

Achieve Together Limited

59 Bury Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

59 Bury Road is a residential care home providing accommodation and personal care to up to 6 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 6 people using the service.

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

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.

Based on our review of the key questions safe, effective and well led, the service was not able to demonstrate they were fully meeting the underpinning principles of Right support, right care, right culture.

Right Support: People had their own individualised care plans in place, but they were not always reviewed or updated to ensure they reflected people's most current needs. There were ineffective systems in place to monitor incidents, which meant there were missed opportunities to avoid and reduce reoccurrence. There were policies and systems in place to support people's choice, control and independence, but these were not always followed. People were not always supported to have the maximum possible choice, control and independence in their daily lives. Care was not always documented to accurately reflect how staff had supported people in a positive way.

Right Care: Staffing levels impacted on people receiving person-centred care. People were not always provided with opportunities to utilise their commissioned 1 to 1 support, tailored to them to enhance and enrich their lives. However, staff had a good understanding of people's needs and the provider recognised where people responded positively to specific staff members when supporting them when anxious or upset. People were comfortable and happy in staff's presence and staff we spoke to were knowledgeable about people's needs.

Right Culture: There was inconsistent leadership at the service which resulted in ineffective governance and quality assurance systems. There were audits and action plans in place to improve the quality of care. However, these were not consistently completed and in some cases actions were not followed up or documented. This meant that improvements were not always implemented, the provider's governance systems were not always followed and issues around the quality of care and safety of the environment at the service were not always addressed. Relatives and health and social care professionals told us there had been communication difficulties with the provider, which at times had not promoted a positive working relationship around planning and reviewing people's care.

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

Rating at last inspection

This service was registered with us on 1 December 2020. We carried out an Infection prevention and control inspection of the service in January 2021, where the service did not receive an inspection rating.

Why we inspected

We received concerns in relation to staffing and safeguarding people from the risk of suffering abuse. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. The overall rating for the service is requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

59 Bury 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 1 inspector.

Service and service type

59 Bury Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. 59 Bury Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the beginning of our inspection there was a registered manager in post. However, after the second day of the inspection the provider informed CQC that the registered manager (referred to in the report as the previous registered manager) had resigned after working a period of notice and they were in the process of recruiting a replacement. In the interim, a registered manager working for the provider who is supporting the service (referred to as 'the manager' in this report) and the deputy manager will oversee the running of the service.

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 sought feedback from the local authority and spoke to 2 health and social care 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

Inspection activity started on 29 November 2022 and ended on 12 January 2023. We visited the service on 29 November, 20 December 2022 and 12 January 2023. We spoke to 4 people living at the service and 3 relatives via telephone. We received written feedback from 1 further relative. We spoke to 8 staff members including; the previous registered manager, the manager, the deputy manager, the regional manager and care staff. We reviewed 4 people's care plans, medicines administration records, incident forms, policies, records of safeguarding investigations, maintenance records, risk assessments and staff recruitment files.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not have effective measures in place to reduce fire risks at the service. There was not an up to date fire risk assessment in place. The last fire risk assessment of the service was carried out in October 2020. This risk assessment identified multiple actions which were required to promote fire safety of the premises. Whilst some actions had been resolved, the risk assessment had not been reviewed after these actions were completed. This meant the provider could not be assured that actions taken were effective in reducing the risks previously identified.
- Fire safety equipment was not always in a good state of repair. The fire door of a middle floor bedroom had a visible gap larger than the recommended size between door and floor. This meant that smoke could potentially escape under the gap in the event of a fire, rendering the fire door ineffective.
- Three fire doors were in a poor state of repair and had their laminate veneer flaking off, which could affect the integrity of the fire door.
- The fire door of the downstairs office had missing intumescent strips, which meant that the door would not be effective in reducing the spread of smoke in the event of a fire.
- Weekly checks of the fire doors had taken place, but they had not identified the issues around the state of repair. Therefore, these checks were not effective in identifying risks which required action to repair.

The failure to ensure all risks related to fire safety of the premises were mitigated was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the third day of the inspection, the manager confirmed that an external professional had been booked to carry out a review of the service's fire risk assessment. This was due to be completed on 24 January.
- Mental capacity assessments and, where applicable, best interest decisions were in place for people to ensure any restrictions related to care were considered and minimised. Comments from relatives included, "The staff are always careful not to put restrictions in place. [My relative] is free to move around as they please."
- In one example, a person had a risk assessment in place to justify the use of door sensors, which alerted staff if they left the bedroom. This was the least restrictive option as the person lived on the first floor and safety risks around the use of stairs had been identified. The previous registered manager told us this was an interim measure whilst arrangements were explored.
- Risk assessments around people's medical conditions were in place. For example, one person had a risk

assessment around their epilepsy. This detailed the steps staff should take in the event the person had an epileptic seizure. This helped to ensure there was a clear protocol for staff to follow in this event.

Systems and processes to safeguard people from the risk of abuse

- The systems to safely manage people's money were not always robust, which put people at risk of suffering financial abuse. The processes to audit financial transactions made on people's behalf were in place but records were not always checked by senior staff or the provider's finance team to identify errors or anomalies. There had incidents where one person's money went missing which at the time of our inspection were being investigated by the police.
- The provider had recently reviewed their finance management processes and put additional checks and measures in place to help ensure all money and financial transactions could be accounted for.
- People appeared comfortable in staff's presence and told us they felt safe living at the service. Relatives told us that their family members were safe. Comments included, "Staff are now on the ball. They make sure [family member] is safe", and, "I have no safeguarding concerns. I can request the care records at any time if I need to have a look [relative had valid consent]."
- The provider had a safeguarding policy in place which detailed the actions required to help keep people safe from suffering abuse or coming to avoidable harm. Staff had completed safeguarding training as part of the provider's mandatory induction.

Learning lessons when things go wrong

- The system to record and analyse incidents was not implemented effectively. On the third day of inspection, we found a number of incidents for 3 people which were not captured on the provider's computer system. This meant the provider's positive behaviour team and senior management did not always have oversight or input into analysing incidents.
- The missing incident records had been recorded by staff on paper-based forms and it was not clear what action had been taken in response. Therefore, there was no evidence that these incidents had been properly analysed and there were missed opportunities to avoid the risk of reoccurrence.

Staffing and recruitment

- Relatives gave mixed feedback about staffing levels. Two relatives felt there was consistent staffing in place which met their family member's needs, with one relative commenting, "Staff are all very good and have a good relationship [with my family member]". However, two relatives told us there had been a large turnover in staff, with one commenting, "There have been so many changes in staff. It takes time [for my relative] to get used to new staff."
- The previous registered manager told us they were not always able to provide, "Ideal staffing numbers" due to challenges around recruiting and retaining care staff. They said that ideally more staff would be deployed on shift to give greater flexibility for people to access community-based activities. The impact of staff shortages was mitigated by management staff providing hands on care.
- The provider used agency staff to cover permanent staffing vacancies, sickness or absence. Agency staff received training in line with the provider's mandatory requirements. This helped to give people a consistent staff team.
- There were safe systems in place to help ensure suitable staff were employed to work with people. This included checks into candidates working experience and character. These checks included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

Using medicines safely

- There were safe systems in place for the ordering, storage and disposal of people's medicines. Medicines

storage was secure and in line with best practice guidelines. Relatives were positive about the support their family members received around their medicines management. Comments included, "Staff keep [my family member] on track with their medicines."

- People's medicines care plans included a list of their prescribed medicines; preferred administration routines and reasons medicines were prescribed. The provider ensured people had an annual medicines review with a doctor to help ensure current prescribed medicines were appropriate.
- The previous registered manager had recognised where improvements were required around the recording of 'when required' medicines prescribed for anxiety or pain. Improvements included ensuring that the reasons for and the effectiveness of administration were recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We received concerns from one social care professional that a person's commissioned support hours were not being fulfilled. Staff did not always record when activities were offered and declined, which meant it was difficult to assess how these commissioned hours had been used. The manager told us they had spoken to staff to encourage more accurate recording around care.
- Some people's care plans required updating to ensure they reflected up to date information about people's current needs. However, staff were confident in providing support to people and had a good working knowledge of the support they required. After the third day of inspection, the deputy manager confirmed that all care plans were now up to date to reflect people's current needs.
- There were positive behaviour care plans in place. Staff used 'positive behaviour strategies' to help people manage their anxieties and de-escalate potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which may challenge. The deputy manager had recognised where people responded positively to certain staff when they were feeling worried or anxious. This helped to promote people's safety.
- People's individual care needs were determined by assessments by funding health and local authorities. The provider participated in regular reviews of people's needs with commissioning authorities to help ensure hours funded were appropriate.

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

- Aspects of the service needed decoration and updating. This included flooring and furniture in communal areas which needed replacing as it was broken or damaged. The provider had developed a redecoration plan to address these issues and work was ongoing at the time of our inspection.
- The provider had recognised where the service's environment was not always suitable to meet people's needs. The registered manager had consulted with people, relatives and professionals to help identify if changes were needed to make environment more suitable.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The deputy manager told us that during a review with a healthcare professional it was identified that one person required a DoLS application after previous assessments by the provider incorrectly deemed this was not necessary. The provider took steps to complete this application after without delay.
- All other people at the home had been subject to appropriate legal authorisations around deprivation of their liberty.

Staff support: induction, training, skills and experience

- We received positive feedback from people and relatives about staff's skills and working knowledge. Staff were intuitive about people's needs and were able to give detailed explanations about the complexities of people's support. People were comfortable in staff's company and sought them out for support and companionship throughout their day. One relative told us, "I can't fault the staff, they know what they are doing [with my relative]."
- Staff received appropriate training, ongoing support and supervision in their role. This included training, which was specific to people's needs including, epilepsy, management of challenging behaviour and dementia.
- New staff received training in line with The Care Certificate. This is a nationally recognised set of competencies relevant to staff working in social care. The provider consulted best practice guidance to ensure that staff received appropriate training updates.
- Staff's working performance was regularly reviewed through supervision with senior staff. Staff were offered the opportunity to obtain further nationally recognised qualifications in health and social care. This helped to promote their learning and build their skills.

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

- People's nutrition and hydration needs were identified in their care plans. This included details around people's preferences and information about any risks related to eating and drinking.
- People were supported to choose their meals. Staff worked with people using a range of strategies including pictures of food, to help people make a choice about what they wished to eat and drink.
- People were supported to develop independent cooking skills. The use of the kitchen and equipment was risk assessed to ensure people were only able to use if it was safe for them.

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

- People had access to regular healthcare appointments as required. This included doctors and dental appointments. People were supported to be attended by doctors when they became unwell. These quick interventions meant that people received timely medical interventions to treat illnesses.
- The previous registered manager told us they had developed a good working relationship with the local GP practice, "We have a good relationship with the GP surgeries and have found the ability to make e-consults invaluable, especially during lockdown periods where we can even include photographs for clinicians to check."
- The provider worked with specialist healthcare professionals to help meet people's specific needs. This

included, learning disability nurses, psychiatrists, neurologists and ophthalmologists (doctors who care for patients with eye conditions). There was evidence that professionals' recommendations were incorporated in people's care plans.

- One person's care was being coordinated in partnership with the local authorities learning disability team. This was due to the person being on the dementia pathway. This helped to ensure there was planning in place to meet their needs as their dementia progressed.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The systems to assess and improve the quality of care and drive improvement were not effective. For example, the provider's internal health and safety audit carried out in July 2022 had identified maintenance issues around replacing flooring and a sofa. These issues were not resolved at the time of our inspection.
- The provider's internal quality audit from July 2022 identified that care plans required updating to reflect people's most current needs. At the start of our inspection, the updates were still ongoing and were incomplete months after the issue had been identified. It was not clear how this audit was followed up or how it was effective in driving improvements.
- The provider did not always robustly follow its own internal policies and procedures around the management of people's finances. This put people at increased risk of suffering financial abuse.
- There was not a clear system to archive and store care records. The provider had difficulty in locating some current and previous care records when requested. Previous records were stored in a variety of places in the previous registered managers office, with no clear system to record where each record was kept.

The failure to operate effective systems to assess, monitor and improve the quality and safety of the services was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recognised that the service required support to develop its governance processes. The manager had been seconded to work at the service to implement actions from a quality improvement plan they had developed.
- After the second day of the inspection the provider informed CQC that the previous registered manager had resigned, and they were in the process of recruiting a replacement. In the interim, the manager and the deputy manager will oversee the running of the service. Between the second and third day of the inspection, improvements had been made to update people's care plans, improve fire safety arrangements and organise documents effectively to promote accessibility.

Working in partnership with others

- Health and social care professionals told us they had experienced challenges when working with the provider in planning and reviewing people's care. One professional told us that they had experienced communication difficulties and issues receiving requested documents from the provider when requested. They told this this made it difficult to assess the quality of care and suitability of placement.

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

- People were happy at the service, comfortable in their surroundings and in the company of staff. Relatives told us the service was a positive placement for their family members. Comments included, "They treat people individually and equally", and "[My relative] has been living there for many years, they consider it home."
- The previous registered manager acknowledged that issues at the service around staffing and finance management had affected the quality of care and morale of the staff team. They said, "I think it has been a really difficult time for everyone here."
- Management staff adopted an 'open door policy' where they regularly worked with people and alongside staff. The manager and deputy manager had a good understanding of people's needs and we observed warm and familiar interactions between people and management staff.
- The provider had a positive behavioural support team in place to help staff promote a positive working ethos at the service. The positive behaviour team were available to help mentor staff in following positive behaviour principles and minimise restrictive practice.

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 provider understood their responsibilities under the duty of candour. There were records of communications with people using the service, their families and representatives when issues, incidents or mistakes occurred.

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

- There was mixed feedback from relatives about the levels of communication with the provider. Two relatives told us that communication with the provider was good. Comments included, "The deputy manager is proactive on ensuring a person-centred approach and communicates with me regularly". However, 2 other relatives told us communication with the provider needed to improve. Comments included, "In recent months, it has been hard to get hold of the management. I would like more regular updates."
- People had keyworkers in place which helped them to give feedback about their care. Keyworkers met with people monthly to help them review their care and give feedback about activities and their wellbeing. Staff provided people with information in an accessible format, such as picture prompts or using electronic devices. This helped to ensure people could have a meaningful input into these meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure all risks related to fire safety of the premises were assessed and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance the provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service.