

# Achieve Together Limited

## 374 St Helier Avenue

### Inspection report

374 St. Helier Avenue  
Morden  
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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
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|                            |        |
|----------------------------|--------|
| Is the service safe?       | Good ● |
| Is the service effective?  | Good ● |
| Is the service caring?     | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led?   | Good ● |

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee 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.

### About the service

374 St Helier Avenue is a residential care home providing personal care to seven people with learning disabilities at the time of the inspection. The service can support up to eight people in one adapted building with individual bedrooms and communal spaces.

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

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

#### Right Support:

The service supported people to have the maximum possible choice, control and independence. People were able to be independent and had control over their own lives. Staff supported people to achieve their aspirations and goals and to pursue their interests. The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go. People had a choice about their living environment and were able to personalise their rooms.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. 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. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and

inclusivity.

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

Rating at last inspection.

This service was registered with us on 1 December 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 374 St Helier Avenue

## 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 carried out the inspection.

#### Service and service type

374 St. Helier Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 374 St. Helier Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 there was a registered manager in post.

#### 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

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since it had registered with us. 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 and three relatives about their experience of the care provided. We also spoke with two support workers and the registered manager. We reviewed a range of records. This included two people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.
- People using the service, and their relatives told us they felt safe. They said, "Definitely safe, [person] would let us know if he's not happy. He would refuse to go back if he was unhappy."
- There were safeguarding posters on display in the home, these were in an easy read format in an accessible format for people. kitchen and dining area.
- Records showed that staff had received training in safeguarding. They knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. One staff said, "Safeguarding is a measure taken to prevent harm or abuse to an individual. People may become withdrawn or would not like to receive support from a particular member of staff."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- There were individual risk assessments in place, these were reviewed regularly and promoted a level of positive risk taking which meant that people could live their lives in a safe way. These included both existing and additional controls needed to keep people safe from harm
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- These checks included daily and weekly fire safety checks on the fire alarms and fire doors. The emergency lighting and fire extinguishers were checked monthly. A fire risk assessment had been completed in June 2021. There were some actions identified for the provider which had been actioned.
- People had individual evacuation plans in place to be used in the event of an emergency and the provider carried out regular fire drills.

Staffing and recruitment

- There were enough staff employed which meant that people were kept safe from the risk of low staffing levels. There were four staff during the day and evening and two staff at night.
- People told us that staff supported them to access the community and there was always someone available to take them out. This was reflected in the feedback we received from relatives and the records we saw.
- The provider operated robust recruitment checks including checking employment history, reference checks, proof of ID, right to work and criminal record checks.

### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People's medicines were kept securely in their rooms in locked cabinets and included medicines profiles with information about the medicines that people were taking, their uses, frequency, dose and possible adverse effects.
- There were appropriate records in place for staff to complete when administering medicines. Staff completed these in a timely manner and we found these to be completed correctly. One relative said, "They are conscientious about the medicines, we have to complete the records when he comes home."
- People, and their relatives told us staff gave them their medicines on time. Protocols were also in place for medicines that were administered 'as required', such as pain killers.
- Records showed that staff were given training in safe medicines administration and their competency was regularly assessed by the provider which helped to ensure they continued to be competent in doing so.

### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people from their friends and relatives in accordance with the current guidance.

### Learning lessons when things go wrong

- The provider had systems in place to record any incidents and accidents that took place and use these as an opportunity for learning.
- Incidents and accidents records included a description of the event, what happened before, during and after, what action was taken and other records such as body maps. They also included what action had been taken in response. There was a significant event escalation protocol in place for more serious incidents that occurred.
- Records include a section for lessons learnt and staff reflection and actions to prevent future reoccurrence.



# 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

- No one had been admitted to the service recently. All of the people had been living there for a number of years.
- People had care and support plans that included the relevant assessments that were carried out, these included any risks that were relevant to individual people and included their support needs in a variety of areas such as communication, eating and drinking, community access and other areas.
- Care plans were reviewed on a regularly basis which helped to ensure the provider could continue to meet their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received the appropriate training that meant they could meet the needs of people using the service. Staff told us, "I enjoy it here, I like working with the residents."
- The induction for new staff was thorough and completed over a 12 week period and staff were supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers. New employees were also told about the provider's values and vision, the culture and how best to support people amongst other topics.
- The registered manager told us that training was a mixture of e-learning or face-to-face. Records showed that staff received regular training that was refreshed periodically which helped to ensure they were competent in carrying out their roles.
- The staff training matrix showed that topics that were relevant to supporting people using the service were delivered, these included communication, autism awareness, learning disabilities, mental health, person-centred care and positive behaviour support amongst others.
- There was a system in place to monitor staff supervision and appraisal. Records showed that staff received regular supervision and support every month. This was reflected in the feedback we received from staff we spoke with.
- The registered manager told us they valued staff and had implemented new pay scales for care workers to encourage them to develop their skills and promote progression within the organisation. One staff member told us, "I'm in charge of medicines and key working and fire safety", they said this made them feel valued.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People using the service were involved in menu planning and staff supported them to choose food items that were to their liking.

- People told us they enjoyed the food at the home, this was also reflected in the feedback we received from relatives.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and to remain healthy. One staff member said, "The family provided [person] with a treadmill and stepper – [person] knows how to do it and (they) do exercise after breakfast."
- Each person had a health action plan in place which was used to monitor and document any healthcare support they needed.
- There was evidence that people were able to see healthcare professionals such as their GP, dentist and opticians if needed. A record of health appointments was kept, this showed that people had access to community healthcare services such as chiropodist, hospital service and cancer screening programmes.
- There were health assessments such as oral health assessments in place and health monitoring charts.

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 empowered people to make their own decisions about their care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff also completed a restrictive practice checklist which considered any restrictions in place for people and if so, would a DoLS application be required. A DoLS register was maintained for the staff to be aware of any authorised DoLS including their expiry dates and the reasons behind any restrictions.
- Staff were familiar with the MCA and its use. There was a MCA decision making pathway poster on display to help guide staff around this process.

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

- People's care and support was provided in a safe, clean and well-maintained environment.
- There was communal and private spaces for people to engage or relax in, this included lounge, dining room, a conservatory and a sensory room.

Although there was a ramp in place to access the garden, the registered manager told us that work was planned to develop this further. People could access the back garden when they chose.

- The bedroom and communal areas of the service were homely. People's bedrooms were furnished to their

individual taste and pictures were used to decorate corridors and communal areas of the home with activities that people had taken part in.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One relative said, "[Person] loves it there. The staff are so lovely",
- People and their relatives told us that staff were caring and they were treated well.
- People and staff had developed caring relationships; this was because people had been living at the service for a number of years and there was consistency within the staff team. This was reflected in the feedback we received from people, relatives, staff and our observations of care. One relative said, "The keyworker is marvellous. [Person] has formed close relationships with all the staff."
- Staff demonstrated a good understanding of people's support needs but also about people's likes and dislikes, the things they enjoyed doing, their behaviours and how best to support them.
- People were offered support with respect to their diverse needs. The provider had put details of their LGBTQ+ forums for people to access if they wanted to. The registered manager told us that no one identified as being part of that community.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- People told us that they were able to express their choices and lived their lives how they wanted.
- People, and those important to them, took part in making decisions and planning of their care.
- People's views were sought in relation to their menus, activities and how they liked to spend their day. Staff respected people's choices and supported them to make informed decisions about their day to day care and support.
- People held regular meetings with an allocated key worker, this gave them an opportunity to express their views and let staff know what things they wanted to do.
- Support plans were person-centred and contained details about people's likes and dislikes, their personal histories and the things they enjoyed doing. Pen profiles provided staff with a snapshot and summary of people's essential health, communication and support needs.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- People told us staff supported them with their daily chores such as meal preparation and laundry. Staff told us ways in which they encouraged people to maintain their independence, for example by supporting them to clean their rooms and take an active part in looking after the home. One staff said, "[Person] helps

us to clean her room, change her bedding, she brings down her own laundry – she puts fresh clothes away."

- People were supported to look for paid or voluntary work, one person had previously volunteered at a charity shop which they enjoyed. This had to be put on hold during the pandemic but more opportunities were being sought for them as restrictions were now lifted.
- The provider worked with a charity that promoted independence to achieve meaningful learning outcomes, and supporting them to go on to further education, training or work. Some of the people using the service had been given an achievement award from this charity for the work they had done with them.

# 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. These were achieved through regular, meaningful key worker meetings.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Six monthly reviews took place, summarising the support that had been provided over the previous six months, any health or medicines reviews, family contact and recommendations for the upcoming six months.

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.

- There were photographs and other visual cues such as easy read information which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.

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 participate in their chosen social and leisure interests on a regular basis. One relative said, "They make sure [person] goes out, even for a walk every day. He goes on holidays." Another said, "[Person] needs a lot of engagement and likes to be kept busy, he's going to a cooking class at the moment."
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/ skype/ social media. One staff member said, "[Relative] contacts us via WhatsApp, we

take [person] to visit family for lunch and we also video chat with relatives who live abroad." One relative said, "We go to see [person], the staff are really accommodating."

- Staff ensured adjustments were made so that people could participate in activities they wanted to and helped people to have freedom of choice and control over what they did. Although there were individual activity timetables in place for each person, people had the freedom to take part and change their day to day activities.
- People were supported by staff to try new things and to develop their skills, for example one person was attending a cookery course.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests.

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

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- There had been no formal complaints received by the provider in the past year. This was reflected in the feedback we received from people and their relatives. One relative said, "If we have any concerns, I can ring up and speak to the manager or deputy and they will look into it."
- Easy read and accessible posters about how people could raise any concerns were on display in the home.

#### End of life care and support

- There were end of life care plans in place for people. We saw that some of these had not been completed for people.
- The registered manager told us that this was a topic that people and their families did not always want to discuss but they encouraged them to do during care plan reviews.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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/ registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Relatives were happy with the environment and the culture, one relative said, "They (the staff and registered manager) are brilliant people." Another said, "We feel so happy that we chose that home. We feel reassured."
- Managers worked directly with people and led by example. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff spoke in positive terms about the support from the registered manager and teamworking with their colleagues, "[The registered manager] is excellent, he is very understanding. He tries to provide us with a good work/life balance" and "We have good teamwork, we work to try and make people's lives better."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Details of the provider's whistleblowing procedure were available for staff to refer to if needed.
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The registered manager was supported by a deputy, a senior care worker and care workers. Staff members were given different responsibilities which helped to ensure they felt valued and also allowed for tasks to be delegated and shared across the staff team.
- Managers completed robust audits which were effective in identifying areas of improvement. A home managers checklist was maintained to remind staff of the weekly and monthly checks that needed to be completed.
- The registered manager completed a monthly report confirming they were meeting certain targets such as ensuring care plans were up to date, there was oversight into any new safeguarding's, incidents/accidents or notifications, that health and safety checks had been completed and finance and staff records were up to date. This was verified by the regional manager for the service.
- Medicines competency assessments were completed and a monthly medicines audit completed which



looked at security, storage, controlled drugs, administration records and records. We reviewed the audits for the past two months which achieved 96% compliance with the areas audited.

- An Infection prevention and control and food safety audit was completed monthly. This scored 96% and 95% for April and March respectively. The areas audited included handwashing, environment, kitchen/food safety, sluice/laundry, bathroom/toilets, waste disposal, sharps handling and healthcare practice.
- The regional manager carried out a comprehensive residential audit looking at the environment, support/care plans, health & wellbeing, stakeholder engagement, support for people. Any areas of good practice and those that needed improving were identified with timescales for follow up.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative said, "[The registered manager] always takes our feedback on board. He always acts on any information."
- Monthly meetings were held for people using the service. This gave them an opportunity to discuss and explore things that were important to them such as the home, holidays, menus and follow up actions from previous meetings.
- Staff meetings were also held every month and allowed for information to be fed back to staff and vice versa.
- feedback surveys were completed in February for people, relatives and healthcare professionals. The results were still being analysed at the time of the inspection. However, we saw the individual responses which were positive. Some of the comments we saw included, "Staff know how to manage client's needs", "Staff always very helpful and professional", "Staff know the clients well and anticipate their needs", "Very person centred approach" and "Staff already go over and above."

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- There was a service development plan in place which identified key service objectives over the next three to five years. These included exploring ways in which engagement with people to help achieve their outcomes could be increased and other objectives based around the CQC five key questions. This demonstrated a commitment to continuous improvement and learning.
- An overarching audit actions was in place, pulling together any identified actions from the various audits into one document. This allowed for better management oversight. These actions were reviewed by the managers on a regular basis.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. We saw certificates and letters from the local authority praising the service for the work they had done during the pandemic e to keep people as safe as possible.