

Achieve Together Limited

7 Birdhurst Rise

Inspection report

7 Birdhurst Rise
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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

7 Birdhurst Rise is a residential care home for up to nine people who have a learning disability. At the time of our inspection six people were using the service. This service was previously known as Care Management Group - 7 Birdhurst Rise. The current provider took over the management and operation of the service in December 2020.

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

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. The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. 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

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. 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. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body 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. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People received good quality care and support because trained staff and specialists could meet their needs and wishes. People received compassionate and empowering care that was tailored to their needs. 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. People and those important to them, were involved in planning their care. 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.

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

Rating at last inspection

This service was registered with us on 1 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 31 October 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.

7 Birdhurst Rise

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 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

This inspection was carried out by one inspector.

Service and service type

7 Birdhurst Rise 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. 7 Birdhurst Rise 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 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

During our 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 three people using the service, the registered manager and two staff members. We also spoke with four family members and received feedback from one person's advocate. 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We observed positive interactions and relaxed body language between staff and people living at the service.
- There were effective safeguarding and whistleblowing procedures in place. Staff were able to explain what the signs of potential abuse were and what action they would take if they had concerns.
- People were asked about how they felt and they were encouraged to tell staff if they were unhappy or did not feel safe during meetings and one to one keyworker sessions.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. This included advice on how to support people using the least restrictive option.
- Staff spoke about people's risk and how they supported people to stay safe. For example, staff described how one person required additional supervision while eating and another person needed support to keep them safe while crossing the road.
- Staff managed the safety of the living environment. Regular environmental audits and fire checks were carried out to identify any problems. Systems were in place to fix issues quickly to help maintain a safe environment.
- The provider had recognised that not all of the window restrictors in place were in line with best practice guidance and explained a plan of works had been scheduled to fit additional window restrictors to ensure people were safe. The registered manager had assessed people's risk in this area to make sure people remained safe until the work was complete. Shortly after our inspection we received confirmation new window restrictors had been fitted and the work was complete.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Staff rotas were planned so staff had designated time to give people the one to one support they needed. During our inspection staff were always visible and on hand to meet people's needs and requests.
- Staff told us there were enough of them on duty to support people and meet their needs.
- The provider followed safe recruitment practices. 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 monitor the effects on their health and wellbeing and provided advice to people about their medicines. Additional advice was in place to help staff when PRN or 'as required' medicine was needed and regular medicine audits took place to make sure people received the right amount of medicines at the right time.

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 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.
- The service supported visits for people living in the home in line with current guidance. This included opportunities for people to visit their family homes.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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

- Staff completed a comprehensive assessment of each person's physical and mental health and took the time to understand people's behaviours. Relatives told us they felt involved in their family members care and support.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including their physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training that focused on the needs of people. One staff member told us, "I am happy with the skills and training and the refresher training always helps, especially with new guidance."
- 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

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff supported people to be involved in their mealtimes. We observed people were laying the table before their meal and helping to tidy up afterwards.
- People were involved in choosing their food and staff used a variety of communication tools to help people make a choice. People could have a drink or snack at any time.
- People were able to eat and drink in line with their cultural preferences and beliefs. Staff supported people from different cultural backgrounds to eat the food they enjoyed. Staff told us how they had supported one person to visit a local shop where their favourite cultural food was sold and told us of their plans to cook the person's favourite cultural dish with them.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were registered with their GP and supported to attend annual health checks, screening and primary

care services such as dental appointments.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People's rooms contained personal items that reflected their tastes and interests.

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.

- Staff empowered people to make their own decisions about their care and support and made sure information was given to people in a way they could understand.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service caring?

Our findings

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

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

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People responded positively when we spoke to them and asked them how they were. For example, one person gave us a smile and a thumbs up and another person told us about their hobbies and interests. Relatives told us their family members were happy and staff understood their needs.
- Staff knew people well and how to communicate with them. We observed positive interactions between people and staff throughout our inspection. People were relaxed with staff and there were lots of smiles and laughing. When people were non-verbal staff were able to have a conversations with them because they knew people well. Staff were able to interpret non-verbal cues, signs and gestures to understand what people were saying and what they wanted.
- Staff were calm, focussed and attentive to people's emotions and support needs. Staff were able to recognise when changes were needed to help make things better for people. For example, the registered manager explained how they had adapted the lighting in one person's room to help them sleep.

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

- People were involved in planning their care. People had keyworkers and met regularly to talk about their goals and achievements and plan for the month ahead.
- Staff supported people to express their views using their preferred method of communication. Staff told us about people's different communication styles and gave us examples of how they encouraged people to make choices about their care and support. For example, using pictures and photographs of activities to help people decide what they would like to do or where they would like to go.
- People celebrated religious festivals such as Easter and Christmas and staff respected people's cultural preferences. One staff member told us about a person's cultural food choice and how they support people to be engaged and involved in those things important to them. This included religious festivals, cultural food and activities.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to try new experiences, develop new skills and gain independence. Regular group and keyworker meetings gave people the opportunity to talk about issues that were important to them and allowed staff to support people to reach their goals. People were encouraged to be involved in the day to day chores in their home to help them become more independent. One staff member explained how happy people were when they supported and encouraged them to be more independent.
- 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, healthcare and support plans. Relatives told us they felt involved in their family members care and were comfortable sharing their views but also seeking advice and clarification from the registered manager when needed.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. A keyworker system was in place and regular meetings between the person and keyworker were recorded. These included what people wanted to do in the near future and celebrated what they had already achieved.

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.
- There were visual structures, including photographs, symbols and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. For example, pictures, photographs and notice boards were used so people knew what was planned each day and could make comments or changes if they wanted to.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff had created a social story to help one person learn about their new computer. Social stories form a pictorial conversation to help people develop an understanding of a new situation or event and are often used to help reduce people's anxiety.

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 encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff encouraged people to broaden their goals and aspirations and this included trying new activities or learning new skills.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. One person told us about their interests and hobbies and spoke to us and staff about additions to their

collection. Staff told us about the inhouse activities taking place such as art and music therapy and aromatherapy. They explained since COVID-19 restrictions were lifted they were now encouraging people to take part in activities in the community. This included going for walks, visiting the park and meals out. Staff were also speaking to people about a summer holiday and resuming past activities such as cycling and going to the cinema.

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 with the registered manager and were confident these would be acted on.
- 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.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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 and the registered manager confirmed they would liaise with families and the appropriate health care bodies 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. 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 worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One person's advocate felt confident the registered manager listened to what they had to say and acted in people's best interests.
- Staff felt respected, supported and valued by senior staff. Staff felt able to raise concerns with managers. One staff member told us how regular team meetings and supervisions helped them talk about any problems. They told us, "I will make suggestions for improvements and [the registered manager] listens and will give me answers."
- The registered manager promoted equality and diversity in all aspects of the running of the service.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One staff member told us about the support they received when they first joined the service. They said, "The manager and staff are amazing, so helpful, they made my job so easy." Another staff member told us, "Teamwork is brilliant, you don't feel tired here."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. One staff member told us, "I have had all the training and support I need. I want to learn but you also need a passion to do this job... I love to give care and support to my clients."

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

- People, and those important to them, worked with managers and staff to develop and improve the service. People were asked about what they thought about the service during regular meetings. Surveys were also sent to people and their friends and family to help provide feedback. Survey results seen were positive. Relatives confirmed the registered manager was in regular contact with them about their family members

care and support.

- Staff encouraged people to be involved in the development of the service. Staff told us suggestions made were regularly acted on and the registered manager valued everyone's involvement. One staff member said, "[The registered manager] is very supportive, you can tell her your problems, it stays confidential. She is reliable and kind and she talks to staff and people with dignity and respect. That's what I love."

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

Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included health care professionals and advocates to make sure people had the care they needed.