

Achieve Together Limited

Century Way

Inspection report

18-19 Century Way
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Century Way provides personal care to people with a learning disability in a supported living setting. People using the service lived in one of two houses with 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 four people with personal care needs.

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

We found the provider's oversight of fire risk was not effective and there were not enough staff to support people to safely evacuate at night. Some staff were not familiar with the fire evacuation equipment. These issues had not been identified through the provider's quality monitoring processes, but, were addressed promptly following the inspection.

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.

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 setting maximised people's choice, control and independence. Staff supported people to make decisions following best practice in decision-making. Staff supported people to achieve their aspirations and goals.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities or seek employment in a way that enhanced and enriched their lives.

Staff knew people well and communicated with people in ways that met their needs. Staff enabled people to access specialist health and social care support in the community.

People had a choice about their living environment and were able to personalise their rooms.

Right Care

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Risks to people's health, emotional state or behaviours were identified and staff worked with people to

reduce possible risks.

Medicines were safely managed. Staff followed good infection prevention practice.

People received kind and compassionate personalised care. Staff protected and respected people's privacy, dignity and human rights. They understood and responded to their individual needs.

Staff received appropriate training to support people and to empower them to be as independent as possible.

Right Culture

The provider had systems to seek feedback from people about the service and the support they received. Staff spoke of working to increase people's independence and empowering them to make active decisions. However, records of some meetings did not always evidence how people were involved and empowered to make decisions or give feedback. Staff notices or equipment intruded into some areas of people's homes.

Staff knew and understood people well and engaged with them. They were responsive, to their needs and wishes, and supported them to live a life of their choosing.

People knew how to complain if they were unhappy with the service.

The provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. An action plan had been developed to address some areas for improvement.

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

Rating at last inspection

The last rating for the service under the previous provider was Good published on 7 November 2019.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture and provide a rating for the service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to fire risk and staffing levels. Please see the action have asked 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below□

Requires Improvement ●

Century Way

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

An Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people in two houses, 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.

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

At the time of our inspection the registered manager had recently transferred to another service and was in the process of deregistering as manager for this service. They were present at the inspection as well as a manager who had returned to manage the service and applied to register with the Commission.

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

the service. We asked the local authority for their views about the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service in person and one person using the service by phone. We spent time observing people interacting with staff in the communal areas. We also spoke with three relatives after the inspection about their experience of the support provided.

We spoke with two members of staff, an agency worker, the new manager and the registered manager on the site visit. We contacted two staff members by phone following the site visit to seek their views about the service.

We reviewed a range of records. This included three people's care records and three medication records. We looked at three staff records and a variety of records relating to the management of the service, including meeting minutes and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for 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 reduced assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not enough staff to evacuate people safely at night from one house in the event of a fire. We asked the fire safety service to visit the service and they confirmed these findings. The provider took immediate action to address this and additional staff were put in place.
- Otherwise people received support from a small number of consistent staff that they knew well and there were sufficient numbers of experienced staff to support people safely. People told us there were always enough staff to support them. One person told us, "Staff are always here. There are always staff to go out with me and help me." Our observations confirmed that people were supported with their individual plans and needs in a timely way. The provider had a pool of staff to call on to cover any additional needs or used the same agency staff to ensure some consistency.
- The service was commissioned to provide 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.
- Appropriate recruitment practices were in place. Appropriate pre-employment checks were completed before new staff began working. This ensured staff were suitable for their roles.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People were not always kept safe from the risk of avoidable harm. Risks in relation to fire safety were not always effectively addressed. Some staff were not familiar with the fire evacuation equipment and had not taken part in a fire drill in the last 12 months to ensure they knew how to respond in an emergency. An agency staff member who worked at night in one house at the service was not familiar with how to evacuate people safely.

Risks to the safety and welfare of people using the service were not always identified or acted on. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider took action following the inspection to address these risks promptly. Otherwise staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Risks to people, for example in relation to their health, going out, emotional moods and behaviours were effectively managed to promote people's safety and well-being and minimise restrictions. Risk management plans were developed and reviewed with health professionals where appropriate. Staff understood the

possible risks people may be exposed to and how to minimise risk as well as positive risk taking to support people's wishes and independence .

- Staff understood the importance of reporting and recording accidents and incidents. Records showed that staff took appropriate actions to address accidents and incidents and where required
- Lessons were learnt from incidents and accidents to improve safety. The provider and manager reviewed incidents and accidents and analysed them for any learning or patterns and trends. Learning was shared with staff at the service in meetings and across the organisation where relevant. For example, following a concern changes had been made to the way people's finances were audited and checked to make the process more robust.

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. People using the service told us they felt safe living there and with the staff who supported them. We observed relaxed positive interactions and relaxed body language between staff and people when they provided support.
- Relatives said their family members were safe using the service. One relative commented, I know they feel safe. It's their home, staff know them well and how best to support them safely."
- There were effective safeguarding and whistleblowing procedures in place at the home. Staff told us they would report any harmful or abusive practice they witnessed. All of the staff we spoke with felt confident they would be listened to by management and appropriate action taken
- The previous registered manager had raised safeguarding concerns appropriately with the local authority and CQC. The new manager was aware of their role and responsibilities in relation to safeguarding.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. People told us they received their medicines as prescribed. There was guidance in place for staff on administering medicines; this included people's preferences about how they took their medicines. Guidelines around medicines used to help people who were experiencing distress or anxiety were followed.
- Medicines were stored securely and safely. Staff were trained in medicine administration and management; and their competency checked through supervision to ensure they continued to follow safe procedures.
- Regular medicines audits were completed to help ensure medicines were administered and errors identified.

Preventing and controlling infection

- There were systems to reduce the risk of infection. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection. People said they were supported where possible to understand infection risks and to keep their rooms and communal areas clean.
- Staff tested regularly for COVID-19 and used appropriate personal protective equipment when needed in line with government guidance.
- There was a Covid-19 risk assessment and appropriate guidance for staff to follow to keep people safe. Visiting arrangements followed government guidelines.
- The environment was clean and hygienic and staff supported people to keep higher risk areas of infection regularly cleaned.

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 at the service had been living there for several years. Their needs had been assessed before they started using the service. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- The provider reviewed their support and health care plans and consulted with people, their families and professionals to ensure their needs and preferences were met.

Staff support: induction, training, skills and experience

- People received care from staff who were supported and trained for their roles. During our visit to the service we observed staff knew how to meet people's needs. They told us they had the right training to work safely at the service. This included training to manage people's specific health needs. Staff knew how to support people's emotions and behaviour and understood possible triggers to anxiety
- Staff understood how their training and personal development related to the people they supported. They confirmed they had an induction and period of shadowing more experienced staff before they started to work on shift as well as regular supervision to support them in their roles.
- Records confirmed staff training was mostly up to date and where some training was overdue for two staff there were plans to address this.

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

- People were supported to be involved in planning and choosing what they had ate and drank. We observed people chose what they wanted to eat and drink and when they wanted to eat their meals.
- People were involved in choosing their food, in shopping and planning their meals. Two people told us they spent time with staff planning their meals and went to the local supermarket with staff to buy food. We observed one staff member speaking with a person to understand where they wanted to go out for lunch that day. Staff had pictures of meals they could use to help support people's expression of choice.
- Staff encouraged people to eat a healthy balanced diet and told us they would support people's cultural needs in relation to food choice.

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 the healthcare they needed to maintain good health and well-being. One person told us, "I see the doctor or dentist if I need to." Records showed people had health checks with relevant health care professionals involved in meeting their healthcare needs.

- Each person had a health care plan which contained important information about their health and a hospital passport which included key information about their medicines as well as their health and communication needs. This is used to ensure staff have relevant information about people when they go into hospital.
- Staff shared information appropriately with each other through handovers and 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.

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

- Staff supported people to make decisions following best practice in decision making. Staff worked within the principles of the MCA and asked for consent before providing personal care and support to people. People told us staff asked for their consent before supporting them. One person remarked, "Staff always check with me and ask what I think."
- Staff told us they received training on the Mental Capacity Act 2005 and its guiding principles. They told us that people using the service had the capacity to make decisions for themselves; but if they were assessed to lack capacity about a specific decision there would be a best interests meeting held with people who were important and relevant to the decision included.
- The manager was aware of the process to follow should there be a need to consider an application to the Court of Protection to restrict someone's liberty for their own protection.

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 told us they liked living at Century Way and were supported by kind and caring staff who knew them well. We observed people approached staff for support. People were relaxed in their outlook, body language and in their conversations with staff. Relatives confirmed they thought their family members were very happy living at the service.
- Staff members showed warmth and respect when interacting with people. We saw staff and people smiling together and sharing jokes appropriately. One person said, "Staff treat us very well indeed. They chat a lot and don't leave you left out. They help you join in what is going on."
- Staff provided care in a way that considered people's equality and diversity needs. Care plans included people's wishes and preferences about their support, and their needs and wishes in relation to their protected characteristics such as disability needs or cultural or religious preferences. Staff supported people with these needs. For example, one person had been supported to attend a place of worship. Staff received diversity and equality training and told us they would support everyone equally to ensure their needs and wishes were met.

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

- People felt listened to and valued by staff. People said they were supported and involved in making decisions about their lives. People told us they were supported to make choices about their lives, what they did each day, the food they ate, the people they wanted to see and their support needs.
- We observed one person being supported by staff to decide where they were going shopping that day and where they wanted to go for lunch. They were given time to absorb information to make informed choices and details that were important to them were explained by staff to reassure them.
- People had an identified key worker who spent time building a more meaningful relationship, with people to understand better what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their dignity. People told us staff spoke respectfully with them and respected their privacy. For example, by knocking on their door or respecting when they wanted to be alone. Staff told us how they ensured people had personal space and privacy and how they maintained people's dignity when supporting with personal care as much as possible.
- In line with the principles of Right Support, Right Care Right Culture (RSRCRC) people and their relatives told us staff supported them to be as independent as possible. For example, some people shopped for their

food, did their washing and managed aspects of their finances or other areas of their care. One person remarked, "Staff help me to do things for myself and I can talk to them if I am worried."

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

- Staff worked in a person-centred way to meet the needs of people with learning disability and autistic people. People had agreed individualised goals they worked towards and that staff supported them with. For example, one person was trying to get a new job, another person had learned a new skill in meal preparation. This followed the principles of empowerment and inclusivity and Right Support Right Care Right culture guidance.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Where appropriate, positive behaviour support planning was used. This is a recognised approach to support people's distressed or anxious behaviour in a person centred and least restrictive way.
- The last quality audit had identified for the service to consider how to further develop these areas to ensure these principles were consistently followed and maximise the opportunities to develop people's independence further.
- People had support plans which detailed their needs and wishes. They planned how they spent their time with staff support. Relatives said the support provided was personalised to their family member's needs.

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.

- People had access to information in formats they could understand. Pictorial and easy read Information about the service such as the complaints process, was available for people when needed.
- People's communication needs were assessed, and staff understood how best to communicate with people, as well as any nonverbal signals to indicate a change in mood, or a preference or dislike of something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to learn new skills and take part in a range of activities that were of interest to them. People told us staff encouraged them to develop interests. For example, one person had been supported to develop their interest in gardening, another person enjoyed dancing and a third person told us

they met a friend at a pub on a regular basis. People were also encouraged to learn and complete daily living skills such as cooking, cleaning and laundry.

- We saw from the most recent audit that further opportunities for people to develop interests and be a part of the local community were being promoted. People were supported with employment. One person remarked, "I work at a day centre. The staff help you and prepare you for working."

Improving care quality in response to complaints or concerns

- People, and those important to them, knew how to raise concerns and the complaints procedure was available in formats that people could understand. Relatives told us they had found the previous registered manager approachable and had not needed to raise a formal complaint.
- We saw where feedback about the décor of the buildings from a relative had been received that action had been taken by the registered manager to raise this with the landlord and decoration works had been agreed.
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

End of life care and support

- There were arrangements to support people at this stage in their lives should this be required.
- People's care plans included a section on how they would like to be supported at the end of their lives which included consideration of their equality and diversity needs.
- The registered manager told us no one currently using the service required support with end of life care. If this arose, they would work with people, their family members and health professionals to make sure people were supported to have a dignified death in line with their wishes.

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.

Continuous learning and improving care

- There was a system to monitor the quality and safety of the service but it was not consistently effective enough to identify the risks in relation to fire safety and staffing concerns we found.

This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Once identified the provider and manager took prompt action to address these issues during the inspection. The provider had a system for spot checks to be carried out to ensure staff were carrying out their role as expected but these had not been completed. The new manager told us they would be undertaking these going forward.

- There was a system of checks and audits across aspects of the service such as medicines and infection control. We saw these were used to identify any improvements needed.
- The previous regional quality audit of the service was detailed and had identified areas for development and improvement in an open and transparent way. The audit showed an awareness of the need to promote empowerment, inclusivity and person-centred care. There was an action plan to monitor progress.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's values of supporting people's individuality and ensuring people lived happy, healthy and meaningful lives followed RSRCRC principles. However, some aspects of the service were a little institutionalised. Staff notices and records intruded into people's living space in the kitchen or dining areas. There was a line of colour coded mops in the garden of one house which gave a more institutionalised impression. The last regional audit had identified these issues and an action plan was in place to address this.
- People told us their views about the service were sought through key worker sessions and tenants' meetings. However, while staff spoke of the importance of increasing people's independence and involvement, records of these meetings did not always appear to reflect the principles of empowerment and inclusivity. Records of these meetings needed some improvement to show how people were involved and

consulted about the running of the service, the choosing of goals or consideration of areas of skills to build on.

- Staff told us they understood their roles, worked well as a team and there was good communication between them. Some staff commented that while they had been supported by the provider during the pandemic, they felt their work during this difficult time had not been acknowledged or recognised.

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

- People and their relatives were happy with the way the service had been managed. Relatives were aware of the change of manager and some relatives expressed concern about another change. The new manager had previously worked as registered manager at the service and was an experienced registered manager. They understood the requirements and responsibilities of their role as registered manager and under the duty of candour.

- The manager was also registering as registered manager at two other locations. The provider and manager told us they would be dividing their time across all locations and felt confident this would work effectively, as all three locations had a strong staff team and deputy manager. We will check on this through our ongoing monitoring

- The regional manager and current manager had an open, transparent and honest approach which included their response to the issues we identified at the inspection.

- Staff were positive about the previous manager as well as the new manager. One staff member said, "You can talk to the managers' and they listen."

Working in partnership with others

- Staff worked in partnership with other agencies and health and social care professionals to ensure people received support that met their needs and wishes.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always provided safely as fire safety arrangements were not sufficiently robust. (Regulation 12(1))
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service were not always effectively operated. Regulation 17(1)