

# Achieve Together Limited

# Warminster 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

### About the service

Warminster Road provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including people with a learning disability and autistic people. At the time of our inspection nine people were using the service living in one supported living setting. People rented their room from a private landlord and used shared facilities such as a kitchen and living room. 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. Three people received personal care.

This service was previously registered with the Care Management Group. The current provider took over the management and operation of the service in November 2020.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

### Right Support

People were supported to be independent and they had control over their own lives. People were supported by staff to pursue their interests and to achieve their aspirations and goals. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to individual needs. Staff understood how to protect people from poor care and abuse. The service had enough appropriately skilled staff to meet people's needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

### Right Culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of

improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 November 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 8 January 2020.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Warminster 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 Health and Social Care Act 2008.

#### Inspection team

This 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered. 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 observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with four people using the service, the regional manager, the registered manager and four staff members. We also spoke with two family members. We looked at records which included care records for three people, two staff files, medicines records and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were empowered to keep safe. Safeguarding information was in a form people could use. Clear and accessible information was given to people on what they needed to do if they had concerns.
- Staff received training to ensure they knew how to recognise and report abuse. We spoke with staff who were able to describe how they would do this.
- Systems were in place to report concerns. These were escalated to the appropriate bodies. The provider monitored and investigated concerns and took action to reduce risk to people.

Assessing risk, safety monitoring and management

- People were involved in managing risks and in taking decisions about how to keep themselves safe. Staff encouraged people to take positive risks, for example traveling safely in the community or preparing meals at home.
- Staff told us about the strategies they used when people became anxious and upset and the support they offered people to help them understand and manage their emotions.
- Staff managed the safety of the living environment and equipment in it through checks and actions to minimise risk. For example, regular health and safety and fire checks were carried out to make sure people were safe in their home. Some areas of the home required essential repairs. The registered manager told us they had reported these to the landlord and work had been agreed. After the inspection the registered manager gave us assurance that risk assessments were in place to ensure people's safety while works were completed.

Staffing and recruitment

- The service had enough staff, including additional support for people to take part in activities and healthcare visits, how and when they wanted to. We observed people were in and out, taking part in activities with staff during the inspection. Staff confirmed the numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe. Staff were able to support people in their rooms with their medicines.
- Staff reviewed each person's medicines regularly to make sure they received the right medicines at the

right time. Additional advice was in place to help staff when PRN or 'as required' medicine was needed. Regular medicine audits made sure people received their medicines safely.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections in line with current guidance.
- Staff used personal protective equipment (PPE) effectively and safely when they needed to.
- There were no restrictions on visiting arrangements and people's friends and family were able to visit in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- Staff were fully supported to report concerns and incidents and knew they would be listened to by the registered manager. When something went wrong the registered manager fully investigated concerns and acted appropriately.
- The provider reviewed all accidents, incidents and safeguarding concerns and there was a strong focus to learn lessons to make things better for people. When there was learning from events these were circulated to staff so action could be taken to reduce any risk that people could face.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed to identify all of the support they required. Staff thought about how to develop people's skills to help them cope with the challenges of life and used evidence-based guidance to achieve good outcomes for people. For example, staff identified strategies to help people cope with their anxieties.
- People had care and support plans that were personalised and reflected their needs, aspirations, physical and mental health needs. People, those important to them and staff reviewed plans regularly together. We spoke to one relative who explained their continuing involvement in their family members care and how this had a positive impact on the support they received.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in supporting and understanding autistic people. Staff told us how their training helped them feel confident supporting people.
- The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals. Mealtimes were flexible to meet people's needs and to fit in around people's day.
- Staff told us they supported people to become less reliant on ready meals and to cook from scratch, using fresh produce. Information was available to people to help them make healthy food choices and staff told us how they encouraged people by making cooking fun.

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

- People were supported to access the healthcare services they required. Care records confirmed there were good links with local health services and the GP. There was evidence of regular visits to healthcare professionals, together with the advice given and action taken
- Staff worked closely with healthcare professionals to make sure people received positive outcomes. For example, one person with support and motivation from their family, their GP and staff was able to improve and control their health condition through diet.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 used a variety of methods to make sure people were fully involved in decision making.
- Staff made sure people had the maximum choice and control over their lives and supported them in the least restrictive way possible.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff made sure relatives and healthcare professionals were involved, where appropriate, in decisions which had been made on people's behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff told us they had time to get to know people well and understand their care and support needs. They gave examples of how they enjoyed supporting people to learn new skills or trying new activities.
- We observed people with staff, conversations were happy and relaxed, staff knew people well and gave people the time and space to speak about what was important to them. It was clear people valued and trusted the support provided by staff.
- People were asked about their religious and cultural beliefs and staff worked with people and families to respect these in line with their wishes.
- Staff told us how much they enjoyed working with people at Warminster Road, one staff member told us, "The environment is really welcoming and people here are really easy to get on with. Everyone is really friendly, it really helps."

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

- People were involved with choices about their day to day care and support. This included food choices, what to wear and how to spend their time.
- People were enabled to make choices for themselves and staff made sure they had the information they needed to do this.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. A keyworker system allowed people to spend allocated one to one time with staff to set and review goals and to plan and make decisions about the future.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative told us they were involved in yearly reviews and felt their family member's keyworker listened to their views and opinions.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People were encouraged to be involved in tasks such as cleaning, shopping and cooking to help learn new skills and encourage independence.
- Staff told us how important it was to promote people's independence and made sure they had a flexible approach to their work to allow them to support people in their choices and activities. For example, one person expressed an interest to go on a bus ride and staff were able to adapt their shift plan to support them with this.
- Staff knew when people needed their space and privacy and respected this. We observed people made choices throughout our inspection about what they wanted to do or where they wanted to be, including

having privacy and space when necessary.

# 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 received personalised care that was responsive to their needs. People and their family members were involved in the care planning process and records confirmed people's views were recorded. For example, what made people happy or sad, their likes and dislikes and preferred routines were all recorded. Conversations with staff confirmed they were knowledgeable about these.
- Care records were regularly reviewed and reflected any changes in people's care and support needs.
- Staff thought carefully about how to develop people's individual skills to help them cope with new challenges. This included a personalised approach for people to manage their anxieties.
- People's support focused on their goals and aspirations. Regular keyworker sessions helped staff focus on people's quality of life outcomes.

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

- The service had identified staff who had skills in certain areas such as arts and crafts or gardening and encouraged those staff to engage people with activities at the home. A recent project involved making the garden a bright and relaxed area. Staff told us people had helped with wall murals, painting rocks and planting to make the space theirs. We observed people enjoying the outside space during our inspection.
- People were supported by staff to try new things and to develop their skills, this included cooking new healthy recipes and learning how to grow and care for plants. Staff told us they had recently organised a plant competition to make learning about gardening fun.
- People were supported to follow their interests and take part in activities of their choice. Photographs were displayed around the service of days out and activities people had taken part in. Each person had an activity schedule that was relevant to them and staff told us they were able to spend time with people supporting them either at home or in the community.
- Staff encouraged people to maintain relationships that were important to them. People were supported to regularly contact or visit their family and friends. One relative told us the staff, "do everything possible to maintain the link between [family members name] and us."
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests.
- Some people were finding it hard to transition from being in COVID -19 lockdown to accessing the community again. Staff told us how they were supporting people to regain their confidence, guiding and supporting people to go back to day centres and community hubs.

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand. This included easy to read documents to help people understand more about their health needs or how to report concerns and make a complaint.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives told us if they had a complaint or concerns they would raise this first with their family members keyworker and would escalate to the registered manager if necessary. One relative told us , "I am confident in how to report a complaint but everything is ok and any issues we sort out with the keyworker. So no formal complaints have been needed."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

#### End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. People's records included preferences relating to protected characteristics, culture and spiritual needs.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. Staff told us they were able to discuss any new ideas or thoughts about how to improve people's care with the registered manager and they felt they were listened to.
- Staff told us they felt supported in their jobs and would speak to the registered manager if they had any concerns or ideas to make things better for people. One staff member told us, "I feel supported by the managers. If anything is going bad I let the manager know, he acts on my concerns."
- Equality and diversity were actively promoted at the service and staff received regular training in equality and diversity.

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

- The registered manager was also responsible for managing another service. However, they were supported by a strong staff team and deputy manager. All had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The provider had a robust quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- People were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time and also had the opportunity to do so during regular one to one keyworker meetings.
- Staff told us they were able to share their views and experiences with the registered manager at any time and during their staff meetings and supervision.

Continuous learning and improving care; 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 set a culture that valued reflection, learning and improvement and they were receptive to

challenge and welcomed fresh perspectives. The registered manager was open with us about the changes they made and what they wanted to do going forward. They explained how they were always looking for ways to improve the care and support people received.

- When things went wrong the registered manager explained how they shared lessons with staff to help reduce risk and improve people's care.

Working in partnership with others

- The service worked with other agencies such as health care professionals to make sure people had the care they needed. This included commissioners and healthcare professionals, whose input was obtained when needed to ensure people received the support they required.