

Achieving Aspirations Community Interest Company

Greenacres

Inspection report

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17 February 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

Greenacres is a domiciliary, short break care service that offers people with learning disabilities the opportunity to have a break away from home with personal care support provided. Personal care support was also offered to people in their own. At the time of our inspection there were six people using the service.

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.

Right care:

Care was planned and delivered which promoted and supported people's dignity, privacy and human rights. The staff team took time to understand people's specific personalities, routines and behaviours to ensure their support was consistent and individual to them.

Staff ensured people experienced a smooth transition into the service. Care was planned and delivered according to people's needs, wishes and choices.

Care records contained clear information covering all aspects of people's individualised care and support. Information about people was written in a respectful and personalised way.

Right support:

People received care which was focused around their needs and preferences by staff who were passionate about improving people's quality of life experience and help them reach achieve their aspirations.

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

People had their needs assessed prior to receiving care and support. Staff worked with various social and health care professionals to meet people's needs and keep them safe.

Right culture:

The provider's vision and values demonstrated a passion to maximise people's choices and control over the way their care was delivered. This was embedded in staff practices. People's relatives were complimentary about the quality of care provided.

Staff demonstrated awareness of how to recognise abuse and understood their responsibility for reporting safeguarding concerns.

Suitable numbers of trained staff were employed to support people which meant that they were supported by a consistent staff team who knew them well. Staff told us they were supported well by the management team and trained to meet people's needs.

Safe recruitment practices were used to ensure people were supported by staff who were of good character. A number of incentives had been introduced to improve the ability to recruit and retain staff.

The provider maintained good oversight of the service through effective systems for quality and safety monitoring.

There was a complaints policy and process in place. No complaints had been received.

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

Rating at last inspection

This service was registered with us on 12 January 2020 and this is the first inspection.

Why we inspected

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

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service until we 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 effective 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.

Greenacres

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 Care Act 2014.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

This service provides a short break service including personal care and support to people living in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for short break services. This inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection

Inspection activity started on the 16 February 2022 and end on the 17 February 2022. We visited the office location on the 16 February 2022.

What we did before inspection

We reviewed information we had received about the service since their registration. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using their body language.

We spoke with four members of staff including the nominated individual, acting manager and two support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were a range of measures in place to safeguard people from the risk of abuse.
- The management team understood their responsibilities for reporting safeguarding concerns to the relevant authorities.
- Staff had received training in safeguarding procedures and knew how to report any concerns relating to people's welfare.

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

- People had care and risk management plans in place regarding their care and support needs. Risk management plans guided staff in the steps they should take to keep people safe. For example, in the safe use of mobility equipment, and how to prevent the risks associated with choking, epileptic seizures and acquiring infections.
- Staff had been trained in the management of people's emotions and behaviours which may present a risk to themselves or others. Care plans described the triggers for people's anxieties and how staff should support people to help reassure them and de-escalate any heightened emotions.
- Staff had completed fire safety and health and safety training. Emergency plans were in place to ensure people were appropriately supported in the event of a fire.
- The service had a system in place to record and monitor any accidents or incidents. Actions and outcomes were documented and discussed as a learning tool in meetings and staff supervisions.

Staffing and recruitment

- At the time of our inspection there were sufficient numbers of staff on duty to meet people's needs. Staffing rotas were organised to ensure people were supported with the numbers of staff required to meet their assessed needs.
- A number of incentives had been introduced to improve the ability to recruit and retain staff.
- Required recruitment safety checks had been carried out to ensure that staff employed were suitable to carry out the work they were employed to perform.

Using medicines safely

- Records showed people were receiving their oral medicines as prescribed and staff carried out regular checks of people's medicines.
- Staff had received medicines management training and had their competency regularly assessed.
- People with specialist medicines such as 'emergency or rescue' medicines for epileptic seizures had a thorough plan and risk assessment to guide staff. Staff supporting people with epilepsy had been trained in

the administration of these specific medicines.

Preventing and controlling infection

- People were protected from the spread of infection. Staff had been trained in safe infection control practices and had access to current guidance and personal protective equipment (PPE) to help keep people safe.
- We were assured that the provider was implementing and monitoring COVID-19 testing for staff and safe infection control practices.
- There were robust screening systems in place for visitors to the service to ensure people were protected from the risk of cross infection.

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

- Pre-admission assessments were completed before people started to use the service.
- People's care needs were assessed, and a person-centred care plan devised. The plan set out how the person wanted to be supported.
- People's relatives told us they were fully involved in the assessment and care planning process. Comments included, "They have the best interest of [person's relative] at heart. They are wonderful, they know [person's relative] so well." And, "We are fully involved in the care planning. They are very flexible, and they listen to us."
- Care plans detailed up to date health guidance for staff to follow, for those people who needed support with their health conditions.
- The diversity needs of people were considered as part of this initial assessment such as people's religious preferences. Staff demonstrated knowledge of how they would support people to meet their individual diversity needs and protect people from discrimination.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained for the role they were employed to perform. This included specialist training in areas relevant to the people they supported. Staff could describe how their training enabled them to provide support that met the needs of people using the service.
- All staff had an induction when they started work, which included shadowing experienced colleagues.
- All staff had received mandatory training and were given opportunities to professionally develop and achieve additional training where relevant.
- Relatives said they were confident in the skills of the staff and felt staff had the right approach and awareness of supporting people with a learning disability or autistic people.
- One staff member said, "We are well trained and supported. This is the best place I have ever worked. I have learnt so much since coming to work here, and I have grown in confidence." Another said, "Honestly, this is the best place to work. It is such a lovely team; we all work well together, and everyone really cares about the people we support."

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

- People's nutritional needs had been assessed and regularly reviewed. Where people had risks associated with their eating and drinking there was clear guidance in their care plans for staff to follow.
- People were supported to plan and shop for their meals in line with their dietary requirements, food preferences and their individual wishes in being involved in food shopping and meal preparation.

- People were encouraged to have a healthy diet. Meal plans were developed based on people's known preferences and dietary requirements. They were provided with home cooked foods and offered alternative meals if requested or supported to go out for meals.

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

- People's health care needs were assessed. Each person had a health action plan with comprehensive information to guide staff in supporting people to stay healthy and how to access specialist support when needed. Staff had developed a hospital passport for people in the event that they needed admission to hospital. This contained all relevant information needed regarding the care and support for each person .
- Staff worked with a number of health and social care agencies to ensure provision of care and support was effective and tailored to individual needs and wishes.
- Care records evidenced appropriate referrals, including to social workers, learning disability specialists, behavioural support, speech and language therapists and physiotherapists.
- Relatives told us staff monitored their family members' health and supported them to access medical treatment when needed.

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 service operated a person-centred approach, fully respecting individuals' rights, choices and decisions. Staff were committed to encouraging people's independence and promoting this at all times.
- Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this.
- The provider information return set out their approach underpinning the support people received, stating, 'The service operates a person-centred approach, fully respecting individuals' rights, choices and decisions. The team are fully committed to encouraging individual's independence and promoting this at all times. This has proved very positive for individuals and we have seen individuals thrive, gain confidence and show signs of personal development and independence'.

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

- We observed people were at ease in the presence of staff. Staff treated people as equals and created a warm and inclusive atmosphere.
- Staff showed genuine interest in people's well-being and worked to promote quality of life.
- Relatives told us their family members had established positive relationships with others who used the service and staff. One relative told us, "I know [person's relative] is well looked after. All the staff are lovely and compassionate. The staff clearly enjoy their work and [person's relative] comes back from their stay very happy." Another relative said, "We are very lucky to have access to this service. It is such a homely, welcoming place. [Person's relative] clearly loves going there. We have seen such a big change in them, their confidence has grown since they started using the service. They have clearly done a great job."

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

- People and their relatives were able to be involved in planning their care. Relatives told us they were able to contribute to their family member's support plans.
- Satisfaction surveys confirmed people's views were sought as to the quality of care received and used in planning for improvements in the service.
- Staff understood the objectives of the service in terms of empowering people to make choices about their care. When we asked what the service did well for people, one member of staff told us, "We provide opportunities for people to be involved and make choices and we support them to live as full a life as possible."
- Staff encouraged people to be independent and to develop new skills, such as menu planning and cooking. A relative said of their family member, "They encourage them to be independent and try new things. They are so good at thinking up new ideas for activities."
- Staff were committed to the service's ethos of promoting dignity and independence. One member of staff told us, "We support the people here to be as independent as possible. It's good to see their achievements and how they grow in confidence."
- We observed privacy and dignity was respected for people throughout our visit. Staff gave examples of how they respected people's dignity and privacy for example, with personal care support tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff were committed to supporting people in a way that focused on their quality of life outcomes.
- Staff worked flexibly to support people in the way they wished. One relative told us, "They [staff] have done so much to encourage access to the local community. They understand [person's relative] is a people watcher and so they take them to places where they can enjoy this, like local cafes, the local golf course. They do provide truly individualised care."
- People had opportunities to take part in activities they enjoyed, and these were planned according to the individual's choices.

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.

- People's individual communication needs were identified and recorded during their initial assessment. Any needs identified were documented in people's care and support plans.
- Staff ensured information was available to people in formats they could understand.
- Speech and Language Therapists had been consulted to provide advice in supporting people to communicate their needs and choices.
- The acting manager told us, "All service users are unique and have their own ways of communicating. Some choose not to use any aids therefore it is important that staff get to know individuals well and understand their communication."
- Pictorial information and symbols were located around the building for individuals to recognise. For example, in the bathrooms and in the kitchen to assist people where items were located. Individual support plans had symbols and pictures to support people to recognise the content.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to concerns and complaints.
- There had been no complaints received since the service was registered.
- One relative told us, "I would feel confident to approach any of the staff if I had any concerns or wanted to complain. I feel they would listen to me and it wouldn't backfire on the care of [person's relative]."

End of life care and support

- There was no one using the service receiving end of life care and support. The provider had a policy in place in the event of someone needing this support.

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.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have a manager registered with the Care Quality Commission [CQC] at the time of our inspection.
- With support from the operations director the deputy manager had taken on the role of acting manager, managing the service until a new manager was appointed. The director told us interviews for a new manager were due to take place two days after our inspection.
- The acting manager demonstrated knowledge and experience to perform their interim role and understood their responsibilities.
- The management team were passionate about providing a person-centred service. One relative told us, "I feel like we have won the lottery. It is a fantastic service; they really care about [person's relative] and support us their family. I have no worries, they are well trained, know and understand the very complex support needs of the people they care for."
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff morale was high, and staff told us they were supported, and their views were listened to in planning for ongoing development and improvement of the service.
- The provider understood their responsibilities under the duty of candour including the need to apologise to people, and those important to them, when things went wrong.

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

- The acting manager described plans to improve people's access to the local community. For example, they recently carried out surveys of local people to look at ways to involve people who used the service in the planning of community events.
- Staff understood how to involve people and to ensure they had control of their day to day support. One staff member said, "Everyone is different, and we plan people's support and activities according to their wants and needs."
- We observed staff supported people in a way which was led by their individual, verbal and non-verbal communication.
- Staff engaged with people's representatives where people could not fully express their views and included

observations of people's reactions to ensure people's wishes were fully considered.

- People's relatives confirmed staff involved them in the planning and reviewing of people's care where appropriate, and they were listened to when they were advocating on behalf of their loved ones.
- Where people did not have the mental capacity to make their wishes known, they were also supported by independent advocates to ensure their care and support was meeting their needs and considered in their best interests.

Continuous learning and improving care; Working in partnership with others

- The management team worked with a range of professionals to ensure people had access to specialist support when needed. Records confirmed people had input from health and social care professionals such as Speech and Language Therapists, psychiatrists and social workers.