

# Achieve Together Limited

# Gibraltar Crescent

## Inspection report

36a Gibraltar Crescent  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Gibraltar Crescent is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 6 people. The service provides support to people with a learning disability and people who are deaf or hearing impaired.

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

#### Right Support:

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consistent availability of necessary communication tools throughout the home gave people the opportunity to have choice and control as frequently as possible.

#### Right Care:

People had been living at Gibraltar Crescent for many years. Staff advocated for them well with respect to their individual interests and the importance of a familiar established routine. People received kind and compassionate care. Staff respected people's privacy and dignity and talked about people respectfully and fondly. Staff had received training on how to recognise and report abuse and they knew how to apply it. Staff had identified any risks people might face and put measures in place to mitigate these.

#### Right Culture:

The registered manager monitored the quality of support provided to people, involving the person, their family and other professionals as appropriate. Other professionals praised the effective relationship they had with the staff when working together. Staff were passionate about the people they supported and knew their individual needs and preferences well. Ideas were shared amongst the staff team to improve the service and the knowledge of newer staff.

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 30 June 2021 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 15 November 2019.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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.

# Gibraltar Crescent

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could 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

The inspection was carried out by 2 inspectors.

#### Service and service type

Gibraltar Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gibraltar Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 the evidence we held about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We communicated with 2 people who used the service about their experience of the care provided. People used different ways of communicating including Makaton, British Sign Language, objects and their body language. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. We spoke with 4 members of staff including the home manager, the deputy manager, and support workers. We reviewed a range of records. These included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with 4 relatives about the care their loved ones received and a professional who had recently worked with 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 protected from avoidable harm by robust monitoring systems and knowledgeable staff.
- Staff demonstrated that they understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff confirmed that safeguarding was discussed at every staff meeting and gave us examples of what they would do if they suspected abuse. One member of staff told us, "Physical abuse is an example. It could be punching. I would go first of all go to the safeguarding team."
- When discussing risk, one relative told us "I don't think [my relative] could have been safer".

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

- Risks to people were assessed, clearly recorded and updated to be current and relevant to enable positive risk taking. A member of staff commented, "We do risk assessments. We do environmental checks. We have meetings. If [person] was walking without [their] frame, I would give [them their] frame." One care plan contained a detailed description of how a person presents prior to a seizure so that staff can respond to managing risks promptly.
- Staff were aware of known risks and personalised approaches to support individuals to mitigate those risks whilst promoting independence. One member of staff told us in response to managing a person's risks, "Ask [if person] wants a cup of tea or [their] iPad to play with staff. Change whatever [person] is thinking. Tea and biscuits really work."
- Positive behaviour support plans were updated when improved ways of supporting people had been identified. Staff told us they discussed incidents to learn how support needed to be adapted in a least restrictive way.

Staffing and recruitment

- The registered manager had taken focussed action to address recruitment challenges and had improved stability in the staffing team. Some consistent agency staff had been used recently due to staff sickness.
- Staff had been recruited safely with a robust induction and probation period of which they spoke positively. Staff had been subject to Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were sufficient staff deployed at the service during our inspection. People did not have to wait for support and staff were attentive.
- Relatives told us they felt there were sufficient staff at the service to meet their loved ones' needs. One relative told us, "There always appear to be enough staff when I have visited, including weekends".

### Using medicines safely

- The recording of medicines was not always in line with the provider's medication policy and this was brought to the attention of the registered manager who rectified this immediately. There had been no incidents of risk as a result.
- Medication administration records (MARs) included information such as the person's GP details, the form of medication, what it was prescribed for and the times it was due to be administered. There were guidelines in place on how people preferred to take their medicines, such as the room where people preferred to take their medicines and how staff should support people to apply creams.
- Staff felt their training was enough for them to be competent in administering medication and could describe their responsibilities well. The deputy manager had carried out competency assessments of all staff within the last six months.
- Where people were prescribed 'as required' (PRN) medicines, there were protocols in place for staff to follow. This included the maximum dose that could be administered, the frequency and at which point medical advice should be sought. There were also written considerations as to when staff should administer PRN.
- Where people were prescribed topical medicines (medicines that are applied to the skin), there were clear instructions in place for staff to follow. For example, the location of application and a body map for clarification.
- Staff had monitored and recorded the temperature of the medicines trolley to ensure these were stored in line with manufacturer's instructions. We observed staff administering medicines according to the prescriptions and policy.

### Preventing and controlling infection

- We were assured that the provider was promoting safety using personal protective equipment (PPE). During our visit we saw several staff were not wearing a face mask. The registered manager provided a risk assessment showing consideration towards communication needs of people with sensory impairments and a plan for escalated PPE use if there is an outbreak of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- Staff followed government guidelines when visitors came to the home and people who were symptomatic were advised not to enter the home. During the pandemic, people continued to be supported to safely have contact with family and friends. One person experienced a bereavement and was supported to visit their relative safely in their last days with appropriate measures in place.



# 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

- Assessment information gathered by the provider had been used to formulate personalised care plans which outlined people's needs and choices.
- People's needs had continued to be appropriately assessed and reviewed to ensure needs and choices could be met. One person had a current distress assessment tool which indicated how staff could identify the person as distressed or content from vocalisations and body language.
- People were supported to have a safe and effective transition to hospital with a passport which explained how people communicate, their likes and dislikes. One passport advised not to take a plate of food away from the person too soon.

Staff support: induction, training, skills and experience

- Checks were carried out to help ensure staff were suitable to work at the service and had appropriate skills and qualities. People who use the service were involved in the recruitment process. The registered manager observed prospective staff interacting with people who were less able to verbally communicate to ascertain compatibility.
- Training was not always fully up to date but there was no evidence of a negative impact on people. The registered manager informed us that the training is moving onto a new application which was impacting the accessibility and timeliness of training. This was being addressed in an action plan. New staff were subject to a thorough induction and training programme to ensure competency. Staff skills and knowledge were discussed within supervision and the registered manager was carrying out spot checks.

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

- People were supported to eat and drink according to their choices and in order to maintain a balanced diet. If people needed encouragement to drink, various approaches were trialled. One staff member told us, "When you put a straw in the glass or use a different coloured glass, sometimes that encourages them to drink more".
- People were supported with an external dietary nurse who was able to advise staff on individual dietary needs and recommend personalised approaches.
- People were encouraged to be as independent as possible with preparing food and drink. We observed staff asking people what they wanted in their sandwich and being on hand to support them in preparing it. A staff member told us, "They make their own sandwiches and get their own packed lunches ready themselves. They use cucumber and cut it themselves. We support doing that so that they don't lose the skill of cutting and preparing their food. It's for their own independence and they like it."

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 by staff who worked closely with a range of healthcare services and other agencies to ensure their needs were met. During the inspection one person was being supported to visit the GP to explore causes of recent changes in behaviour with a view to improving the way they were supported.
- Routine health checks were fulfilled in a timely manner. A health professional told us "the care manager and staff comply with our programme of learning disability annual reviews and are proactive in addressing any interim health concerns".
- People were supported with their oral care in ways which suited their preferences and needs. One staff member told us "I know what he likes. [Person] would hate you standing there and watching him brush his teeth. We have to remind him to brush his teeth."

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

- Progress was observed to be underway with updating the home environment but was raised as a concern by relatives and staff. One relative told us, "It's beginning to look a little bit tired" and another relative said, "Some areas are in need of redecoration". One staff member said, "The repairs in the house need to happen, and be done in a better timeframe" whilst another said "they say that we will have the whole house decorated and have new floors, but everything is such a long time coming". The registered manager was acting with the provider to rectify this.
- We observed pictorial aids around the home which enabled people to be as independent as possible with their communication.
- Peoples bedrooms had been decorated according to their individual choices of colour, furniture bedding and items which were personally important to them.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, 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.

- People's capacity to consent to their care and treatment was assessed regularly. Where people lacked capacity to consent to their care, the provider followed the principles of the MCA and ensured care and support was provided in people's best interests. People had nominated legal representatives in place to support with decision making in areas they had been assessed as being unable to themselves.
- Staff were clear on how people communicated their choices or indicated such using familiar body language or mannerisms. Care plans contained communication passports to support person-centred

decision making outside of the care home.

- Staff had undertaken training to understand the MCA and DoLS. One member of staff told us, ""We mustn't assume that a person lacks capacity. You assume that they have capacity. It could be an unwise decision. You have to guide them in a way that is least restrictive.".

# 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

- Equality was promoted, particularly in terms of communication needs. All people who used the service, along with several of the staff, were diagnosed deaf or hearing impaired which enabled a more equitable relationship. People were observed to be engaged in conversation with staff using British Sign Language. Staff had completed training in equality, diversity and human rights.
- Individual care plans indicated which staff people preferred to support them with different areas of their lives. People were supported to maintain relationships with their friends and families. Relatives said they could visit whenever they wished and people were able to stay with their friends and families when they wished to. Staff supported them to do this.
- People we communicated with indicated they were happy with the support they were receiving. One person was asked if the staff were nice and they responded by nodding. Another person stated that they liked living at the service. We observed one carer supporting someone to paint their toenails at their request. The person had chosen the colour they preferred and the staff member was communicating with them throughout.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express themselves on a daily basis, during keyworker meetings and residents meetings with the appropriate communication tools available. The relative of someone with more complex communication needs told us "The staff know [person] so well that they can almost tell what she wants by her mood and what she is doing".
- A person who was due to move in to the service was being supported to have a transitional period. The aim of which was to enable them, and the people who currently use the service, to express their views verbally and non-verbally and for compatibility to be assessed.
- During our inspection, staff treated people in a way that was friendly and respectful. We observed that staff offered people choices and respected their decisions. One staff member said, "I try to put myself in their situation and think what I would expect and what I would want."
- People's privacy was protected by various measures and staff demonstrated a good understanding of this. One staff member said "We do not talk about work outside the work environment. We initialise names in emails/documents/any shared documents would be password protected." We observed information to be stored in a lockable cabinet in a secure room.

# 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 which identified and met their preferences. Staff respected people's preferences about their care and were aware of the guidance in people's care plans.
- Relatives felt confident that people had choice and control. One relative told us "Staff will always consult and explain the choices using signing or Makaton pictures." . Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.
- People's care plans were individualised and specific to their needs and preferences. They included guidance on which staff people preferred to support them with different areas of their lives.
- People at Gibraltar Crescent had lived there for many years and their needs had changed as they had aged. One person's care plan and behaviour support plan had been updated according to changes relating to hormones and aging. One staff member told us that staff were given updated documents to be up to date with the latest changes.

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.

- Information was made available in a way that would be understood by people. We observed there to be pictorial information in several areas of the building which always enabled an opportunity for communication with staff . People had communication passports in their care plans to take out of the service with them, as well as clear directions in the care plan for staff to communicate effectively.

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 had the opportunity to do new things which were important to them and long term commitments they valued. During the inspection some people were out at a daycentre. Staff told us that routine was important to most people and this is something which was maintained as far as possible.
- People were supported to communicate their interests and staff were working to plan future activities which supported this. One person was a football fan and was being supported to attend a premier league football match.
- The registered manager told us that staff in the local café had learnt some sign language in order to

communicate with the people who use the service. One relative told us "I took [person] out recently and she showed me which café they go to, because she loves it there."

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

- Staff and the registered manager had responded to complaints and concerns in a timely manner. There was a complaints procedure in place which was available in different formats, such as easy-read, pictorial and large print.
- Relatives told us they were aware they could complain and that the registered manager was approachable. One relative told us "They would take it seriously if I raised a concern with them".

#### End of life care and support

- The provider was not currently supporting anyone at the end of their life.
- End of life plans were in place but were not always fully complete or easy to read. This had been included in an action plan for improvement by the registered manager prior to inspection.

# 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

- All people using the service, as well as several staff employed were deaf or hearing impaired which had promoted an inclusive culture, specifically with communication.
- Staff told us they felt able to seek support when needed. One newly recruited staff member told us "The management make me feel so comfortable to say anything. I'm less likely to make mistakes because I can keep asking."
- The service was supportive of independence. People were empowered to take responsibility for managing their home environment. One relative told us "They have house cleaning duties. They all have a timetable. I remember turning up on a Thursday and it was [person's] day for house cleaning and [person] took it very seriously, using the mop."

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 had a good understanding of duty of candour and expressed a willingness to share when things had gone wrong.
- Some relatives felt they could be informed of incidents more promptly but had not raised this as a concern with the provider as they did feel informed overall.

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

- The registered manager had systems and processes in place to monitor effectively the quality of the service. We saw audits for care plans, medication, daily notes, and infection control which effectively identified areas for improvement.
- Services registered with CQC are required to notify us of any significant incidents or safeguarding concerns. We reviewed the records held at CQC prior to our inspection and found notifications had been received in line with requirements.
- Staff were able to clearly explain how risks were managed, what their responsibilities were and what good quality care looked like. Staff meeting minutes showed a discussion of actions focussed on improving quality performance.
- Staff told us they felt supported by the registered manager to perform their roles effectively and understand their role. One member of staff told us, "I feel supported by [registered manager]. There's a lot

of team work and understanding. [Registered manager] is very supportive in every aspect."

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

- Relatives visited regularly and with the home being small it meant relationships and communication were good with regards to updates and feedback. One relative told us "I am consulted and included in...most aspects of my relative's care and wellbeing", another relative spoke of having in-depth discussions with the registered manager about how their relative could be supported with behaviour which posed a risk to others.
- Staff told us they were welcomed to contribute to improvements in the service. One staff member told us they felt "valued and heard".
- Regular meetings were held among the people and staff at Gibraltar Crescent. Staff who were hard of hearing were supported to book sign language interpreters for meetings through Access to Work. One member of staff told us, "[We have] regular meetings and we have the chance to speak about it."
- Tools which highlight trends in incidents and accidents enabled the staff to consider peoples changing needs. The registered manager was proactive in exploring possible new health needs and triggers in order to learn the best way to improve the support provided.

Working in partnership with others

- Meetings were arranged with people, professionals and relatives to discuss changing needs and adapting support. A relative told us they had been supported by the registered manager to approach the local authority to raise a request for new mobility equipment.
- The registered manager made themselves available to other professionals to discuss updates. One health professional told us "This seems to me to be the best managed care home service in our practice area."