

# Achieve Together Limited

## 53 West Park

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# 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

53 West Park provides personal care to people with a learning disability and autistic people in a supported living setting. People using the service have their own bed sits with some shared communal facilities. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service accommodates nine people in total, four of whom were receiving the regulated activity, personal care at the time of the inspection.

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

The service did not demonstrate they consistently met the underpinning principles of Right support, right care, right culture.

### Right Support

Arrangements to support people to make decisions did not follow best practice guidance or the law. Risks to people were not always identified. Safe infection control practice was not consistently followed.

There were sufficient numbers of suitably skilled staff who knew people well and communicated with people in ways that met their needs.

The model of care and setting supported people's choice, control and independence. People had their own en-suite bedsits with separate cooking facilities as well as a communal kitchen which allowed varying degrees of independence and choice.

### Right Care

Records did not always evidence if or how people were supported to identify or achieve their aspirations and goals.

Medicines were safely managed. Staff enabled people to access specialist health and social care support in the community. The service worked with people to plan for when they experienced periods of distress or anxiety.

Staff knew how to protect people from poor care or abuse. Staff had training on equality and diversity and considered people's diverse needs to provide appropriate care.

People's care, treatment and support plans reflected their needs. Staff knew people well and treated them with consideration and care.

#### Right culture

We saw there had been some improvements made at the service. The provider evaluated and audited the quality of support provided to people, involving them, their families and other professionals as appropriate. An action plan had been developed to address areas for improvement. However, improvements were needed to ensure the quality assurance system was fully effective.

People were engaged in a range of activities both inside and outside the service. However, aspects of the service felt like a care home rather than supported living. The service did not always proactively consider aspects of people's support needs with a view to increasing their autonomy and empowering them to lead fuller lives in the community.

People, their relatives and staff were all positive in the feedback they gave about the registered manager. The registered manager told us she had been working to address the culture and knew there was further work to do.

People's views about the service were sought through tenants' meetings and key worker sessions. However, people were not fully engaged in the running of the service

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

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to identifying risks and seeking consent at this inspection

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 53 West Park

## 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

An Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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.

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

We gave the service 48 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.

#### What we did before inspection

We reviewed information we held about the service which included notifications of events and incidents at the service. We asked the local authority for their views about the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service and observed staff providing support to them in the communal areas. We reviewed a range of records. This included three people's care records and five medication records. We looked at three staff files in relation to recruitment and training. We reviewed a variety of records relating to the management of the service, including audits and meeting minutes. We spoke with the registered manager and regional manager.

Following the site visit we spoke with two relatives about their experience of the care provided. We talked with four members of staff team to understand their views about their roles and 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 for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Preventing and controlling infection

- Some risks were not always identified, or, where they were there was no guidance for staff on how to reduce these risks. We became aware of a possible risk to one person from another person's behaviour. Key worker records identified this as a known concern, but there was no assessment of this risk or guidance for staff to follow to minimise the risk of harm or maintain people's safety.
- Staff did not always follow safe infection control practices to ensure people were supported to reduce possible infection risk. A fridge we were shown presented an infection risk and there was substantial dust in the bathroom and bedroom. There was no evidence this had been identified, monitored or discussed with the person concerned to understand how to support them to reduce infection risks.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager took action to address the infection risks during and following the inspection and advised us of action to address the other issues we found.
- Other risks including health risks such as epilepsy, diabetes or risk of falls and emotional risks were assessed and there was detailed guidance for staff to follow to reduce the risk of occurrence. Environmental and fire safety checks were carried out regularly and any issues were raised with the housing provider.
- The communal areas were clean and hygienic and higher risk areas of infection regularly cleaned. Staff had completed training in infection control and the use of personal protective equipment (PPE). Staff wore appropriate PPE and took part in regular testing for Covid-19. Visiting arrangements were in line with current government guidelines.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Staff safeguarded people from neglect or avoidable harm. People using the service told us they felt safe living there and with the staff who supported them. We observed people felt comfortable with staff and sought their advice or support
- Relatives said they thought their family members were safe at the service. One relative remarked, "[My family member] definitely feels safe and supported there."
- Staff received safeguarding training and understood the signs of possible abuse and how to raise any concerns. The registered manager knew how to raise alerts with the local authority if needed and to notify CQC.

- Lessons were learnt from safeguarding and other incidents to improve safety. The provider and registered manager reviewed incidents and accidents and analysed them for any learning or patterns and trends. We saw how action had been taken following a medicines error to reduce the risk of reoccurrence and learning was shared with staff.

#### Staffing and recruitment

- There were enough staff to support people safely. People told us there were always staff available to support them when they needed and to enable them to take part in activities in or outside the service. One person commented, "Staff are here when I need them and take me out when I want to go to." Relatives and staff told us they thought there were always enough staff to meet people's support needs.
- We observed that there were enough staff to support people with their daily living tasks and meals as well as attend health appointments on the day of the inspection. Staff told us there had been difficulties with staff sickness and vacancies which meant they had needed to cover extra shifts. However, new staff had recently been recruited to address this problem.
- Appropriate recruitment practices were in place. Appropriate pre-employment checks were completed before new staff began working. This ensured staff were suitable for their roles.

#### Using medicines safely

- Staff followed systems to administer, record and store medicines safely. People told us they received their medicines as prescribed.
- Medicines were stored securely and safely. Staff were trained in medicine administration and management; and their competency checked through supervision to ensure they continued to follow safe procedures.
- Regular medicines audits were completed to help ensure medicines were administrated and any errors identified and acted on.



# 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 requires improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

- The principles of MCA were not consistently followed as assessments of people's capacity to make specific decisions for example in relation to their finances or medicines had not always been completed or best interests' meetings arranged in line with MCA principles.
- Staff told us they had received training on MCA. However, they were not always able to explain their role where people may lack capacity for a decision. Training records showed that for forty percent of staff refresher training on MCA was overdue although the registered manager confirmed this had been booked.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People confirmed staff asked for their consent before they provided care or support and we observed this to be the case. One staff member commented, "I always explain and ask people how they feel about any support first. It's important."

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

- People's needs were assessed before they started using the service. Care plans reflected an understanding of the range of people's diverse needs, including assessments of people's communication support and emotional needs.

- The registered manager reviewed the support and health care plans on a regular basis and consulted with people, their families and professionals to ensure their needs and preferences were met.

#### Staff support: induction, training, skills and experience

- Staff had the skills, training and experience to support people with their needs. Staff received a range of training including specific training on learning disabilities and autism which was regularly refreshed. Some refresher training was overdue but the registered manager had plans in place to address this.
- Staff received additional training where needed. For example, to support people's specific mobility needs.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One staff member said, "I learned from the shadowing and reading the support plans helped me get to know people before working fully. It was at the right pace and supportive."
- Staff told us they received regular supervision and support to do their jobs.

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

- People were supported with planning and choosing what they had to eat and drink. People told us they chose to cook in their own bedsits or in the main kitchen. We saw they chose what they wanted to eat and drink and when they wanted to eat their meals.
- Staff told us they encouraged people to eat a healthy balanced diet and told us they would support people's cultural needs in relation to food choice.

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

- People were supported to maintain good health. People told us they were supported to attend a range of health appointments which was reflected in their records. People were provided with joined-up support that any recommendations from health professionals were recorded and followed. Where people needed to spend time in hospital staff were in attendance to ensure continuity of care.
- People had health care plans which included important information about their health and a hospital passport which included key information about their medicines as well as their health and communication needs. This is used to ensure staff have relevant information about people when they go into hospital.
- Staff shared information appropriately with each other through handovers and with relevant services so that people's needs were met in a consistent and effective way.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People were supported with their daily living tasks and encouraged to do as much for themselves as they could. People gave us examples of how staff supported them to be more independent in respect of their support needs. One person said, "I make myself breakfast I just need help putting butter on toast."
- People were supported in a way that promoted their dignity and privacy. We observed staff spoke to people respectfully and gave them personal space to be alone if they wished. They told us how they supported people's dignity when they provided personal care.

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

- People received care from staff who knew them well. People told us they liked living at 53 West Park. Relatives commented they thought their family members were happy and well treated at the service.
- We observed staff were patient allowing people to go about their daily living tasks at their own pace and chatting with them in a relaxed way. Staff understood people's likes and dislikes and any signs they gave to indicate a change in emotion or mood.
- Staff had received training on equality and diversity and provided care in a way that considered people's equality and diversity needs. Care plans included people's wishes and preferences in relation to their disability needs or cultural or religious preferences. Staff supported people where needed with these needs. For example, one person had been supported to attend a place of worship.

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

- People said they were supported in making daily decisions about their lives and felt listened to by staff. People said they were able to make choices about their lives, for example, what they did each day, the food they ate, where and how they spent their time.
- We observed two people being supported by staff to decide how they spent their day, what they wanted for lunch and where they wished to eat it. They were given time to make choices and staff were aware of their preferences.
- People had an identified key worker whose role was to build a more meaningful relationship, with people to understand better what mattered to them.

# 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 requires improvement

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- Improvements were needed to ensure staff worked consistently to follow the principles of Right Support Right Care Right Culture and current best practice. Where people had goals there was not always a record of the goal, or, a plan of how they were being supported to work towards this. For example, one person was working towards moving to independent living but there was no clear plan on how they were being supported to do this.
- Care records did not always show how people were empowered to develop skills across aspects of their care and support, such as managing health appointments or travelling independently. Key worker records did not always identify goals, or demonstrate how people were supported to be actively involved in some areas of their daily life such as maintaining their health and well-being.
- The registered manager told us this had been identified and they were working with staff and to improve the way information was recorded and to increase staff understanding of how to empower people.
- People had a person-centred plan that addressed their support needs. People and their relatives told us they received individual support that met their needs. Staff were aware of people's preferences about their support needs.
- People were supported through recognised models of support for people with a learning disability or autistic people. For example, where needed, positive behaviour support planning was used to support staff in their roles. This is a recognised approach to support people's distressed or anxious behaviour in a person centred and least restrictive way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was available to people in accessible formats such as easy read. However we found for one person their individual needs in relation to information about the service had not been fully assessed. The registered manager told us they would address this following the inspection.
- The registered manager told us that if people required information in different formats such as Braille and large prints, the provider could organise this for them.
- People's communication needs were identified through assessments and support plans. This included people's needs with regards to their hearing, sight and speech.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to visit people that mattered to them and to attend activities that they enjoyed. We saw people had personalised activity timetables where needed, that reminded them of when their activities were. One person spoke with us about the garden they had been involved in and a language they were learning.
- One person was involved in voluntary work and another person attended a college course. A third person attended cookery classes. Relatives told us they thought there had been some improvements to the range of activities people were involved in. One relative remarked, "[My family member] is involved in a lot more activities now, they used to be in their flat a lot, but now they are out at the gym or somewhere."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not needed to raise a complaint but knew how to raise concerns if they were unhappy about the service. They told us they would speak to the registered manager if they had any concerns. One relative commented, "I have not needed to complain but remind staff about things and these are acted on."
- There was a system to manage and respond to complaints and people had information about complaints in accessible formats. The registered manager told us there had been no formal complaints about the service.

End of life care and support

- There were arrangements to support people at this stage in their lives when this was needed.
- People's care plans included information on how they would like to be supported at the end of their lives, where people were willing to discuss this. It included consideration of their equality and diversity needs.
- The registered manager told us no one currently using the service required support with end of life care. If this arose, they would work with people, their family members and health professionals to make sure people were supported to have a dignified death in line with their wishes.

# 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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Systems to oversee the quality and safety of the service were not always operated effectively. The location carried out regular audits but these had not identified some of the concerns found at the inspection.
- The provider had identified a number of issues in their audit of March 2022. An action plan was in place to start to address these. However, improvement was needed to ensure learning from the audit was implemented across the service. For example, the provider had identified some infection control issues in their audit of March 2022 but learning from this had not been put in place across the whole service as we found similar issues elsewhere.
- The registered manager had identified some fire safety and health and safety concerns in their improvement plan in September 2021. These had not been resolved at the time of the inspection. They told us these had been escalated to the provider. However, there was no evidence of this escalation or action by the provider. These issues remained unresolved at the inspection, therefore the system for escalation was not effective. The regional manager told us that there was now a Housing Liaison Manager recently appointed to escalate premises issues with landlords where needed.
- The registered manager also managed another of the provider's services in addition to 53 West Park and told us it had been difficult to manage both services but there was a plan to address this which would make it easier.
- Some improvements had been made at the service for example people's medicines were now kept securely in their own flats rather than in the office. The registered manager had worked through a service improvement plan to address a number of other issues they had found when they arrived. Staff told us that there had been improvements at the service and there was better communication between staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some improvements were needed to ensure the culture was consistently person centred and empowered people in line with the principles of Right Support Right Care Right Culture. Records of tenants' meetings were not provided to people to remind them of what was discussed. There was no agenda and they did not evidence how people were empowered to be involved in the running of the service.
- Attendance at these meetings was poor and records of some meetings included inappropriate personal information. People did not speak positively about these meetings. One person commented, "Tenants

meetings are a bit boring and go on a bit long." People spoke with us about the issues they had with their tenancy but they had not been supported to raise these directly with the landlord. Advocates had not been approached to support people with these concerns.

- People were not actively encouraged to be involved in aspects of the running of the service such as health and safety checks. We discussed this with the registered manager who told us they had started to address this following the inspection.
- Some staff told us they did not always feel appreciated or valued by the organisation and their views were not always sought about changes. Staff took part in an annual survey but did not feel things changed. We discussed these issues with the regional manager who told us the director of the service was spending time visiting services to meet staff. There was a thank you card initiative to thank staff for particular moments and an employee of the month scheme both giving entry to a monetary prize. The provider had also introduced new development opportunities and pay increases for team members as they progress in their career and skills development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 understood their role, the requirement to notify CQC of significant events and their responsibilities under the duty of candour.
- People told us they liked the registered manager and found her approachable and that she acted on any issues they raised.
- Relatives said the registered manager kept them informed about any incidents or concerns and the action taken. Some relatives commented they had made some improvements since coming to the service. One relative remarked, "Its more structured now, the management are more responsive."
- Staff were positive about the registered manager and told us she was approachable, responsive and would help directly with people's support if needed. One staff member said, "She is a good manager she trusts staff but if they are not doing the right thing she will let them know." Another staff member commented, "I've seen a lot of changes, work is getting done and staff feel more comfortable to raise ideas."

Working in partnership with others

- The service worked in partnership with health professionals and local authorities to support people's needs. Staff were supporting a person in hospital at the time of the inspection and we heard the registered manager communicating with the hospital to ensure care was coordinated to meet their needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Arrangements were not in place to ensure staff complied with the Mental Capacity Act 2005. Regulation 11 (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always identified or assessed. Regulation 12 (1)