

Achieve Together Limited

44 Albion Road

Inspection report

44 Albion Road
Sutton
Surrey
SM2 5TF

Tel: 02086422092
Website: www.achievetogether.co.uk

Date of inspection visit:
03 March 2022
08 March 2022

Date of publication:
19 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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

44 Albion Road is a residential care home providing personal and nursing care for seven people. The service can support up to eight people. People using this service have a learning disability and/or autism.

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

Right Support

The environment needed some refurbishment and renewal. People were happy with the care they received and felt safe living at the home. Staff were recruited safely and there were enough staff to keep people safe. Staff were trained to administer medicines safely and were assessed regularly to make sure they were competent. Infection prevention and control measures were in place.

People were supported by staff who received a range of ongoing training, to ensure they had the right knowledge to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were actively encouraged to be involved in decision making around their care. People were treated with dignity and respect, and their independence promoted.

Right Care

People were supported by kind and caring staff, who knew people well.

Staff appropriately assessed risks people might face, including risks associated with the environment and access to items that may cause harm to people.

People's care and support plans reflected their range of needs and promoted their wellbeing and enjoyment of life.

Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right culture

Staff evaluated the quality of support provided to people to ensure continuous improvement. The service had a culture of improvement and worked to make timely improvements to enhance people's quality of life.

People and those important to them were involved in planning their care. Staff asked people, their families and other professionals for their views about 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 and update

The last rating for the service under the previous provider was good, published on 28 December 2018.

Why we inspected

We undertook this comprehensive inspection to check whether the service was applying the principles of right support, right care, right culture.

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?

Requires Improvement ●

The service was not always 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.

44 Albion 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 undertook this inspection.

Service and service type

44 Albion 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. 44 Albion Road does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This is a person, who along with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration with the Care Quality Commission to have a registered manager.

Notice of inspection

We gave a short period notice of the inspection due to the risks associated with the Covid-19 pandemic.

What we did before inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service about their experience of the care provided. People at the service communicated in a number of ways, including verbal communication, use of Makaton and through people's own signing and body language.

We spoke with three members of care staff, the head of operations and the registered manager.

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

We reviewed a range of records. This included three people's care records and three people's medicines records. We looked at staff training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives and reviewed additional management records sent to us. 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 since there was a change of provider in December 2020. 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 protected from abuse because staff knew them well and understood how to recognise and report abuse. The service worked well with other agencies to protect people from abuse.
- Staff had training on how to recognise and report abuse.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management strategies were developed to minimise these risks and keep people safe. Staff told us they found people's care plans helpful in knowing how to support people appropriately, especially when people were experiencing signs of anxiety or distress. Comments included, "Care plans have been reviewed and contain relevant information that help us support people appropriately", and "Support plans are useful because they are all about the person, their needs and wishes."
- Some people experienced anxiety and distress at times. These people had positive behaviour support plans [PBS] in place. [PBS] is 'a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. We found that staff's day to day support and management of people's anxiety and distress was appropriate and met people's needs. Staff enabled people to access the local community with reduced risk to themselves and others.
- Health and safety risk assessments were carried out. These helped to ensure the safety of the home environment and equipment for people, staff and visitors. These risk assessments covered fire prevention systems, hot water safety and electrical appliances.
- Regular maintenance checks were undertaken for fire protection systems including the emergency lighting systems, fire extinguishers and the fire alarm.
- Risks to people from fire were reduced because the home conducted fire drills and evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans (PEEPs) in place which guided staff on how to help people to safety in an emergency such as a fire.

Staffing and recruitment

- There were enough staff on each shift to meet people's needs. Our inspection of staff rotas evidenced this.
- The provider's recruitment practices were followed to help make sure that all staff were suitable for their roles in the home. The process included carrying out interviews, criminal records checks, proof of identity and obtaining two references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

Using medicines safely

- People's medicines were managed so they received them safely. We found there were appropriate arrangements in place for obtaining, storing, administering and recording the use of medicines, which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet.
- We undertook a medicines stock check to see if the stock of medicines held in the medicines cabinet was the same as that which was recorded on the medicine administration record (MAR) charts. We found the medicines stock level was correct.
- We looked at a random sample of MAR charts. We found staff had completed these records appropriately and there were no recording errors on any of the MAR charts we looked at.
- Staff had received medicines training and the registered manager checked their knowledge and competency before they could administer medicines. The provider carried out monthly medicines audits to ensure safe medicines management
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicine.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager said they reviewed accidents and incidents so they could learn about what had happened and plan strategies to prevent them recurring. A relative told us staff kept them informed about any incidents that arose with their family members. This helped to keep people safe by ensuring the service learned lessons and had an open culture.
- Staff knew how to report accidents and incidents. Accidents and incidents were recorded and audited.

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 since there was a change of provider in December 2020. This key question has been rated as requires improvement. This meant effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some communal areas of the care home looked worn and in need of refurbishment and regular maintenance. The main kitchen and the bathrooms needed renewal and some decorations and furnishings needed repairs or renewal. The lack of repair and maintenance to communal areas meant they did not meet suitable standards or people's needs.
- The provider agreed this work was a priority. After our inspection we received written confirmation the refurbishment had been authorised and the work would be carried out within three months. We will monitor the provider's progress with this and follow up at the next inspection.
- People told us 44, Albion Road was their home and they liked living there. As a consequence, the condition of the communal parts of the environment that needed refurbishment did not have a significant impact on people. They told us they could choose how they wanted their rooms to be decorated and furnished and that's what mattered to them. We inspected a number of people's bedrooms together with them and saw evidence of this.

Staff support: induction, training, skills and experience

- Staff had good levels of support that helped to ensure they had the skills to meet people's needs. One member of staff told us, "We have good access to regular training online". Another member of staff said, "The training I have had is really good. My induction was good. It helped me to understand the needs of people living here. Other training I have had has provided me with the chance to develop my knowledge and my skills".
- Staff received training in key areas such as learning disability awareness, first aid, medicine administration, infection control, the Mental Capacity Act, safeguarding, food hygiene and equality and diversity. Training programmes included training for working with people whose behaviours resulted from anxiety and distress, epilepsy and autism.
- Staff told us they received effective support through supervision. This included one to one meetings and team meetings. The registered manager acknowledged the frequency of supervision was not in line with the provider's policy and showed us a new supervision form setting out regular supervision for individual staff members every six to eight weeks. A new format setting out the agenda for supervision meetings included a discussion about the work staff did with people. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider's needs assessment process ensured a person-centred and holistic approach to assessing

people's needs and effective outcomes for people. People's relatives told us they were involved in their family member's care and support reviews. They said the outcome-based support provided the best opportunities for their family members to achieve their maximum potential. One relative said, "They do invite me to [family member's] care reviews." Another told us, "I always get an invite to the reviews and I can always talk to staff and the registered manager about their [family member's] care and support."

- Health and social care professionals said the process of assessment and support used in planning people's care was good. They told us, "Staff are well trained and knowledgeable in assessing people's needs."
- People's care plans included their life history, healthcare conditions, care needs, the support they required and their likes and dislikes. The information was used to plan and deliver people's care and support.

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

- Staff told us people were able to make decisions about the food they wished to eat and were assisted by staff to maintain a healthy and balanced diet. Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans and staff had information and guidance from dietitians and speech and language therapists where appropriate.
- We observed people being supported by staff with cooking their meals. It was evident they enjoyed the process and people told us they did.

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

- Staff assisted people to attend health appointments and manage their healthcare effectively. Relatives told us staff enabled people to access healthcare services. They said their family members were up to date with regular health checks such as going to the dentist, the optician or to the GP for an annual health check. Records we checked demonstrated people received good health care.
- We saw people had hospital passports and health action plans. These are documents that are considered best practice for some adults with learning disabilities as they ensure all relevant health information is accessible in one place. This helped to ensure that all services involved in supporting people were working together to achieve the best outcomes.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had mental capacity assessments and best interest meetings in place where appropriate. Where people had a DoLS order in place, the details of the restrictions in place to keep them safe were clearly stated. This included the nature and duration of the restriction and arrangements for monitoring it. This showed the provider was following appropriate procedures to provide care that was in people's best interests.
- Staff completed training and had a detailed understanding of consent and the procedures to follow if

people lacked the capacity to make decisions about their care and welfare.

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 since there was a change of provider in December 2020. This key question has been rated as 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 were treated with kindness and compassion. One staff member told us, "I have worked here for a long time together with the people who have also lived here for a long time. I love my job; this is like a family to me." Comments from relatives included, "The staff really care for the people who live here" and "They are amazing, they do a fantastic job. I'm made up at what a good job they do in supporting my [family member]."
- The group of people living at the home and most of the staff had been living and working there for more than five years. We saw there were positive, caring and trusting relationships established between staff and people. Staff worked hard to maintain these relationships with people. One relative said, "Most of the staff have worked there for years and they know people living there really well. There's a very good understanding between both staff and people." Another relative said, "It's a difficult job for staff, but from what we have seen they are kind and caring to people."
- We observed people received one to one attention from staff who demonstrated their concern and showed interest in them. We saw staff patiently spending time cooking with people and helping them in a caring way with these activities.
- People were supported by staff who demonstrated an understanding of people's cultural and religious needs. One person chose to go to church on a regular basis and were supported to do so. Staff were aware of people's culture and supported them to cook specific foods they enjoyed and share them with others. People were also supported to attend church or other religious events according to their faith.

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

- People were not always able to verbally express their preferences regarding their care and support. Staff had worked with people over time to build up a picture of their likes and dislikes. They used a variety of different and personalised ways to communicate with people such as using pictures and by recognising people's individual facial, hand and body signals. People's preferences were recorded clearly in their care plans. Relatives told us staff listened to what people said they wanted, and staff respected their wishes. Relatives said they thought this helped people to feel they mattered and were understood by staff.

Respecting and promoting people's privacy, dignity and independence

- There were three staff and the registered manager on duty at the time of our inspection and we saw they interacted with people in a kind, respectful and professional manner. We saw people had the privacy they needed and were treated with dignity and respect at all times. Staff knocked on people's bedroom doors before they went in. We observed staff asked people what activities they wanted to do.

- Relatives told us staff enabled people to decide for themselves where ever possible about their lives, such as about their personal care and the activities they did. Relatives said they were always made welcome when they visited their family members in the home. Staff told us, and records showed, people were supported and encouraged to keep in contact with their relatives and friends.

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 since there was a change of provider in December 2020. This key question has been rated as '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

- The care and support plans we inspected detailed people's physical, mental, emotional and social needs and integrated these needs into an outcome based plan of support structured to ensure these needs were met effectively. The support outcomes for people were drawn up together with them, their relatives and health and social care professionals where appropriate and were signed off by all parties involved in the process.
- Staff were required to read people's care plans and sign to say they had done so. Support plans were reviewed on a regular basis appropriate to each individual person's needs. This meant people received individualised care and support to meet their changing needs.
- Behaviour support plans were in place for people who needed them and staff used positive behaviour techniques to support people with their anxieties during times of distress. The impact of this had helped to improve people's quality of life and enabled them to engage in more of their chosen activities.

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.

- We observed staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.
- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information about individual people's communication preferences and useful communication strategies for staff were documented.

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 pursue social interests and activities that were important to them. Relatives told us staff often arranged social activities for people to participate in if they wished. One relative said, "They often go out to the town, going to the pub or to the cinema or shopping. Doing things they like to do and are supported by staff to do." We observed people being enabled to go to town to do their shopping

and people told us they went out to the cinema and home to see their families.

Improving care quality in response to complaints or concerns

- Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. Information about how to make a complaint was displayed in easy read formats on notice boards that clearly described the complaint process. We saw a clear complaint policy and procedures that enabled people and others to make a complaint or a compliment.
- Staff were aware of the complaint procedure and how to assist people with the process if required to do so.
- The registered manager told us there had only been one complaint since the new provider started and that it had been resolved satisfactorily. We saw evidence the complaint was responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate end of life care and support if required.

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 since there was a change of provider in December 2020. This key question has been rated as 'Good'. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager was fully involved in the day to day management of the service and staff and relatives were complimentary about their hands-on approach as well as being the manager. Comments included, "The manager has done so much for the people here, it's really made a difference," "The manager is a breath of fresh air," "Their wide range of experience of working in services for people with learning disabilities has helped us all to deliver good quality care."
- It was clear to us from what the registered manager and staff told us they were committed to maintain high quality services for people. Staff said they felt comfortable to approach the registered manager about anything they might want to discuss with them.
- People's relatives spoke very positively about the care and support provided. Comments included, "Staff know [family member] well and what they like to do"; "Staff work so well with [family member] and know just how to work with them to get the best out of them."
- There was a positive led culture which supported people to achieve good outcomes. Staff told us there was a strong commitment to provide person centred, supportive care to people. One member of staff commented, "We try to help support people to be as independent as they can be and to do the things that are important to them."

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 service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.
- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to ensure the service sought the views of people through regular reviews,

keyworker meetings, resident's meetings and annual surveys.

- The provider recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. An example of this we saw was for people who might need to go into hospital. The service ensured hospital passports containing all relevant information relating to the persons condition was available to the hospital staff. This included details of what medicines people were prescribed, what condition they were living with and other elements of their care needs.
- Personal Emergency Evacuation Plans were also in place to ensure people could be evacuated appropriately in the event of a fire.
- We saw from our conversations with the registered manager they were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people.