

# Achieve Together Limited

# Hillview Merstham

## Inspection report

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31 May 2022  
13 June 2022

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Hillview Merstham is a supported living service providing support and personal care for people with a learning disability and autism in one house and an annex with shared communal areas. At the time of the inspection there were 11 people using the service. 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. At the time of the inspection, there were five people being supported with personal care.

### 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

People had individual goals and objectives and staff supported them to work towards these. Staff supported people to live as independently as possible and be in control of their daily lives. People were provided with a choice in all their decision-making and their relatives were included throughout. People's risks in relation to their care were managed and people were able to live independent lives. There were sufficient staff deployed to meet people's needs and people received their one-to-one support hours appropriately. We were assured the service were following safe infection prevention and control procedures to keep people safe.

### Right care

People who used the service and their relatives told us that they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they ensured people were living in a way that respected their human rights. People told us their right to privacy was respected and that the care provided was consistent and delivered by staff who knew them well.

People's right to privacy was respected and there was a consistency of the care provided by staff who had been working there for a long time and who knew people well. The service was situated in a residential area and there were no outward signs to differentiate it from other houses in the street. Whilst the service was large, the house did not stand out from other properties on the street.

### Right culture

The culture of the service was open, inclusive and empowered people to live confident lives. People told us

they felt happy living at the service and that the culture was open and inclusive. People told us they felt confident to live empowered lives with the support of staff. We observed staff interacting in a kind and compassionate way with people who used the service and amongst themselves. People who used the service, their relatives and staff were complimentary about the service and the leadership. Management had undertaken regular audits to look at lessons that could be learnt and made appropriate improvements to the service. People and their relatives told us they felt engaged in the running of the service and were able to express their views to improve the care provided.

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 April 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the time since it first registered with the Care Quality Commission.

#### 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.

# Hillview Merstham

## 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

The 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 that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Whilst there was no registered manager at the time of our inspection, the provider had appointed one and they had started their registration process with the Care Quality Commission.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 May 2022 and ended on 13 June 2022. We visited the service on 31 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, area manager, shift leader and support workers. We observed interactions between staff and people who used the service.

We reviewed a range of records. We looked at four staff files in relation to safe recruitment. We reviewed three people's medication administration records. We reviewed four people's care records. A variety of records in relation to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We spoke with four relatives about their experience of the care provided. We sought feedback from two professionals who had worked with the service. We looked at quality assurance records and people's care records. We reviewed staff supervision records.

# 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; Learning lessons when things go wrong

- There were systems and processes in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe living at Hillview and being supported by staff. One person told us, "I do feel safe." Another person told us, "It's safe here." A relative told us, "There are no issues with safety."
- Staff understood what constituted abuse and knew the steps they would take if they suspected abuse. One member of staff told us, "Sometimes you can abuse somebody but you did not recognise [this]. Neglect can be abuse as well. Then you have to report to the safeguarding team." Another member of staff told us, "[Abuse] is if someone wants food or something and you do not give it, then you go to the manager."
- Staff had received training for safeguarding and whistleblowing. One member of staff told us, "Yes, we do safeguarding training." Another member of staff said, "Safeguarding is part of the induction."
- The manager had undertaken a regular analysis of accidents and incidents to look at ways to reduce the risk of them happening again. Where a person became distressed during our inspection, management proactively acted on this and put a risk assessment in place in order to best support the person should it happen again. This showed that the manager was looking out for triggers in order to share the knowledge with staff and comfort people appropriately.

Assessing risk, safety monitoring and management

- Staff had completed assessments to manage risks to people. Risk assessments included information on the steps staff should take to support the individual and included considerations to people's freedom to make independent decisions. We saw one person's risk assessments included steps for staff to take should they become distressed and another person's assessments highlighted the risks and steps to take when assisting them to shower.
- Relatives told us they felt staff managed risks to people well whilst respecting their choices. A relative told us, "It gives [person] a greater sense of security and continuity. [Person's] safety has been much enhanced since [moving into Hillview]." Another relative told us in relation to risks being managed, "They've been managing it at Hillview. They take it seriously and try their best to manage."
- Staff told us they knew what to do to reduce risks to people. One member of staff told us in relation to managing falls, "[Person] has a frame that he can sit on. We always make sure he uses it." Another member of staff told us in relation to managing epilepsy risks, "It's in the support plan. We call the ambulance, make sure it's safe on the floor."
- We observed people were able to take positive risks and leave the premises independently. This meant that their wishes were respected and the individual was able to maintain their independence whilst taking some positive risks.

Staffing and recruitment

- People and their relatives told us there were sufficient staff to meet their needs. One person told us, "They've got enough staff normally." Another person told us, "For sure, enough carers." A relative told us, "I think there's enough. [Person is] quite happy with all the staff."
- We observed that there were sufficient staff on the day of the inspection. Staff spent time with people on a one-to-one basis and people were in control of which activities they would like to do on a day-to-day basis.
- People's needs were regularly reviewed and assessed and in order to ensure adequate staffing levels at the service. One relative told us, "[Person has] always got the right one to one hours."
- The provider followed safe recruitment practices which included requesting references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed in a safe way. Medicines were recorded in Medication Administration Records (MARs). MARs included information on the individual's allergies, stock balances, a recent photograph to identify the individual and an explanation of which conditions the medicines were prescribed for.
- Where people were prescribed 'as required' (PRN) medicines, staff were provided with guidance on when to administer this and the maximum dose that can be administered in a 24-hour period.
- We reviewed audits which showed that the MARs were checked regularly for any potential errors and lessons which could be learnt.
- Staff had undertaken training for the administration of medicines and were observed prior to independently administering these. One member of staff told us, "Yes, I've done medication training. The person who will be giving the medication is checked by the shift leader for competency."

#### 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 promoting safety through the layout and hygiene practices of the premises.
- 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 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.



# Is the service effective?

## Our findings

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

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

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

- People's care and social needs were assessed in a person-centred way to ensure staff were able to support them with their needs. Assessments included information on people's preferred communication methods, how to reassure the individual, medical history and which healthcare professionals were involved in their care.
- Care was delivered in line with national standards and guidance such as Right support, Right care, Right culture. Staff told us they knew about the guidance and tried to empower individuals to make their own decisions. One member of staff told us, "Our job is to give them as independent lives as possible."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the training, skills and experience to effectively support them. They told us that staff knew them well. One person told us, "They know what I like, what I don't like. They have their training. I've seen it." A relative told us, "We are happy with the way they dealt with [person]. They seem to have the skills."
- Staff told us they had received induction training and regular refreshers. Training was delivered partly as face-to-face and partly as online training. One member of staff told us, "It's a good induction. If you are not sure, you can continue to shadow." Another member of staff told us, "There is a lot of training to complete compared to my previous job."
- Training modules included Autism awareness, training to support people with a learning disability, first aid and fire safety.
- The manager had undertaken regular supervisions with staff which provided staff with an opportunity to register their interest for national vocational qualifications and to address shortfalls in their performance. We saw from records that staff had discussed their needs with the manager and that the manager had offered support to staff.

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

- People were encouraged to maintain a nutritionally balanced diet whilst their wishes were respected. One person told us, "We go and get the ingredients and make it." A relative told us, "[Person] is so well nourished and eats well."
- Staff empowered people to prepare their meals independently with minimal support. We observed that this was the case on the day of the inspection. One person told us, "We take it in turn[s]. I prefer the shopping."
- Staff had undertaken food safety training to ensure they were able to support people to prepare food in line with national standards. One member of staff told us, "We check the food because you can't give if it's

expired."

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

- People and their relatives told us that staff supported them to maintain their health and wellbeing. One person told us, "I tell them. Then they make the appointment [with the doctor]." Another person told us when referring to their doctor, "They call him." A relative told us, "I know they are very quick to call the GP. They always call me."
- Staff told us they knew people's healthcare needs well and would report changes to their health to the person in charge or the emergency services. One member of staff told us, "The process is we tell the manager if [person] is different. [Manager] will ask the surgery, then I will go to the surgery with [person]."
- We saw in care records that healthcare professionals had been involved in people's care. For example, one person's doctor had been involved to ensure the person's cholesterol levels were monitored. In another record, we saw that a referral to a physiotherapist had been undertaken for an individual at risk of falls.

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.

- People's care was provided in line with the MCA and all people who used the service had capacity to make decisions in relation to their day-to-day care. People's relatives and staff supported them to make decisions in line with their wishes. One relative told us, "We are as included in the care as [person] wants us to be."
- Staff had undertaken training in relation to the MCA and understood the principles of the MCA. One member of staff told us, "They have a choice if they want to do something. They will tell you that they want to do something. You have to respect because it's their choice." Another member of staff told us, "I did MCA training - I always think someone's got capacity unless proven [otherwise]."

# 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful, kind and treated people as individuals. One person told us about their support workers, "I love them. They are amazing." Another person told us, "They're nice. [Support worker] cares for me." A relative told us, "They're very respectful."
- We observed people being supported by staff in a kind and respectful way. For example, staff asked people whether they wished to participate in activities and respected their wishes to have privacy where they did not choose to participate.
- People appeared to be at ease with staff and told us they felt staff have helped them to gain further independence. One person told us, "They're my friends. I am more independent here than before." Another person told us, "I'm applying to do a radio show. They'll help me."
- Staff had undertaken training for equality and diversity and understood their role in relation to promoting this and encouraging people to express themselves. One member of staff told us, "We have done the training for equality and diversity. We make sure [person is] always happy and comfortable."

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

- People and their relatives told us they felt involved in the planning of their care and were supported by staff to express their views. One person told us, "I'm independent most of the time but sometimes I need a little help. They know that I'll ask." Another person told us, "You tell the staff and then they write it down." A relative told us, "They tell me what's going on and they're very approachable, absolutely."
- We reviewed care plans which showed people and their relatives had been involved in making decisions about their day-to-day care. For example, one care plan actively encouraged staff to involve a person's family when developing plans and care. This was in order to ensure that historical support and preferences were not lost and ensured a continuity of support for the person.
- People and their relatives told us they knew that they were able to change care provider if they so wished. One person told us, "I am happy but if I'm not, I'll just ask." A relative told us, "We are aware of it. We are happy with the care."

# 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; 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's care and support was planned in a personalised way which respected people's preferences and enabled them to have choice and control over their care. One person told us, "I go shopping and they always come with me." Another person told us, "I like to go out with me and a carer. There's a lot more now [following the COVID-19 pandemic]." A relative told us, "It is extremely person-centred. They know [person] very well."
- People had one-to-one hours which were planned around their activity schedules and were in line with their preferences. Activities were regularly reviewed with people's goals and were changed according to their wishes. For example, care records we reviewed included a list of activities that the individual enjoyed. This helped staff to encourage people to partake and reduce the risk of social isolation.
- People's care plans included information on how to support individuals with their oral care. This included monitoring and prompting people to regularly brush their teeth, information on what kind of toothbrush people preferred and how to provide support to visit the dentist.
- Where people wished to access religious and cultural services which were important to them, staff used their initiative to facilitate this. For example, people who used the service and staff had planned an outing to an event which was culturally important to an individual who used the service. One person told us in relation to this plan, "I am so excited."

### 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.

- People's communication needs were recorded in their care plans and included steps for staff to take in order to effectively support the individual to communicate. For example, where a person required support to book appointments, this was recorded in the care plan in order for staff to offer support. Care plans also highlighted any impairments the individual might have, such as a visual impairment, and how to support them with this.
- Surveys and national guidance were available in various formats in line with people's individual communication needs. For example, surveys for people who used the service were available in pictorial formats and we saw people had filled these in with the support of staff.

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

- People and their relatives told us they knew how to complain and they felt confident action would be taken in response. One person told us, "I know. Go to [manager]." Another person told us, "I would complain to [manager] or [area manager]. I think they would [listen]." A relative told us, "If we've had issues, they get resolved. They resolve complaints."
- The provider had a complaints procedure in place to respond to complaints and we saw that people who used the service had access to the complaints procedure in various formats.

# 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

- People who used the service and their relatives told us the culture in the service was inclusive, person-centred and empowered them. One person told us, "It's a happy, happy home." Another person told us, "I quite like it here." A relative told us, "They do actually seem quite happy there." Another relative told us, "One thing that strikes us is a feeling of calm. The staff sit with [person] relaxing, chilling out and chatting."
- Staff told us they felt happy working at the service and that the culture in the service put people first. One member of staff told us, "I feel totally supported to do my job. I love it." Another member of staff told us, "We work as a team for the [people]."
- We observed that the manager interacted with people who used the service and staff in a respectful way and knew people well. People appeared to feel at ease around them and told us they could approach the manager if they had a question. One person told us, "The carers are really great. [Manager] is always here."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of events including significant incidents and safeguarding concerns. We saw in reports that the provider had informed the local authority of incidents and accidents appropriately.
- Relatives told us they had been informed of significant incidents and healthcare or social changes to people's needs. One relative told us, "We were kept informed of the changes and kept involved." Another relative told us, "They do tell me if something's gonna change or if [person is] not well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a structure of governance in place for staff to follow. The service had recently appointed a new manager who was supported by the area manager who had visited the service regularly. The manager was in the process of registering with the Care Quality Commission.
- Staff knew their role well and knew who to approach if they were unsure about a task. One member of staff told us, "We have a good team and everyone knows where to go for support." Another member of staff told us, "I know what to do or I will go to the shift leader if I need help."
- The manager and area manager had undertaken audits of the quality of care including surveys and there was an improvement plan in place for long-term areas of improvement. Lessons learnt were shared with

other services to improve the quality of care provided. One relative told us, "I did get a survey which I did send back." Another relative told us, "I've received an email from [manager] recently."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt engaged in the running of the service and their suggestions were listened to. One relative told us, "We certainly feel engaged. We've made suggestions in the past and they are very open to suggestions to make [person's] life better."

Another relative told us, "We have a good relationship and we can talk to them and they can talk to us. It does feel like a collaboration."

- Staff told us they felt valued by management and understood the vision of the service. One member of staff told us, "We want them to be independent." Another member of staff told us, "You definitely feel valued doing this job."

- Staff had worked effectively with other organisations such as healthcare professionals and the local authority. We saw in documentation that healthcare professionals had been involved in people's care to achieve good outcomes for them. For example, we saw the mental health team had been involved in the care of an individual. A relative told us in response to healthcare professionals being involved, "We are all working together. [The staff at Hillview] do most of the work."