

# Achieve Together Limited

# 4 Cottage Walk

## Inspection report

4 Cottage Walk  
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Date of inspection visit:

03 August 2022

12 August 2022

24 August 2022

Date of publication:

04 October 2022

## 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

4 Cottage Walk is a residential care home providing personal care and support for up to six people with a learning disability or autistic people. At the time of our inspection there were five people using the service.

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

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

#### Right Support:

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.

- The staff team supported people to have choice, control and independence.
- Management and staff focused on people's strengths and promoted what they could do.
- The staff team supported people to identify their goals and to work towards these.
- The manager and staff team worked with people to plan for when they experienced periods of distress, so that their freedoms were restricted only if there was no alternative.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.
- Staff supported people to take part in activities and pursue their interests in their local area.
- Staff enabled people to access specialist health and social care support in the community.
- The staff team supported people with their medicines in a way that promoted their independence.

#### Right Care:

- People received kind and compassionate care, staff members were observed positively engaging and supporting people.
- The staff team understood and responded to the individual needs of the people they supported.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

- People could take part in activities and pursue interests that were tailored to them.
- The manager and staff team assessed risks people might face and acted to mitigate these.

#### Right Culture:

- The manager and staff team helped people lead inclusive and empowered lives.
- The manager had made an application to the Care Quality Commission to be registered as manager. The current registered manager was regional manager with responsibility for oversight of a number of services.
- Staff felt supported by the manager and by the provider.
- The staff team knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The needs and safety of people formed the basis of the culture at the service. The staff team understood their role in making sure people are always put first. They provided care that was person centred.
- There was a clear learning culture.

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

#### Rating at last inspection

This service was registered with us on 1 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good (published 3 March 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 4 Cottage Walk

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

4 Cottage Walk 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. 4

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager who was also a regional manager and had oversight of a number of services. 4 Cottage Walk had a manager on-site who was also the manager of another nearby Achieve Together location. They had submitted an application to be registered as manager with the Care Quality Commission for both locations.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 August 2022 and ended on 24 August 2022. We visited the location's service on 3 August 2022 and 12 August 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We received a Provider Information Return (PIR) from the service. 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. We reviewed information received into our system for ongoing monitoring of the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and spent time observing people and the care they received.

We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this service under a new registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the staff team knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff spoken with stated they had received training in safeguarding adults. Training records reviewed showed all of the staff team had completed this training.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much choice and control over their lives as possible. This was because the staff team managed risks to minimise restrictions. For example, one person liked to go out into the community a lot and so the staff team ensured they had one to one support and the use of a wheelchair to facilitate their choice and help mitigate risk.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Staff assessed people's sensory needs and did their best to meet them. Two care plans were reviewed, and both contained a sensory profile for the person concerned. These included details such as "appears to like touch" and "does not like to be alone". People had sensory items and there was a sensory environment.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. At the time of the inspection there had been three staff vacancies, however, two of these had been filled and were awaiting final information and the third was open for recruitment.
- The numbers and skills of staff matched the needs of people using the service. Staff told us staffing levels changed to accommodate changes in the needs of people who lived at the service. For example, when a new person arrived, additional staff would be on duty to help people adapt to the transition.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Managers arranged shift patterns so any agency staff used were working with established staff members to help ensure consistency for the people who lived at the service. The manager told us agency staff were

used for the mid shift and were supported by the core staff team. They told us there was never more than one agency staff at a time and there was always a shift leader on duty.

- Each person had a clear one-page profile with essential information and dos and don'ts to ensure new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. Documents reviewed showed us people were supported to develop independence regarding taking their own medication where this was appropriate.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Training records showed us all of the staff team had completed training in medication. They had also completed training in epilepsy awareness and the administration of emergency medication. Medicines competencies were also undertaken by the staff team.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. We observed the premises to be clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service supported visits in line with current guidance.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, we saw concerns had been raised in March 2022 and had been investigated in an open way, including the staff team in the process.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff told us they had an app they could use to immediately record concerns. These would be sent directly to the manager and regional manager for relevant action to be taken.



# 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 of this service under a new registered provider. 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

- We reviewed the care and support plans for two people and saw these were personalised and reflected people's needs. There was clear information regarding people's likes, dislikes and interests. There was clear guidance for the staff team on how to support people with their behaviours, choices and aspects of daily living. There was a separate health care plan.
- Staff ensured people had up-to-date daily care and support notes completed in the form of a daily diary. We reviewed daily diaries for two people, and these were comprehensive.
- Support plans set out current needs and identified ways people were independent. For example, one person expressed they would like to go to college in the future, and currently liked to choose the places they visited during the day. They were supported to do this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received or had access to relevant training. This included how to work with people with a learning disability and/or autistic people such as mental health awareness, communication tools and positive behaviour support. Additionally, staff received training specific to the needs of the individual people they support, for example, on the day of the first visit to the service, oxygen therapy training was being delivered face to face.
- There was a structured programme to update all training, and the staff team had access to and had completed a comprehensive training programme. Training due dates were audited by the manager on a monthly basis and then further reviewed by the regional manager.
- Staff received support in the form of supervision and appraisal. Staff spoken with told us they had completed both and how they were used to identify areas for learning. They told us they felt supported by the manager who would "respond to a text or call anytime day or night".

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

- People received support to eat and drink enough to maintain a balanced diet. The staff team had completed food safety and nutrition and hydration training.
- Where possible, people were involved in choosing their food, shopping, and planning their meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals and people chose where they would eat.
- People with complex needs received support to eat and drink in a way that met their personal and cultural preferences as far as possible.

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

- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment which met people's daily living needs. We observed one person had a large new television with remote in their room and another person had sensory equipment which they were using in the lounge.
- People personalised their rooms.
- The environment was homely and stimulating. For example, we saw a sensory room had been established with a variety of sensory items for different engagement.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in support plans to improve a person's care. For example, we saw letters from hospital consultants detailing care plans for medical concerns for people who live at the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions.

# Is the service caring?

## Our findings

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

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

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people.

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

- People were given time to listen, process information and respond to staff and other professionals. During the second site visit we carried out a short observational framework for inspection, where we observed care and support in the lounge for a number of people who live at the service. We saw that people received consistent positive interaction in a relaxed and homely environment and were offered choices about their care and activity.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff members communicating with people in a way they understood. We observed non-verbal people being included in decision making and involved in conversation.
- Where possible, people were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Documents reviewed showed family members had been involved in the planning of care people received, where appropriate. The service held meetings for the people who lived there, where they identified rules to live by and suggested ideas for food and activities.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Where appropriate, people had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. Staff told us people had been supported to move into

more independent living environments, such as supported living.

- Staff knew when people needed their space and privacy and respected this.

# 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 of this service under a new registered provider. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. For example, we saw changes had been made to the care and support people received when they returned from hospital and had a higher level of need. Additionally, staff told us some people were being prepared for greater independence. Daily diary notes reflected this.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were visual structures, including photographs/use of gestures/symbols and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. There were also symbols for people to use at the end of the day in their daily diaries to show how they felt the day had been.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, these detailed how non-verbal people would behave if they were happy, distressed or in pain so the staff team were aware and could take appropriate action.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

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 participate in their chosen social and leisure interests on a regular basis. For example, people were supported to go out to town to buy their toiletries and out for lunch. People who lived at the service contributed ideas for activities during meetings.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and video calls.

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

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. However, at the time of the inspection there had been no complaints received at the service.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

#### End of life care and support

- End of life wishes were contained within care plans reviewed. Whether or not the person wanted to complete these was also recorded.
- Staff members were trained in the support and management of end of life care. Additionally, staff told us bereavement services were available for staff and people who live at the service.

# 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 of this service under a new registered provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The manager was working to instil a culture of care in which staff felt valued and which promoted people's individuality, protected their rights and enabled them to fully develop. They were visible in the service, approachable and interested in what people, staff, family, advocates and other professionals had to say. They were alert to the culture within the service and spent time with staff/ people and family discussing behaviours and values.
- Managers worked directly with people and led by example. For example, when a new person came into the service, the manager would work alongside other staff members as additional support and would work shifts where required.
- The service had an on-call system to support all staff whereby there was a registered manager, a regional manager and an operations manager available at all times. Rotas identified the on-call manager. Staff spoken with stated the system worked well. The regional manager attended the first site visit to the service even though they were on leave.
- Staff spoken with told us they felt supported by the manager who was available at all times. They told us they felt able to raise concerns with managers without fear of what might happen as a result.

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 manager understood duty of candour and the need to be open and transparent when things go wrong.
- The manager made the necessary statutory notifications when things went wrong and had processes in place for reporting and investigating incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. They were supported by the registered manager who was also the regional manager, and by clear governance systems established by the provider.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect

people's rights and provide good quality care and support. We saw there were clear governance systems to give assurance of quality and to identify areas that required improvement. For example, the manager completed a driving up quality assessment audit each month, which included medication, health and safety and infection control. Additionally, quarterly audits were carried out by the provider, which included a visit to the service and a time-based action plan.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. An audit reflective of the Care Quality Commission key lines of enquiry was conducted, with a rating issued. This had a time-based action plan for improvements to be made.
- Staff were able to explain their role in respect of individual people without having to refer to documentation
- People, and those important to them, worked with managers and staff to develop and improve the service.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy and regulation to inform improvements to the service.
- The provider invested in the service to embrace change and deliver improvements. For example, they had installed a central system for governance oversight and staff had apps on their phones where they could report a concern or seek advice.
- The manager and regional manager engaged in local and national quality improvement activities. For example, the service engaged with commissioning bodies and other health and social care organisations.