

# Achieve Together Limited

## 23 Perryn Road

### Inspection report

23 Perryn Road  
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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

### About the service

23 Perryn Road is a residential care home providing care and support for up to eight people with a learning disability. At the time of our inspection eight people were living at the service. Some people also had complex needs including needs associated with mental health.

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.

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

People were treated with dignity and respect and supported by staff who were caring.

A professional said they had seen staff "providing really good, respectful person centred support."

Relatives said people's care needs were met. Their care plans were developed with them and set out their likes, preferences and communication needs. People were supported with their medicines safely and to access healthcare.

Staff received induction, training and supervision and felt supported in their roles. There were appropriate staff recruitment processes in place to ensure the provider only employed fit and proper people.

There were systems in place to monitor the quality of the service and identify when improvements were required. People, their relatives and staff were asked to give feedback about the service. Relatives felt involved in people's care. They knew how to raise concerns and felt they would be listened to if they did.

There were procedures in place for preventing and controlling the spread of infection.

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.

We have made a recommendation about maintaining records so there were always complete and accurate records of people's care.

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

### Right support

Staff supported people to have choice and control over their daily living and encouraged them to be independent. People's care plans promoted their independence and set out goals that were meaningful for them. Staff supported people to achieve these. Staff supported people to take part in activities and access their local area safely. People were involved in making decisions about their home environment and were able to personalise their rooms.

#### Right care

People who had individual ways of communicating, including using body language, sounds and pictures could interact comfortably with staff because staff had the necessary skills and experience to understand them. 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.

#### Right culture

Staff turnover was low, which supported people to receive consistent care from staff who knew them well and with whom they could develop trusting relationships. People received good care and support because trained staff knew how to meet their needs and wishes. People and those important to them, including advocates, were involved in planning and reviewing their care. The provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to be involved in the service.

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

#### Rating at last inspection

This service was registered with us on 1 December 2020 under a new provider and this is their first inspection. The last rating for the service under the previous provider was good published 10 February 2020.

#### Why we inspected

This was a planned inspection based on the date of registration. 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 using our intelligence models and we will return to visit when indicated. 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** ●

# 23 Perryn 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 conducted by one inspector.

23 Perryn Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, a visiting adult social care professional, the deputy manager and the registered manager. 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 a range of records. This included two people's care records and medication records and two staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including training and quality assurance records.

#### After the inspection

We spoke with four relatives of people who use the service, two staff and seven health and social care professionals who have worked with the service. We continued to seek clarification from the provider to validate evidence found. We requested more records relating to the management of the service, such as care plans and staffing information and health and safety management information.

# 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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The registered manager arranged shifts so there were enough competent staff to support people to stay safe. Staff worked to provide prompt support to people, although we saw this could be demanding for staff when individuals expressing distress needed attentive care or support with some activities. We saw the provider had recently reviewed staffing levels to address this with more staff on each shift in the morning and afternoon.
- Most of the staff had worked at the service for a number of years. This meant people were supported consistently by staff with whom they could develop trusting relationships. Relatives and professionals confirmed this.
- The provider had appropriate recruitment processes to help make sure they only employed suitable staff. These included checking an applicant's work history, identity and previous employment references and obtaining criminal records checks from the Disclosure and Barring Service.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so.
- Staff had training on how to recognise and report safeguarding concerns. Staff we spoke with knew how to do this, including using whistleblowing processes.
- There were suitable systems in place for recording and monitoring staff handling people's money. The registered manager checked these records regularly. This protected people from the risk of financial harm.
- The registered manager discussed safeguarding adults issues at regular team meetings to promote staff awareness.

### Assessing risk, safety monitoring and management

- The registered manager assessed and supported people to manage risks to their safety and well-being. People's care and risk management plans set out risks associated with daily living such as with bathing, using the communal kitchen, going out and medicines support and actions for staff to reduce those risks. These plans were reviewed and updated periodically. People's relatives told they felt people were safe.
- The registered manager supervised a range of checks to maintain a safe living environment. These included water, electrical and gas safety tests and checks of rooms, furniture and windows for any hazards. We saw the service worked with a maintenance team to address any repair issues promptly.
- There were appropriate fire safety arrangements in place, which included staff supporting people to practice evacuations. There were provisions to help the service continue in the event of an emergency, such

as significant staff illness.

#### Using medicines safely

- People were supported by staff to take their medicines as prescribed. Staff followed suitable systems and processes for ordering, administering, recording and storing medicines safely, including controlled drugs.
- Staff used medicines administrations records (MARs) to record when they supported people to take medicines. We saw the MARs provided information for the safe administration of the medicines and staff had completed them appropriately. There were also protocols for supporting people to take 'when required' medicines, such as for pain relief or in an emergency.
- Staff had completed training on how to administer medicines to people safely and the registered manager had assessed their competency to do this.

#### 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 were assured that the provider was preventing visitors from catching and spreading infections.
- The service facilitated visits for people living in the home in accordance with the current government guidance. However, the service had not always clearly identified and recorded people's 'Essential Care Givers'. We raised this with the registered manager so they could update people's care records promptly.
- We were assured that the provider was admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely. The registered manager had assessed staff competency in using this PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- The registered manager had a system for recording and reviewing incidents and accidents when these occurred. This included taking further actions to reduce the likelihood of re-occurrence. For example, the registered manager arranged for healthcare professionals to re-assess a person's eating and drinking support after they experienced an incident while eating.
- The registered manager and the provider monitored incident and accident reporting to help ensure this took place and to identify learning and improvement opportunities for the service.



# 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

- The provider assessed people's care needs before they moved to the service. These assessments informed people's care plans with information about their support needs, health and preferences. Care plans were up to date and reflected a good understanding of people's needs, including assessments of people's communication support and sensory needs. Plans also considered people's age, ethnicity, gender and expressions of sexual orientation (meaning whether someone was heterosexual, lesbian, gay or bisexual).
- Positive Behaviour Support (PBS) plans were in place to help staff support some people when they experienced distress or agitation. For example, when a person expressed a lot of anxiety or had difficulty responding to a situation they did not like. Plans set out proactive and reactive ways for staff to support people at these times. We observed staff support people in line with these plans.

Staff support: induction, training, skills and experience

- Staff we spoke with appeared competent and knowledgeable about people's needs. Staff had completed a variety training so as to be competent to support people. This included basic life support, health and safety, autism awareness, COVID-19, PBS and safeguarding adults. Staff told us training was helpful and they could also request this when they wanted it.
- The managers and senior support staff supported staff with regular supervisions and appraisals. Staff told us they found these sessions beneficial, helped them to develop and that their managers were supportive.

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.
- Staff involved people in preparing meals and a weekly timetable helped people take turns at this. People were offered or supported to make drinks throughout the day. We observed people having dinner and this seemed a relaxed, unhurried time and people appeared to enjoy their meal.
- People's food preferences were recorded in their care plans. There was specific guidance in place on how to support people to eat safely when they were at risk of choking and we saw staff follow this.

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

- The home was warm, suitably ventilated and lit to meet people's needs.
- Communal areas such as the dining room, lounge, kitchen and staircase appeared clean. Some areas had recently been redecorated. We saw a large, colourful mural that staff had helped people to contribute ideas towards. The provider was in the process of refurbishing other areas, such as a downstairs washroom.
- People were able to personalise their bedrooms with their own furniture and decorations. Some people were having new furniture delivered and installed when we visited. A relative and a professional told us they

felt the people they visited had bedrooms they liked and suited them.

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

- The service supported people to meet their day-to-day health needs. Relatives told us they felt staff were proactive in noticing if a person may be unwell, helping them to see a doctor and keeping their relatives informed about this.
- People were supported to attend annual health checks to help them stay well. The service made appropriate referrals to other services to meet people's needs, such as positive behaviour support practitioners and speech and language therapists. Professionals told us staff worked with them, supported their involvement and followed their recommendations.
- Staff had helped people to receive COVID-19 and flu vaccinations. This included supporting a person with a 'de-sensitisation programme' so over time and at their own pace they became used to the injection process and did not experience distress. A professional told us a staff member's positive relationship with the person was instrumental in this being successful.
- People's care plans described the support they needed to manage their oral care and staff helped them with this. Staff supported people to see a dentist regularly.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the MCA.
- Staff empowered people to make their own decisions about their care and support and could describe how they supported people with this. For example, offering choices about activities to do and respecting when a person might refuse as medicine. Staff had completed training on mental capacity and DoLS awareness.
- The registered manager had worked with the local authority when they found a person lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. They recorded when a person's deprivation of liberty had then been authorised.

# 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

- People received respectful and caring support.
- Relatives and professionals spoke positively about staff and said they had supportive, respectful relationships with people. A relative told us, "[The staff] are like another family for [their family member], [the person] seems quite happy." A professional described staff as "helpful, polite and professional."
- We observed staff speaking with people in a kind, calm manner. They adapted their approach depending on the person they were interacting with.

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

- Staff respected people's choices and worked to accommodate these. For example, offering planned activities or alternatives when someone did not want to do this. Staff supported people to take part in reviews of their care plans. This gave people opportunities to be involved in making decisions about their care.
- Relatives told us they felt involved in people's support and care plan reviews. One commented, "Absolutely, they know I like to be involved." Relatives said staff kept them updated on their family member's health and well-being and decisions about their care.
- The service worked with people's advocates. This also helped to give people using the service a voice.

Respecting and promoting people's privacy, dignity and independence

- Relatives and professionals told us staff treated people with respect and dignity. A relative said, "When I am there they always respect all the residents" and a professional commented that staff were "very respectful." Staff had completed training on promoting people's dignity and explained how they did this while supporting people with their personal care. Staff supported a person to use discreet phrases when explaining they might need personal care support so that this did not cause them anxiety.
- Staff described how they helped people to do some things for themselves, such as washing, choosing clothes and dressing. A professional also told us how staff respected a person's independence and how they preferred to spend their time.
- The care plans we saw had a focus on helping people develop skills in their everyday lives, such as cooking sessions, making smoothies and cleaning. This helped people to be more involved and independent in their daily living.

# 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

- People received care and support that was personalised and responsive to their needs. Relatives told us they felt people's support met their needs. This included needs related to protected characteristics, such as a person's disability or beliefs. For example, staff recognised attending their local church was important to a person and supported them to do this when they wanted to.
- People's care plans provided personalised information about them, such as some life history, support needs, likes and dislikes and what was important to them. For example, plans described what products people preferred when washing or the manner in which staff needed to initiate a conversation with a person so they did not provoke anxiety for them. One professional told us, "[The people] need to be approached in particular ways and it seems staff are very familiar with them, they know the best ways to do this." Another said, "[Staff] are very respectful of [the person's] needs and wishes."
- People's preferences, such as the gender of staff helping with personal care or an aversion to routines, were identified and staff supported these.

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 meet their communication needs.
- People's care plans set out their communication needs and their preferred methods of communicating with others, such as when a person didn't use words for this. Staff had completed effective communication training and appeared to understand individuals' needs and when people were trying to tell them something.
- Plans described how a person may prefer and respond to different sensory stimuli, such as noises, things they may like to touch and their personal space. We saw staff supporting people in line with these plans.

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

- The staff supported people to maintain relationships with people important to them. Relatives told us the staff facilitated their visits and helped people stay in contact with telephone and video calls. A professional also told us staff encouraged family contact.
- Staff and relatives said staff supported people to do things that were meaningful to them. For example, karaoke, dancing, drumming, arts and crafts, yoga and exercise sessions, and going to local parks. Some

people went out shopping independently. Other people's care plans set out what staff needed to be aware of so that it would be a positive experience for them when being supported to visit a shop, café or park . For example, when a person might become anxious about a crowded place or when they saw people walking their dogs.

Improving care quality in response to complaints or concerns

- There were systems in place for responding to people's complaints. The registered manager reported the service had not received any complaints over the last year.
- We saw there was easy read information available for people on how to make a complaint. People's relatives told us they hadn't needed to complain about the service, but knew how to raise a concern and were confident they would be listened to.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff kept daily notes of the care and support provided to people. We found that sometimes these notes did not record much detail about the activities a person had been supported with or offered so as to always be accurate and a complete record of their care. We discussed this with the registered manager so they could review daily recording practices with staff.

We recommend the provider consider and implement good practice guidance on effective care and support recording and takes action to update practice accordingly.

- Keyworkers also completed monthly reports, with pictures, that set out daily living achievements people had been supported with, such as attending a health appointment, joining in a drumming session at home or visiting local parks. A key worker is a staff member who has responsibility for overseeing the care planning process of specific people who use the service and to promote continuity of care.
- The registered manager supervised regular checks of the service to monitor the safety and quality and make improvements when required. They reported on service issues to the provider on a weekly basis. This helped the provider to monitor issues such as staff training, recruitment, health and safety, building maintenance, PPE provision, COVID-19 testing and incidents or accidents.
- The registered manager attended weekly managers meetings with the provider and stated they felt supported in their role. They attended local managers forums or network groups to keep abreast of social care developments.
- The registered manager notified the CQC of important events as required. The ratings for the last inspection were displayed at the home and on the provider's website. This helped to inform people about the quality of the service.

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

- One person told us they liked living in the home. Relatives said they thought the service was well-led and met people's needs.
- Staff told us they felt morale at the home was good and spoke with pride about working together to support people, especially through the pandemic. One said, "It is one of the best places I ever worked."
- The managers were visible in the service and worked shifts on the staffing rota to provide care and support to people along with their team. The registered manager said this helped them understand how people's

needs were changing. Relatives spoke positively about the registered manager. Their comments included, "Very pleased with [the registered manager]" and "Never says [they are] busy, always gives me the time."

Continuous learning and improving 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

- The registered manager demonstrated a sound awareness of duty of candour responsibilities. We saw they had also discussed these with staff at a recent team meeting.
- The provider conducted regular quality assurance audits to monitor the service and identify improvement actions. We saw action plans were developed and implemented in response to these audits.

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

- Staff held regular 'house' meetings with people where they talked about different aspects of the service, such as redecorating, staying safe at home and in the community and menu planning. Three people had completed a feedback survey several months before our visit and had spoken positively about the service. These opportunities enabled people to influence their care.
- Relatives said they felt involved in the service. One relative commented, "They always let me know what I need to know." Six relatives had completed a survey in the year before our visit and had given favourable feedback. One respondent had commented that the service provided a "loving and caring environment."
- The registered manager held regular team meetings to discuss the service. This included topics such as people's and staff well-being, COVID-19, recruitment and safeguarding. Staff said they felt involved and listened to and could contribute ideas towards the running of the service.

Working in partnership with others

- The service worked in partnership with other organisations to provide coordinated care and support, such as health, social care and advocacy providers. A professional told us, "Anything they are worried about, not sure about for a [person], they ask and get advice."