

# Achieve Together Limited

# Portland Street

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Portland Street is a residential care home providing accommodation and personal care for up to 13 people. The service provides support to people with mental health needs. At the time of our inspection there were 10 people using the service but not all of them were in receipt of a regulated activity.

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

Improvements were noted across the whole service and actions were taken to ensure people's safety and safeguard people from poor care or inappropriate treatment as far as reasonably possible because staff were vigilant and well trained.

Environmental improvements made since the last inspection meant the service provided a homely, well-maintained environment where equipment was regularly checked to ensure people's continued safety. The environmental risk assessment did not fully address the potential risks from internal and external stairs. We discussed this with the manager about ensuring the risk assessment was fully updated.

Enough staff were employed to ensure people got the support they needed. Staff were friendly and motivated and understood people's needs well. Staff trusted their manager and felt able to raise any concerns and their views about changes they would like to see.

The registered manager had a good understanding of the mental health system and was a strong advocate for people to ensure they got their needs met. The mental health teams were very complimentary about the staff team and their knowledge of mental health. They said they monitored people well and made referrals at the right time. Communication with external agencies were described as excellent.

Care records gave a good overview of people's needs and the records were being reviewed to ensure they reflected the person-centred care provided. A range of social opportunities were provided to improve people's mental and physical health.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely and missed and refused medicines were brought to the attention of relevant professionals to seek appropriate advice.

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.

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 and update.

The last rating for this service was Inadequate (published October 2022). We found breaches of regulations: for safe care and treatment, consent, staffing, person centred care and good governance. Warning notices were served for all the breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30/09/2022. During our inspection on the 16/05/2023 the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

Why we inspected

We undertook this focused inspection to follow up on the warning notices and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to good.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Portland Street on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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?

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Portland Street

## 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.

This was a focused inspection to check whether the provider had met the requirements of the warning notice in relation to: Safe care and treatment, Person centred care, Staffing, Consent and Good governance of the Health and Social Care Act 2008. Regulated Activities Regulations 2014.

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

The inspection was carried out by 2 inspectors

#### Service and service type

Portland Street 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. Portland street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced, and we visited the service on 16/05/2023.

## 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. 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/follow up

We reviewed staff files and 4 people's care records. We spoke with 4 staff, reviewed health and safety records, and other records relating to the management of the service. We observed people's care and support and spoke with 3 people using the service. Following the inspection, we continued to seek clarification and additional information. We spoke with 5 relatives and 2 health care professionals.

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Good

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- While most risks had been identified and risk assessments were in place, we saw that on one occasion a person's risk assessment had not been updated when they sustained an incident. This meant that staff might not be aware of future risks or how to mitigate them. We discussed this with the manager who told us that risks to people using the service were discussed in professionals' meetings to ensure actions were taken to reduce future risks.
- Improvements to the environment meant people lived in a well-maintained service which was homely and fit for purpose although some areas of the home still required some cosmetic improvement. These were planned.
- There were some internal and external stairs that people could have access to but the environmental risk assessment had not addressed the risk of falls that could be associated with the stairs. The registered manager assured us they would review their environmental risk assessment and told us there was no one currently using the service who were at increased risk of falls from the stairs and people's physical health was monitored and ground floor accommodation could be made available if people could not use the stairs.
- Care plans included guidance on managing risks to people, including for risks associated with medicines, activities, and their health conditions. Staff showed a good knowledge of people's needs and agency staff could refer to one-page profiles which highlighted people's main needs and risks.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were always enough staff to meet people's needs. The provider also failed to demonstrate safe recruitment practices were in place. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- At the last inspection concerns were raised about staffing levels and staff recruitment processes were not robust.
- At this inspection we found staffing levels were in line with local authority funding. People's needs were kept under review to ensure appropriate levels of funding were in place and ensure people had the right support in relation to their needs.
- Staff and people spoken with said there were enough staff. One member of staff said, "Most of the time yes, odd issue from sickness but we manage. We have waking nights of our own now rather than agency staff so it will be much nicer, and residents will feel more secure and safe with regular people. It should run smoother." The manager confirmed there were no vacancies.
- Regular audits helped to ensure that recruitment processes were being implemented robustly. Staff were subject to pre-employment checks and monitoring through their probationary period. The provider had completed checks from 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.

Systems and processes to safeguard people from the risk of abuse.

- Staff understood people's needs and knew how to safeguard them should they suspect people were at risk of abuse or exploitation. Staff received safeguarding training and opportunities to explore positive working practices such as an open culture. Staff were supported to raise concerns and use the whistle blowing policy where necessary.
- People had access to information about the service, what they could expect and how to raise concerns. A person told us staff were approachable and they would not hesitate to raise concerns. People were encouraged to join in house meetings and had individual monthly meetings with their key worker, named members of staff. They also had access to community psychiatric support and social work. This meant people had opportunities to explore their feelings and talk about the care they were provided with and raise any concerns.

Using medicines safely

- At the last inspection concerns were raised about medicines and people's autonomy to take their own medicines, and concerns about medicine records. At this inspection we found medicines were administered safely and kept under review. Staff were trained and had their medicine competencies checked every six months. There were enough staff trained to ensure people could receive their medicines as and when they needed.
- Medicines were administered in a person-centred way. Medicines were stored safely in people's rooms and temperatures checked daily. Medicines were administered in line with prescribers' instruction. If people refused their medicines, this was dealt with in line with the providers medicines policy and flagged with relevant professionals for their advice. Medicine records were clear, and people were encouraged to take their own medicines with staff oversight.

Preventing and controlling infection

- Infection control processes were in place but not always followed by staff which could place people at unnecessary risk of infection. Staff did not ask inspectors any information on arriving at the service although the notice said we would be asked to complete a questionnaire which meant staff were not following their own internal guidance. We will review the provider's compliance with this aspect of their infection prevention and control practices at our next inspection.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection. One person spoken with confirmed staff had followed government guidance during the pandemic and wore personal protective clothing as required. A regular cleaning schedule was in place and the home was clean without unpleasant odours.

- We did not observe staff wearing PPE as it is no longer mandatory but there were plenty of stock and could be accessed when required depending on the risks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting in care homes were permitted in line with people's needs. There were separate living spaces and a garden to reduce risks of cross infection to other people.

# Is the service effective?

## Our findings

Our findings - Is the service effective? = Good

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills, and experience

At our last inspection the provider had failed to ensure all staff had the right skills and training to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who were trained and supported to deliver safe care. Staff spoken with confirmed they had an initial induction and received ongoing training and supervision. This was confirmed by staff records we inspected. Staff have their own training log ins, and this was checked weekly by the manager to ensure training was kept up to date. Observational supervisions linked to training standards were seen.
- The service's primary registration was for people with mental health needs. However, the service was also supporting autistic people and/ or people with a learning disability and staff completed basic autism training. We could not be assured people's needs were fully understood or met because there was limited input from learning disability and autism specialists and staff did not receive in depth training to help them understand the complexities of a dual diagnosis.

We recommend that the provider consider training for staff to ensure they have the right skills and competencies to meet the individual needs of people with a mental health need and or learning disability and autism diagnosis.

- One staff member said, "When starting I knew very little about schizophrenia, but I have done eLearning and webinars and team meetings with others which is a really good way of learning and sharing ideas with others." Staff did tell us about their preference for face-to-face training which they said helped them embed their learning.

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

At our last inspection the service failed to demonstrate they had considered the "least restrictive" option when making best interest decisions, in line with the Mental Capacity Act 2005. This placed people at risk of

harm. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- At our last inspection we found restrictive practices which had not been agreed as part of a best interest decision. At our most recent inspection no one was subject to a DoLS authorisation, and any restrictive practice was agreed with the person in their best interest. For example, where people had high risk behaviours which could put themselves or others at risk. Staff openly discussed this with people so parameters could be agreed, and the person could understand the reason for the restriction such as smoking in the building. Staff sought alternatives such as outside smoking areas.
- Doors were open, and people had access to the kitchen, office, and outside space. Risk assessments and care plans were in place documenting what support people needed when accessing different parts of the home and support required with personal care and accessing the community.
- Decisions were taken in line with people's needs and in conjunction with supporting professionals and family where applicable. A health care professional told us about a person who they had visited who had declining mental health. They said, "We were able to formulate a plan together working in the least restrictive way but in the patient best interest."

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law. At our last inspection the service failed to ensure people received support that was person centred. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection we found care records did not accurately reflect people's needs or aspirations and did not focus on people's quality of life. At this inspection we found the manager and the staff were forward thinking and were positive about people's attributes and skills.
- Staff supported people in the way they wished to be supported and spent time with people establishing what they wanted to do and what support they felt they needed.
- Goals and aspirations were recorded, and people were supported to make small steps towards increased independence. We noted longer more complex goals were not broken down into manageable steps. We discussed this with the manager who explained that expectations had previously been low and both staff and people using the service had institutionalized behaviours. Longer terms goals were more difficult to achieve as some people had fluctuating mental health and motivation. The manager explained staff support varied according to the persons mood and behaviour at the time.

- The culture of the service was being addressed and staff were open to change but the manager said change took time to embed.
- Assessments were ongoing to ensure a collaborative approach to meeting people's needs and ensuring unmet and changing need was being addressed by the service. We noted a few people required both mental health support and had a learning disability/autism but did not have regular input from learning disability specialists.

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

- At the last inspection people commented on the quality and amount of food available which they felt could be improved upon. Food cupboards were locked and access to snacks restricted. At our latest inspection we found well stocked cupboards and the kitchen was accessible to people.
- People had their own monies and able to purchase additional snacks if they wanted. We studied the menus which showed a varied, proportionate menu which people were involved in pulling together and shopping for themselves within the allocated homes budget.
- People's dietary needs were known, and risks associated with eating and drinking were documented. Weights were monitored for any fluctuation and reviewed in line with people's mental and physical health.

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

- At our last inspection the provider and manager had plans in place to decorate and make adaptations to the property to ensure the environment was safe and well decorated. Some people had been waiting on replacement furniture to replace damaged furniture. At our latest inspection we found most of the work had been carried out and there was a plan in place for continued refurbishment and equipment renewal when necessary.
- We found accommodation was homely and personalised and in line with people's current needs.

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

- At our last inspection we found the service was not providing a therapeutic environment or identifying changes in people's needs. At our most recent inspection we found the environment was homely and people were able to relax.
- The manager was proactive in reviewing people's needs and accessing services to support people to have positive mental and physical health. People had regular input from a range of services to review, amend medicines and to monitor their moods.
- The manager reported people had good support from community psychiatric nurses who could sign post to other services. One person told us they had experienced long wait for investigative care and treatment, but the manager was knowledgeable about health care systems and a good advocate for people and followed things up.

# Is the service well-led?

## Our findings

Our findings - Is the service well-led? = Good

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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

At our last inspection the culture of the service failed to support the provision of high-quality care and support. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found that people did not have enough choice or control and their individuality and compatibility with others had not been fully considered or kept under review. This meant some people experienced a poor outcome of care and there was a poor culture within the service.
- At our most recent inspection we found people's needs had been reviewed and this was ongoing. The care and support we observed was person centred and staff were supportive and knew people well. The manager had addressed the culture in the service by managing staff proactively, through training, support and modelling positive behaviour.
- People were encouraged to develop new skills and maintain existing ones. Staff supported people to go out and remain active. Where people's motivation and low mood prevented this, staff monitored people and tried to identify possible triggers and solutions.
- No restrictions were observed, and people were free to access all parts of the service, but consideration was given to people's privacy and personal space. The service had considered people's needs in line with the current accommodation and where possible adaptations and solutions were sought.

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

At our last inspection we found the quality monitoring systems were not robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found internal audits were not effective in identifying risks and improvements required. We found the culture was not person-centred and staffing was not in line with people's needs.
- At our most recent inspection we found the manager who had only just been appointed at the last inspection was now registered. Staff were complimentary about her management style and the support they received.
- At the last inspection incident management was poor. At this inspection things had improved but we did learn about 2 incidents after talking to a family member which had not been reported to us. One had occurred before the current management was in place, the other was dealt with and reported to health care professionals and an appropriate incident form completed.
- Health care professionals complimented the staff team and management at the home and felt this was a good service with a good culture. One told us: "They act in the best interest of patients and raise concerns when appropriate. They attend reviews which helps to provide a holistic approach to care." They described staff as "extraordinarily" patient."
- Audits were completed regularly to identify how the service was complying with regulations. A robust action plan was in place to show what improvements had taken place and what was still to be improved upon. Some environmental issues remained but these were cosmetic.
- Training statistics had improved, and there was better monitoring of this. Staffing levels were appropriate to meet people's needs.
- People had better autonomy and control over their lives and took an active role in the planning and development of the service. Staff were motivated by the changes and staff had been supported to improve their practice. Recent staff recruitment had improved morale.

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

- At the last inspection we found that the provider had sought feedback from people, those important to them and staff, however actions that had been identified did not lead to improvements within the service.
- At our latest inspection we found the service had improved their communication with people using the service, relatives, and professionals. Regular house meetings had been established and people had a named member of staff whom they met with regularly to review their plan of care, discuss any concerns, and review their progress towards agreed care objectives.
- Everyone using the service had access to outside professionals and regular internal and external reviews took place.
- Regular surveys were issued to gain feedback about the service: what was working well and what needed improving. A person using the service told us communication was good, but they felt they would like a bit more support when feeling anxious and unwell and felt staff should carry out regular checks when people were in their room. This was discussed with the person who agreed we could feed it back to the manager which we did on the day of our inspection.
- Contact with relatives was ongoing and in line with the person's needs and wishes. Communication was an area of improvement identified by families to us and discussed with the manager. They told us the actions they had taken in response to the family surveys and how they were improving communication across the whole service.

Continuous learning and improving care: Working in partnership with others.

- The registered manager and their staff had worked hard to embrace the changes necessary to improve the service and had done so in partnership with others. Training was ongoing and embedded in staff practice.

- We received positive feedback from the local authority and health care professionals about this service who said that staff were responsive to people's needs and identified changes quickly and were able to seek support in a timely way. One professional told us, "From what I have observed, the staff are friendly, well trained, and professional. They are very caring, and helpful. They complete paperwork and care plans promptly and assist in filling in activity plans with the service users."
- Another professional told us, "Communication has improved, and they take on and act on feedback" Families felt engaged and could see improvements within the service. One family felt heavily involved and praised the collaborative approach.