team professionals were involved in developing support plans to improve people's care. A relative told us, "My loved one has good access to all the health care professionals they need. The manager and staff always keep me updated about any appointments they attend."

- People had health action plans, hospital and dental passports which outlined their health care and support needs for professionals. This information was available and shared with health care services such as hospitals when this was required.

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

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

- People's capacity to make decisions was assessed and retained with their care records. Best interest decisions were made and followed by staff where necessary and documented appropriately.

- Staff empowered people to make their own decisions about their care and support. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "I always seek consent from people before I do anything. I would not make someone do something they didn't want to do."

- The registered manager provided evidence confirming they worked closely with the local authority where applications had been made to the Court of Protection to deprive people of their liberty.

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. Staff understood and responded to people's individual needs. People's care records included sections that recorded to their cultural and religious needs, their sexuality and relationships that were important to them.
- We observed staff supporting people with their daily tasks and activities and people appeared relaxed and comfortable in their presence. A relative commented, "The staff are very good they always keep me updated about what my loved one is doing." Another relative said, "When I visit my loved one, the staff are always respectful, kind and they always have smiles on their faces. My loved one really likes the staff and they receive consistent care."
- Training records confirmed staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs and preferences.

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

- Assessment records showed that people and their relatives had been consulted about the support they received. A relative commented, "The staff always ask my opinion on how they could support my loved one with their needs." Another relative said, "We (family) are involved in planning for our loved ones needs. We are kept in the loop; the staff seek our opinions on how to support our loved one."
- Care records included monthly keyworker reports. These recorded discussions between people and staff about their wishes and plans on how to achieve them. For example, people were planning to go away on holiday in the summer.

Respecting and promoting people's privacy, dignity and independence

- Staff protected and respected people's privacy and dignity. People had a choice about their living environment and were able to personalise their rooms. We observed staff knocking on people's doors before entering their rooms and speaking with them in a respectful and engaging manner.
- A member of staff told us they encouraged people to be independent by supporting them to manage as many aspects of their own care that they could. When providing people with personal care they explained to the person what they were doing as they went along and asked them if they were happy to continue.
- Staff made sure information about the people was kept confidential. We saw that information about people was stored in locked cabinets.

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

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of right support, right care, right culture. They referred to promoting people's independence and their inclusion within the local community.
- Care plans were person centred and evidenced that people, their relatives and health care professionals had been involved in the process. Care plans were kept under review and changed as people's needs changed.
- Care plans referred to people's behaviours [where appropriate] and detailed how people needed to be supported with these behaviours. For example, there were guidelines in place advising staff how to support people out in the community, with eating and drinking, medical conditions, personal care tasks and with tasks within their homes.
- Staff had a very good understanding of people's care and support needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person with eating and drinking safely and another staff member told us how they supported people with their medical care needs.

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

- Staff supported people to achieve their aspirations and goals. People had individual weekly activity programmes. These included people's preferred activities. For example, one person went out daily for walks, for a drive, art and sensory activities, pub visits, shopping trips and watching trains. On the day of the inspection this person told us they were going shopping, watching trains and then out for a pub lunch. Another person told us they were off to their job and would be going out for lunch afterwards. A relative commented, "My loved one doesn't like to go out too much. They like to spend time in the garden, but they regularly go to a day centre."
- Staff supported people to take part in activities and pursue their interests in their local area. People accessed local community facilities such as the barbers, day centres, swimming pool, parks, clubs, restaurants and the cinema.
- The deputy manager told us people were making plans for holidays this year. Last year two people went together on holiday to Centre Parcs and they were planning another trip there as they enjoyed it. One person had his own car and they liked to go on planned day trips instead of longer breaks.
- A social care professional told us staff successfully supported a person that was initially hesitant with a specific medical procedure. This was a real positive as it has enabled the person to return to day services and opened up further opportunities to them.

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 methods were assessed and recorded in their care plans. A relative told us that their loved one had a white board in their flat which was used to communicate the staff on duty that day.
- People using the service had complex communication needs. The registered manager told us some people could understand some of the information the service provided. We saw that the provider's complaints procedure and minutes from tenants' meetings were provided to people in words and pictures in line with their assessed communication needs and preferences.
- The registered manager told us if people required information in a different language or visual aids this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand. Records showed that when a complaint was raised it was investigated by the provider and responded to appropriately
- A relative commented, "I know about the complaint's procedure. If I have had any issues in the past, I raised them with the manager, and they have followed them up."
- The registered manager told us they and staff knew people well and would know if any person was not happy. They told us they would use the persons preferred method of communication [for example pictures or symbols] to establish why they were unhappy. They would also involve health care professionals if they felt there was a serious concern.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- We saw people's care records included end of life plans that included information on how they would like to be supported at the end of their lives.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2008. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- Throughout the inspection we observed examples of people being included and empowered to make decisions about their care. For example, we saw staff asking people to make choices about what they would like to do. People spoke positively about the service. A relative commented, "The service seems to be well run and managed."
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. Staff were positive about how the service was run and the support they received from the registered manager. A staff member told us, "The registered manager is great, they know where I need to be developed, if I have any issues they listen and makes sure I get support." Another staff member said, "Teamwork is good. I am very well supported, if I have any problems around my personal circumstances, training needs, or concerns about people using the service I receive 100 per cent support from the registered manager and the deputy manager."

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 registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and took responsibility when things went wrong.

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

- The provider sought people views about the service through annual surveys and meetings. We saw an action plan from a recent tenant's survey. This indicated that people were happy with the service they received. Two people had expressed they would like to go holiday in 2022. The action plan recorded these people's keyworkers were supporting them to plan their holiday.
- We saw the minutes from regular tenants' meetings. Issues discussed at the April 2022 meeting included purchasing furniture, planning activities and a session relating safeguarding adults.
- Regular team meetings were held to discuss the running of the service and to discuss areas of good

practice. A staff member told us, "The team meetings are helpful. We discuss people's care needs, wellbeing and activities and any problems the team might have. The registered manager will tell us about any service updates or any new training requirements."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular audits that covered areas such as people's medicines, health and safety, incidents and accidents and complaints. A recent medicine audit had identified areas for improvement and actions taken for example a person using the service had recently received training on self-administering medicines.
- We saw a service development plan. This included actions taken, for example in relation to updating a person's support plan with advice received from a speech and language therapist, updating people's health action plans and reviewing medication administration guidance to ensure it was person centred and included people's preferences on how they would like to take their medicines.
- The provider had a business continuity plan in place for managing the service in an emergency. The plan included actions the provider and staff would take in the event of an emergency such as fire, outbreak of infectious disease or breach of the General Data Protection Regulations (GDPR). The document included a fire evacuation plan and instructed staff that any breach of Data Protection must be reported immediately. The registered manager told us they had kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they told us they welcomed the professional's views on service delivery.
- The registered manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. For example, they learned from other providers who had experienced COVID-19 breakouts about the things to do prevent a breakout within the service.
- An officer from the local authority told us they held regular meetings with the service. The registered manager had good support from their deputy managers. They had no concerns about the service.