

# Achieve Together Limited

## 52 Croydon Road

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service 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 autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

52 Croydon Road provides personal care to people with a learning disability in a supported living setting. People using the service lived in a single 'house in multi-occupation' and shared communal facilities. 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. At the time of our visit, the service supported nine people with personal care needs.

### 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

The model of care and the setting supported people's independence, control and choice. People were supported to promote and maintain their independence. People determined how they wanted to spend their day and things they wanted to do. Staff worked with them to achieve this.

### Right Care

Care and support was tailored and delivered based on people's individual needs and preferences. People received care which promoted their dignity, privacy and human rights. People confirmed they were treated with respect.

### Right culture

The provider and staff working at the service understood the values of the service and they promoted a culture that encouraged inclusion, diversity and empowered people to achieve positive outcomes.

Risks to people were properly managed to reduce the risk of harm. Lessons were learned from incidents and accidents; and when things went wrong. Staff had received training in safeguarding adults and knew what actions to take to protect people from abuse. There were enough staff available to deliver care and support to people in a safe way. Medicines management was safe. Staff followed infection control procedures to reduce risks of infection.

People's needs were thoroughly assessed following best practice guidance. People were supported to maintain good healthy diets. Staff supported people to access health and social care services to maintain good health. There were systems in place that ensured people continued to receive an effective service when moving from one service to another.

Staff told us and records showed staff were supported to be effective in their roles. Staff and the manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

People were involved and supported to express their views about their care and support. Staff communicated with people in the way they understood, and people were given information in formats they understood. People's care plans were reviewed and updated regularly to reflect their current needs.

There was a complaints procedure available. People knew how to complain if they were unhappy with the service. The views of people were sought about the service and used in developing it. The quality of the service was regularly assessed. The provider worked in partnership with other organisations to develop 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)

#### Why we inspected

This service was registered with us under a new provider on 26 November 2020 and this is the first inspection since their new registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 52 Croydon 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.

#### Inspection team

The inspection was carried out by one Inspector, and a member of the CQC medicines team.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 no manager registered with the Care Quality Commission at the time of our inspection. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We also reviewed information we held about the service which included notifications of events and incidents at the service. 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.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided, three care staff members and the service manager. We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and nine 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse as the systems and processes in place supported this. People and their relatives told us the service was safe. One person said, "I'm happy and safe here." Another person commented, "The staff help me stay safe. They are nice to me."
- Staff were trained in safeguarding adults. Staff were aware of their duty to protect people from abuse. They told us they would report any concerns to the manager who they believe would act appropriately. Staff also knew how to whistleblow to external authorities if needed to safeguard people.
- The deputy manager and manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management

- Risks to people were effectively managed to promote their safety and well-being. Risks were assessed covering various areas relating to people's mental health conditions, physical health, behaviours, accessing the community and activities of daily living.
- Relevant healthcare professionals were involved in assessing risk to people and devising management plans to enable staff to support people appropriately. We saw Positive Behavioural Plans (PBP) in place for people whose expressed distress or anxiety. The PBP plans were developed by trained and experienced professionals. The plans were detailed and provided guidance to staff.
- Staff understood the individual risk management plans in place to minimise the risk people were exposed to. They understood people's individual needs followed steps to support people's safety.
- Risks were reviewed on an on-going basis and management plans were updated to reflect people's current situations. Staff completed daily notes and progress reports, and these were used to monitor people's progress and risks.

Staffing and recruitment

- There were sufficient numbers of experienced staff to support people safely. One person told us, "Staff are here always. They take me out every day and I do the things I want to with them."
- The service was commissioned to provide 24 hours support based on people's needs. Where people required one-to-one support to access the community or to undertake an activity, we saw this was in place. We observe staff provide individual support to people as needed.
- The staffing rotas reflected this level of service. Staff told us they were sufficient on duty to safely support people. They had a pool of flexible staff who covered staffing shortfalls or emergency absences.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit

and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

#### Using medicines safely

- People received their medicines safely. Care plans documented the support people required with managing their medicines. This included people's choices in approaches to medicines administration supporting a person-centred approach.
- Staff were trained in medicine administration and management; and their competency checked through supervision to ensure they continued to follow safe procedures.
- There were individual medicine protocols in place for the management of 'as when required' (PRN) medicines. Staff knew when people needed to take their PRN medicine. Record showed staff only used PRN when necessary. Medicine administration record charts (MAR) were signed legibly and correctly by two members of staff.
- Medicines were stored in a locked cupboard in the office and in individual people's rooms. Appropriate temperature monitoring was in place. There was system in place for ordering, checking in/out and returning unused medicines; and records of these were maintained.
- Regular medicine audits took place to monitor medicines management within the service.

#### Preventing and controlling infection

- There were systems to reduce the risk of infection in line with government guidance. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff wore facemasks as they supported people. They used appropriate personal protective equipment when needed. Staff had received their vaccinations and carried out regular COVID tests. People told us they had taken their vaccines and were also supported to follow government guidance on COVID.
- The environment was clean and hygienic. Visitors were asked to show results of recent COVID tests. Temperature checks was also conducted for visitors and given facemask to use.

#### Learning lessons when things go wrong

- Lessons were learnt from incidents. Incidents and accidents were reported in line with the provider's procedures. These were reviewed by the manager and actions put in place to reduce risk and reoccurrence.
- Meetings were held with staff on a regular basis to share learning from incidents and actions to promote people's safety. We saw one person's care plan and risk assessment had been reviewed and updated following an incident and staff had been provided with training to enable them to support the person appropriately.



# 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

- People's needs were assessed before they started using the service. The assessment process was completed by trained and experienced members of staff from the provider. The assessment process involved meeting with the person, their relatives and other professionals involved in the person's care and discussing their needs and support; and goals people wanted to achieve.
- As part of the assessment process, reports from various agencies involved in the individuals care and treatment was reviewed and used in deciding if the referral was suitable for the service.
- Assessments covered various areas such as physical health, mental health, nutrition, eating and drinking, socialising, accessing community facilities, personal care and other activities of daily living. Where people have behavioural challenges, a behavioural chart was maintained to establish their triggers and patterns so appropriate support could be put in place.

Staff support: induction, training, skills and experience

- Staff had the skills, training and experience to support people with their needs effectively. One person said, "They [staff] know their jobs and they help us a lot. They take me out and do the things I like to do. That helps me a lot." A relative commented, "All the staff are proactive and give people the support they need. They know my loved one very well and work with them accordingly so loved one is happy there."
- Staff were supported to deliver effective support to people. All new staff members completed an induction to give them understanding of the needs of people they would be supporting. Training records showed staff had received training relevant to their roles which provided them with the skills and experience to support people effectively.
- Staff told us, and records showed they received regular supervision and performance appraisals. One staff member said, "I feel very well supported. We have one-to-one meetings and we discuss anything we have concerns about and we can ask questions too and the manager will clarify." Staff also received support from the multi-disciplinary team involved through regular training, team meetings and handover meetings.

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

- People were supported to have a healthy balanced diet and to maintain their nutritional and hydration needs.
- Care plans included support people required with eating and drinking and to meet their nutritional needs. Where people required support with preparing their meals, staff provided them with the support they needed.
- People chose what they wanted to eat, and they helped themselves freely. Staff encouraged people to eat

a healthy balanced diet and knew how to raise any concerns regarding nutritional needs appropriately with healthcare services so actions could be taken.

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

- People had access to healthcare services they needed to maintain good health and well-being. One person told us, "When I'm not feeling well, they [staff] take me to the doctors." Records showed people had their health checked when required and they had a wide range of healthcare services involved in meeting their healthcare needs.
- Each person had a personal profile which contained important information about them including key contacts, background, physical health and communication needs. This is used when people move across services so that their needs would be met in a consistent and effective manner.
- People were also supported by the community mental health team (CMHT) who attended the service regularly to see people to monitor and review their well-being. Staff liaised and shared information appropriately with relevant services to ensure people's needs were met in a consistent and effective way.

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. We checked whether the service was working within the principles of the MCA.

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

- People confirmed they gave their consent for the care and support they received from the service. One person told us, "I make all the decisions about me. It's what I want that I get."
- Staff had received training in Mental Capacity Act (MCA) 2005, and they knew how to support people to consent appropriately to make decisions. The manager and staff understood their roles and responsibilities under MCA. They knew to involve other professionals where appropriate.
- Support plans documented people's capacity to make decisions and who supported them with specific decision making. People had access to independent mental capacity advocates who supported them where required in decision making. People were free and moved around the service as they wished.

# 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 care from staff who were caring and kind. One person commented, "All the staff here are lovely. They are very kind and helpful." Another person said, "They [staff] are friendly and nice. I like them because they care for us." A relative mentioned, "The staff are always very respectful and understanding. They show commitment and interest in the people they support. My loved one is very comfortable with them."
- Support plans included things important to people such as their likes and dislikes, preferences and routines. Support plans also provided information about what made people anxious and frustrated, so staff knew how to support them appropriately.
- We observed staff interacting with people. They interacted well together and respected each other. People were comfortable with staff. Staff listened to them and spoke to them appropriately and respectfully.
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. Care plans indicated what support people needed to promote these areas. People were supported to attend places if they wished. People were also supported to find love and friendship.

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

- People were involved in making decisions about their care and support and were supported in expressing their views. One person told us, "I do whatever I want. They ask me what I want to do, and I tell them." Relatives we contacted told us they were involved in planning their loved one's care and support and staff updated them with their process and shared relevant information with them.
- We observed staff discussing and involving people about their plans for the day. Staff listened and explored options with people, allowing people time to decide what they wanted. People were free to change their minds about a decision and staff respected this.
- People had individual keyworkers who supported them to express their needs and views. A keyworker is a member of staff who has the responsibility to support people individually. The manager told us people could also access independent advocacy services if needed to support them if required in expressing their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. People had their individual tenancy they

maintained. Staff supported them to live as independently as possible. We saw people go out to do their own food shopping, prepare their meals and do their laundry.

- People told us staff respected their privacy and dignity. Staff understood the principles of underpinning dignity and independence. They gave us examples of how they promoted these when supporting people and we observed staff working in accordance with these principles as they supported people.

# 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; End of life care and support

- People were supported in a way that met their individual needs and preferences. Each person had a personalised care plan which gave information about their backgrounds, history, personalities, routines, support needs and goals.
- Staff worked with people to meet their needs and achieve their goals. Staff showed they understood people's needs and we observed staff as they delivered support to people in accordance with their care plans.
- People's support plans were reviewed, and their progress monitored through regular multi-disciplinary team meetings (MDT). Staff told us they received support from their manager and members of the multi-disciplinary team involved in people's care and support. One member of staff commented, "The positive behaviour team support us to meet people's needs. We discuss any aspect of people's care we struggle with and they devise a plan to help us support the person better."
- Care plans documented people's end of life wishes. There was no one receiving end of life care at the time of our visit. The manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.

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 occupy themselves with activities they were interested in. People had individual activity plans they developed with staff to guide their daily programme. The activities included social, educational, leisure and work opportunities.
- People told us of the activities they had done recently. They talked about places they had visited and where they were planning to visit. We saw people go out with staff to the community to participate in community events.
- People were supported to maintain relationships which mattered to them. Staff supported people to visit their relatives and the service welcomed visits from relatives too.

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.

- Staff communicated with people in the way they understood using both verbal and non-verbal means methods. Where people required information in large prints or in pictorial formats this was done. People's care plans included their communication needs and how best to achieve effective communication.
- The manager told us that they would produce information in other formats such as audio, video and Braille depending on the needs of people.

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

- The provider had effective procedures in place for people and their relatives to express their concerns and complaints; and people knew about this procedure. One person told us, "I always speak to the manager about anything I'm not happy about and they sort it." One relative commented, "I know the procedure to complaint, and I will use it if I need to but thankfully, I have been happy with the service so haven't had to make a complaint."
- The manager was knowledgeable about the provider's complaint procedure. Complaints were monitored as part of the provider's quality assurance process and used to improve 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 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.

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

- People were supported and empowered to achieve positive outcomes. One person commented, "I really like it here. The staff are good. The support me to do things and when I'm going out. On the days I'm having a bad day they know what to do and say to make me happy again. I really like it here." A relative mentioned, "The service is brilliant! It meets [loved one's] needs. I know they are safe and happy."
- The service had been developed to support people improve their independence and quality of life. The provider had an inhouse therapy team who worked with people and supported staff achieve people's goals. For example, they worked with people to develop care plans tailored to their needs.
- People's needs were regularly reviewed, and actions were put in place where required to manage risks and improve outcomes.
- Staff demonstrated they understood their jobs and how to support people appropriately. They told us they had received appropriate training to deliver person centred care to people; and they were supported by their manager to be effective.

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

- There was an open culture in the service when addressing incidents, accidents and when things go wrong. These were reported accordingly and addressed in an open and honest manner. We saw records of incidents and an investigation was carried out. We saw discussions were held with staff with regards them so lessons could be learnt. Staff knew the importance of reporting incidents.
- There was currently no registered manager at the service. A registered manager from another of the provider's services was providing management support to the service. They complied with the requirements of their registration and had notified us (CQC) of significant events as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were regularly engaged in the running of the service and used the feedback received to improve the service delivered to them. Regular meetings were held with people where they discussed issues pertaining to the service.
- People told us they discussed any matters at the meetings including staffing, complaints and concerns.

These meetings were also used to share information and update people on legislations and issues relating to the service. Equality and diversity matters was discussed at another meeting and people expressed their views.

- People also had regular keywork sessions with members of staff responsible for their care and support. We saw a report of keyworker meetings held with people and people's views regarding their care were taken into account. People made comments about the service they received.
- Staff told us they were also involved in planning the service and their views were taken into consideration. One staff member said, "We get updates regularly from management about anything happening at the service and we can give our opinions and they listen."
- The quality of the service was constantly reviewed internally at senior management level from the provider and from the service commissioners. Quality audits undertaken included medicines audits, care plan reviews, health and safety checks, and recruitment checks. The provider monitored and had an oversight of events and incidents that took place at the service; and they used them to improve the service.

#### Working in partnership with others

- The provider worked in partnership with other agencies and services to achieve outcomes for people. They worked with local charity organisations to develop activities and find voluntary jobs for people. They worked closely with their service commissioners to ensure the service achieved its aims.