

# Achieve Together Limited

## 3 The Green

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

3, The Green is a residential care home providing personal and nursing care for seven people. The service can support up to eight people. People using this service have a learning disability and/or autism.

### 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.

### Right Support

The service did provide people with safe care and support. The environment needed some refurbishment and renewal. People did benefit from an interactive and stimulating environment.

People were encouraged to be as independent as possible and had choice and control over how they were supported.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support in the community.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

### Right Care

Staff appropriately assessed risks people might face, including risks associated with the environment and access to items that may cause harm to people.

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

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

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

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

#### Right culture

Staff did evaluate the quality of support provided to people to ensure continuous improvement. The service had a culture of improvement and worked to make timely improvements to enhance people's quality of life.

People and those important to them were involved in planning their care. Staff asked people, their families and other professionals for their views about the service.

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

#### Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, published on 19 June 2019 and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that the improvements required were made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this comprehensive inspection to check they had followed their action plan and to check whether they were now meeting legal requirements. We also assessed whether the service was applying the principles of Right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service is good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 3, The Green on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service is 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.

# 3 The Green

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector undertook this inspection.

#### Service and service type

3, The Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 3, The Green does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This is a person, who with the provider, are legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of their registration with the Care Quality Commission to have a registered manager.

#### Notice of inspection

We gave a short period notice of the inspection due to the risks associated with the covid-19 pandemic.

#### What we did before inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all of this information to plan our inspection.

#### During the inspection

We communicated with three people who used the service about their experience of the care provided. People at the service communicated in a number of ways, including verbal communication and through people's own signing and body language.

We spoke with two members of staff, the head of operations and the registered manager.

We used the Short Observational Framework for Inspection (SOFI) and 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 three people's care records and three people's medicines records. We looked at staff training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives and we continued to seek clarification from the provider to validate evidence found and reviewed additional management records sent.

# 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

### Using medicines safely

At the last inspection we found the provider had not always managed medicines safely and we found the issues were a breach of Regulation 12 Health and Social Care Act Regulated Activity Regulations 2014 - Safe care and treatment. At this inspection good progress had been made and measures subsequently put in place meant people now received their medicines safely and at the right time.

- Staff who gave people their medicines completed medicines training and were assessed to be competent to support people with their medicines.
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicine.
- Medicines were received, stored and disposed of safely.
- The provider carried out regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

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

- People were protected from abuse because staff knew them well and understood how to recognise and report abuse. The service worked well with other agencies to protect people from abuse.
- Staff had training on how to recognise and report abuse.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management strategies were developed to minimise these risks and keep people safe. Staff told us they found people's care plans helpful in knowing how to support people appropriately especially when they were experiencing signs of anxiety or distress. Comments included, "Care plans are well structured and do help us to support people better", and "Support plans are person centred and essential for staff to be able to assist people with their care."
- Some people experienced anxiety and distress at times. These people had positive behaviour support plans in place. We found that staff's day to day support and management of people's anxiety and distress was appropriate and met people's needs. Staff enabled people to access the local community and with reduced risks for themselves and others.
- General health and safety risk assessments were carried out. These helped to ensure the safety of the home environment and equipment for people, staff and visitors.
- Regular maintenance checks were undertaken for fire protection systems, emergency lighting systems and the fire alarm.

- Risks to people from fire were reduced because the home conducted fire drills and evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency such as fire or flooding.

#### Staffing and recruitment

- Staff rotas indicated there were enough staff on each shift to meet people's needs. The registered manager told us additional staff from other Achieve Together homes could be brought in when people needed additional support. This was confirmed by the Head of Operations.
- The provider's recruitment practices were followed to help make sure that all staff were suitable for their roles in the home. The process included carrying out interviews, criminal records checks, proof of identity and taking up two references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

#### Learning lessons when things go wrong

- A relative told us they understood their family member sometimes displayed distress and anxiety that staff found challenging. However they said staff kept them informed about these incidents and the strategies they used to keep people safe and which helped to minimise occurrences.
- Staff knew how to report accidents and incidents. Accidents and incidents were recorded and audited.
- The registered manager analysed accidents and incidents information to identify any trends or patterns and take action to mitigate the risk of further accidents and incidents.



# Is the service effective?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some communal areas of the care home looked worn and tired and in need of refurbishment and regular maintenance. The bathrooms needed renewal and some decorations and furnishings needed repairs or renewal. The lack of adequate repair and maintenance to communal areas meant that they did not meet acceptable standards nor did they meet people's needs. The head of operations and the registered manager agreed this was a priority and we were informed this work would be carried out as a priority in within the next three months. We will monitor the provider's progress on this and follow up at the next inspection.
- People told us they were enabled and supported to decorate and furnish their rooms as they wished. We inspected a number of people's bedrooms together with them and we saw evidence of this.

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

- People needs and choices were assessed. They were reviewed and updated regularly. Assessments of people's care and support needs were detailed and provided staff with the information to give people the support they required and what they wanted to achieve in terms of independence.
- People's care plans included their life history, healthcare conditions, care needs, the support they required, likes and dislikes. The information was used to plan and deliver people's care and support.
- Staff knew people well and provided care in accordance with their needs and preferences. One person said, "They know how to look after me." and a relative told us, "Yes, they are very good, they know how to look after our [family member]."
- People's support was delivered in line with current legislation and guidance.

Staff support: induction, training, skills and experience

- Staff told us they received good formal and informal support from the registered manager. We inspected staff files and found staff received supervision. The registered manager acknowledged the frequency of these formal meetings did not meet the provider's own policy to do with staff supervision. The registered manager assured us that this was recognised and showed us a new supervision matrix that set out regular six to eight weekly individual supervision for individual staff members. A new supervision format setting out the agenda of these meetings which included the direct work staff undertook with people. We were happy from staff comments we received that they felt appropriately supported by managers with their work. We will monitor the progress of this work and will review it either at the next inspection or earlier if the need arises.
- Staff told us they received appropriate induction and training that helped them carry out their jobs effectively. We saw the provider's training matrix and this evidenced what we were told by staff. Staff comments included, "I have done a lot of training and in subjects relevant to the needs of the people here"; "Training we get is helpful. We get training via e-learning and some face to face trainings."
- We saw documented evidence of staff's induction programmes and we can confirm they were

comprehensive in supporting staff with their new roles.

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

- The registered manager told us that where people were able to make decisions about their menu planning, they were assisted by staff to encourage a healthy and balanced diet. Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans, and staff had the information and guidance from dietitians and speech and language therapists where this was appropriate.

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

- People were supported by staff to meet their health needs and attend their health appointments such as with their GPs, community nurses and hospital specialists. We saw from our inspection of the records staff supported people to see medical professionals promptly if they became unwell.
- Information about people's health conditions were recorded in their health action plans and their hospital passports. We noted that people had all had recent yearly health checks with their GPs and with other healthcare professionals such as dentists and opticians.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Details of people's mental capacity assessments and best interests' meetings were in place. Where people were subject to DoLS the details of the restrictions in place to keep them safe were clearly stated. This included the nature and duration of the restriction and arrangements for monitoring. This showed the provider was following appropriate procedures to only provide care that was in people's best interests.
- Staff completed training and had a detailed understanding of consent and the procedures to follow if people lacked the capacity to make decisions about their care and welfare. A member of staff told us that when one person's needs had changed and they needed more support, as the person did not have capacity to consent a best interests meeting was held.

# 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 as 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

- Most of the relatives we spoke with were positive about the commitment of the registered manager and the staff team to provide people's care in a respectful, kind way which was meaningful to them. They told us, "The registered manager is genuinely interested in the people being supported. I think the staff are kind, caring and approachable"; "They keep us fully up to date with our [family member's] progress and they work hard to make their life as fulfilling as they possibly can." One relative told us they did not feel staff were as caring towards their family member as they might wish them to be.
- We saw staff were caring in their approach to people and understood the need to approach each person in the way they responded to best. We observed staff accompanying people out into the community to engage in their chosen activities, cooking together and sharing jokes. There was a friendly and relaxed atmosphere throughout the day.
- Staff demonstrated a commitment to people. They spoke to people with respect and gave people the space they needed. One staff member told us, "This is people's home and we do our best to ensure they're free to do what they want to do safely and to make the choices they want."
- People were supported by staff who demonstrated an understanding of people's cultural and religious needs. One person chose to go to church on a regular basis and were supported to do so. Staff were aware of the people's culture and supported them to cook specific foods they enjoyed and share them with others.

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

- Staff encouraged people to say how they wanted their care and support to be provided. People were enabled to push their own boundaries, so they could enhance the quality of their lives, but we noted this was done at the pace of the individual and kept under constant review. Staff helped people gain voluntary and paid employment in a variety of different settings such as with a gardening scheme.
- The positive support provided by the staff team had achieved success for people. It had helped them develop more of their potential and people told us this increased their happiness and wellbeing. For one person they decided they would like to work in a charity shop. With appropriate support from staff this was successfully achieved.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Comments included, "The staff do treat me with respect"; "I feel very lucky to have such good staff"; "I definitely feel respected." A relative commented, "The staff are very patient with my [family member] they treat people with dignity. I can't fault them."
- People were encouraged to maintain their independence and do as much as they could for themselves. For example, people were supported to plan, shop, prepare and cook their own meals. One person told us

how they had been supported to access the community on their own.

- People were supported to maintain and develop relationships with those close to them, to build social networks and have community involvement. Relatives were regularly updated about people's wellbeing and progress.

# 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 as 'Good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives. Relatives confirmed they were involved in their family member's care and were enabled to contribute their views. One relative commented, "We are very involved in [family member's] care. Staff communicate with us well and we discuss how [family member] is and if any changes are needed."
- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and matters that are important to them.
- Regular reviews of people's care plans were carried out so as to ensure staff met people's needs and goals appropriately.
- People were supported by a regular team of staff who knew them well to access services such as, social and leisure activities. For example, one person was supported to access college, another person a local gardening scheme.
- People were supported and encouraged to share their thoughts on how the service could support them better and improve. This was achieved for example through, keyworker and residents' meetings that were held on a regular basis.

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 had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preference and useful communication strategies for staff were documented.

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

- Staff supported and encouraged people to pursue hobbies and interests inside and outside the home environment. For example, some people regularly attend social clubs of their choosing. Other activities people enjoyed included, voluntary work as a disk jockey and in charity shops, bowling, going on bicycle rides, visiting family and friends and planning for and going on holidays.

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

- People and their relatives told us they were aware of the complaints procedure and knew how to make a complaint. One person commented, "If I have a complaint I talk to the manager."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The providers complaints procedure was readily available in different formats to meet people's needs, including an easy to read version on the notice board for all to see.

#### End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.

# 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.

At the last inspection we found the provider had not always ensured good management oversight and we found the issues were a breach of Regulation 17 Health and Social Care Act Regulated Activity Regulations 2014 - Good governance. At this inspection good progress had been made and measures subsequently put in place meant effective quality assurance audits were in place.

### Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

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 and their relatives spoke positively about the care and support provided. One person said, "They [staff] know me well and what I like to do. They help me when I need it." A relative commented, "Staff work so well with [family member] and know just how to work with them in the best way for them."
- There was a positive led culture which supported people to achieve good outcomes. Staff told us there was a strong commitment to provide person centred, supportive care to people. One member of staff commented, "We work really hard to ensure people are supported to be as independent as much as possible and to do the things that are important to them."

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

- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's

needs and the needs of the staffing team and visited various provider sites ensuring best practice.

- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided by the registered manager.

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

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- We looked at the results for the provider's customer annual survey conducted in 2022. Results were very positive showing most of the respondents felt staff treated them with dignity and respect and felt the service was a safe place to be.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support and services were made available to individuals if required, such as colleagues and places of worship.