

# Achieve Together Limited

## Essex Road

### Inspection report

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Date of inspection visit:  
08 June 2022

Date of publication:  
19 July 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

Essex Road is a supported living service providing personal care and support to people living with a learning disability, autism or mental health conditions. People lived in individual one bedroom flats located in one adapted building. The flats were spread over three floors and people had access to a garden at the back of the building. Ten people were using the service at the time of the inspection, out of whom seven people received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

#### Right Support

The service supported people to have the maximum possible choice, control and independence. Staff supported people to make decisions following best practice in decision-making.

Staff communicated with people in ways that met their needs.

People were supported by staff to pursue their interests. Staff ensured people had the opportunity to engage in activities which they liked.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People were involved in making decisions about

their care.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

The service had enough appropriately skilled staff, who were recruited safely, to meet people's needs and keep them safe.

#### Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

#### Why we inspected

The provider for this service changed after our last inspection (report published 13 September 2018, rated good).

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

#### 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?

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 ●

# Essex Road

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience who spoke with people's relatives by telephone for feedback on the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, regional manager and support workers. We also spoke with an external activities person who attended the service regularly to support people with arts and crafts.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- Staff received appropriate training and understood what safeguarding people meant and their duties around identifying and reporting abuse. A staff member told us, "If you see any abuse, you need to report. Report to manager. If no action, I go further, I can call CQC."
- People and their relatives told us they felt safe. One relative told us, "It's a safe environment for anyone with any difficulties."

Assessing risk, safety monitoring and management

- The service identified risks to people's health and care needs, safety and welfare.
- People's care plans contained risk assessments which outlined any associated risks and guidance for staff on how to provide safe care by minimising risks. We found risk assessments covering areas such as medicines, diabetes, community access, environmental safety and choking.
- People had Positive Behaviour Support plans in place which provided clear guidance on how to de-escalate situations where they may become anxious and/or agitated. Where people had previously displayed behaviours that challenge, such as physical aggression, staff had developed good working relationships and positive techniques that did not involve physical restraint when supporting them through difficult times when they might be unhappy.
- People had Personal Emergency Evacuation Plans in place which gave clear guidance on how to assist individuals to evacuate during an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs safely.
- Since our last inspection, the service had increased their staffing levels at night to ensure people's needs were met safely.
- There was evidence of safe recruitment practices which included obtaining proof of identification, references from previous employment and criminal records checks.
- People and relatives spoke positively of the staff. One person told us, "Staff are more qualified than other places," and a relative said, "The staff go above and beyond for people in their care."

Using medicines safely

- People received their medicines safely and as prescribed.
- Each person had a medicine care plan in which information on their medicines, including list of medicines, uses and possible side effects, were clearly documented. Medicine administration records were

clear, signed correctly and contained no gaps. Where people were prescribed 'when required' medicines such as medicines for anxiety and painkillers, appropriate guidance was in place to instruct staff on when to administer these medicines.

- People's medicines were stored securely in their flats. Staff monitored the temperature of medicine storage cabinets and recorded the opening dates of any medicines which were stored in boxes or bottles. We checked a sample of people's medicines and found that the remaining balance corresponded with records.
- Staff were trained and assessed as competent to administer medicines. One person who had epilepsy had an epilepsy care plan in place and staff knew when to administer the person's rescue medicine as per the protocol.
- The registered manager was aware of the national project STOMP, which stands for 'stopping over medication for people with a learning disability, autism or both with psychotropic medicines'. They spoke to us about how they worked with the GP to reduce one person's anxiety and behaviour medicine while relying more on positive behaviour management techniques when supporting this person.

#### Preventing and controlling infection

- Measures were in place to ensure people, their relatives, visitors and staff were protected from catching and spreading infections.
- Staff had access to appropriate Personal Protective Equipment and COVID-19 testing as per government guidelines.
- People were able to meet their families and friends safely. Comments from relatives included, "His [person's] place is clean and tidy" and "There are no restrictions on visiting, we can just turn up, don't have to give any notice."

#### Learning lessons when things go wrong

- Systems were in place to promote learning among the staff team while involving people and their relatives.
- Staff recorded and reported accidents and incidents in a timely manner. Any learning was communicated to staff in meetings and supervisions. The registered manager told us people's care plans and risk assessments were reviewed and staff provided with training where required.
- A relative told us, "If there were any incidents they would be dealt with swiftly. They would let us know. We all work together and are very happy."



# 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.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. 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

- Care was delivered in line with good practice standards.
- People received a full assessment of their needs prior to receiving care. The registered manager and the provider's internal assessment team ensured the staff team had all the necessary skills and the service was appropriate to meet people's needs.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Staff's knowledge of people's individual needs corresponded to information found in their care plans. Staff demonstrated clear understanding of people's sensory needs and the importance of their routines.

Staff support: induction, training, skills and experience

- Staff had suitable skills and experience and were supported in their roles.
- The service provided staff with a thorough induction before commencing work, which included completing mandatory training and working under the supervision of experienced staff. Staff received regular refresher training to ensure their knowledge was up to date and they remained competent in their roles.
- Staff received training in autism, learning disabilities and positive behaviour support which enabled them to have a good understanding of how to support individuals effectively while knowing what is important to them.
- Staff were also supported through regular supervisions and appraisals.

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

- Staff supported people to eat and drink according to their individual preferences. Care plans contained personalised information on people's dietary requirements and level of support required with eating and drinking.
- People were able to choose what they wanted to eat on a regular basis. Staff supported people with their food shopping. A relative told us, "It seems he [person] has a choice of food, they [staff] go shopping with him."
- Staff followed guidance from health care professionals such as GPs and nutritionists to ensure people who had any health conditions, e.g. diabetes, were supported with foods and drinks that were beneficial to their health. People's cultures were considered when being supported with eating and drinking.

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

- People had regular access to healthcare services as and when required.
- Staff supported people to their routine health appointments. Staff also made extra effort by being with people during overnight stays in hospital to ensure they remained calm and settled. A relative told us, "They [staff] are trying to do their best. They are aware of his [person's] health needs so they try and maintain a well-balanced diet because of his diabetes. They take him to the dentist, doctors etc."
- The service maintained clear records of matters related to people's health. Each person had a health folder which contained detailed guidance on their health needs, details of appointments and weight recordings. People who had specific health conditions such as diabetes and epilepsy also had separate care plans in place which provided in-depth information on these conditions, as well as, clear guidance on how to support them accordingly.
- The service worked in collaboration with other agencies including GPs, occupational therapists and dieticians, which helped achieve positive outcomes for people.

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 provided care and support to people in a way that did not impact their freedom.
- People's care plans contained clear information around their ability to make their own choices and decisions. Mental capacity assessments were carried out to confirm whether a person could make a specific decision. Staff involved professionals and relatives to support people and make decisions in a person's best interests where they lacked capacity to decide for themselves.
- We observed people who did not require close supervision to be comfortable to move freely from their flats to other parts of the building, including a communal area and registered manager's office. A person told us they could go out of their flat at any time.
- People who were subjected to restrictions, such as having their food cupboards locked for safety reasons, had appropriate assessments in place to support these practices.

# 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.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- We observed pleasant and respectful interactions between people and staff members. People felt valued by staff who showed genuine interest in their well-being and quality of life. A relative told us, "They [staff] supported my daughter through the death of her dad, explained it all to her."
- People's protective characteristics such as their disability, age and ethnicity were taken into consideration when supporting them. People and staff were matched according to their individual preferences as well as gender requirements.
- Staff supported people to attend their associated places of worship. Care plans contained information around any cultural and religious festivals people celebrated. Staff received training in equality and diversity.

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

- Staff supported and encouraged people to make decisions using their preferred methods of communication.
- Staff respected people's preferences and choices, and created an environment where people were able to express their feelings and needs freely.
- Staff knew people well and maintained good relationships with their families. A relative told us, "The atmosphere is friendly towards the family, they keep us informed."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Relatives told us staff were kind and caring, and provided care to people in a dignified manner. Staff respected people's rights and empowered them regardless of their disabilities. We observed friendly interactions between people and staff, and a setting where people were appreciated for who they were.
- Staff encouraged people to do as much as they could for themselves. Care plans contained clear guidance on the level of support each person required for different activities. We saw a person doing their dishes and tidying up their flat. Comments from staff included, "We motivate people to be more independent" and "[Person] is involved in cooking. I let her do things. I let her choose what she wants."

# Is the service responsive?

## Our findings

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

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care and support that was tailored to their individual needs.
- Staff spoke knowledgeably about specific things important to each person, such as health conditions, habits and abilities. Staff made reasonable adjustments to ensure better outcomes for people. For example, people with sensory sensitivities were supported in ways which was comfortable and stimulating to them.
- People's care plans were highly person-centred and contained detailed guidance around their support needs, as well as, life histories, things important to them, skills and aspirations. We found the following statements in people's care plans, "What is important to me: meals at the pub" and "I like being told I look lovely, I will smile and give you a thumbs up."

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.

- The service supported people to communicate and receive information in their preferred ways.
- Care plans contained detailed and personalised information on how to communicate with each person effectively. One person for whom English was not their first language had key words in their care plan translated in their native language to promote dialogue and understanding with staff.
- We observed people communicating with staff by using signs. One person's care plan contained the statement, 'Staff have supported me to attach Makaton signs to my feelings and I am getting better with this.'
- Staff ensured people had access to information in formats they could understand, including pictures and easy-read documents.

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 had the opportunity to participate in a variety of activities which enabled them to remain socially active.
- We found evidence of people engaging in activities which were meaningful to them, including swimming, bowling, going to the cinema, picnics in the park and visiting places. Some people also attended day

services.

- We observed a group of people and staff interacting pleasantly while doing the gardening. Some people received support from an external activities person who came in regularly and did arts and crafts with them. We found art works posted on the walls in a person's flat. The activities person told us, "They [people] engage in the activities, you can see the progression."
- The service had arranged for some people to go on holiday to Butlin's and they were excited about this. A relative told us, "They have family parties which are well attended."

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.
- The service had a system in place to manage complaints. The manager talked us through the process of how complaints were received, investigated and outcomes were communicated to complainants in a timely manner.
- People and relatives were happy with the service provided. A person told us the names of the staff members they would speak to if they were not happy about something. One relative told us, "If any problems they deal with it."

End of life care and support

- Although the service was not providing end of life care to anyone at the time of the inspection, systems were in place to ensure people received appropriate and compassionate care at the end of their lives.
- The registered manager engaged with people's loved ones and recorded any last wishes and other end of life requirements people had.

# 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.

At the last inspection under the previous provider, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems in place to monitor the quality and safety of the service.
- At our last inspection we were not fully assured that there were sufficient staff at night to support people safely due to their complex needs. At this inspection we found additional staff had been deployed at night to ensure risks were safely managed.
- The registered manager and provider carried out regular audits to monitor quality performance and improve the service.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. Staff understood their responsibilities and worked as a team to provide effective care to people.

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

- The staff team created an open and fair culture where people felt in control of their care and support. The service ensured people's preferences, needs and aspirations informed any decisions, and provided care that was respectful and responsive to them.
- The registered manager promoted equality and diversity in all aspects of the running of the service. They worked directly with people and led by example.
- People and relatives spoke positively of the service they received. One person told us, "It is a happy place." Comments from relatives included, "The service is really good. I wouldn't want him [person] anywhere else. The staff go above and beyond for people in their care. It gives you peace of mind." And, "They are more proactive. He's [person] more settled now. They have slowly improved, they seem to be better."
- Staff felt able to raise concerns with the registered manager. Comments from staff included, "If we have any issues we ask the manager, she's very helpful" and "This place is the best place to work."

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

- People, and those important to them, worked with the registered manager and staff to develop and improve the service.
- People had the opportunity to take part in 'tenants' meetings where they were able to express their views. The service maintained close working relationships with relatives whose feedback were constantly sought.

- The service worked in partnership with other organisations such as local authorities and health and social care professionals to provide effective collaborative care.
- The registered manager understood their responsibilities to be transparent with people when things went wrong and to notify the CQC of any significant events at the service.