

Achieve Together Limited

31 Bushey Hall Road

Inspection report

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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee 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

31 Bushey Hall Road is a supported living service providing personal care to 5 people. The service supports people with learning disabilities and autistic people.

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

Right Support:

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were nurturing and kind. People told us they were happy, and they were cared for safely. Infection control measures were in place. Health professionals were regularly involved in people's care and staff supported people to attend their appointments.

Right Care:

Medicines were managed safely. Risk assessments were in place to support staff to care for people in a safe way. Staff were recruited safely. People were supported to eat healthy nutritious food. Staff recruitment, induction and training processes provided staff with the skills to care for people.

Right Culture:

At the time of the inspection the provider was recruiting for staff and very hopeful they would have a full complement of staff. The service had effective governance arrangements in place to assess the quality and safety of the service. Staff told us they could communicate with managers if they had concerns. Relatives were happy the new manager was in place, and they felt there was good lines of communication.

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 this service under the previous provider was good (published 7 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

31 Bushey Hall Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager had been in post for one day and was planning to submit her application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records related to 3 people's care and support. This included people's care plans, risk assessments, medicines records for 2 people and 2 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, complaints, quality assurance records and a range of policies and procedures. We spoke with the area manager and 2 managers. After the inspection we contacted 4 professionals, and we received feedback from 1. We spoke with 3 relatives.

Is the service safe?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safely cared for. The provider had systems and processes to safeguard people from the risk of abuse.
- The manager had effective controls and audits in place to manage people's money. We did a sample check and found people's money tallied correctly.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. People's files contained detailed information about potential risks and guided staff as to how to reduce these risks.
- Risk assessments included, physical and mental health, and safety when outside the service. When a risk was identified there was detailed descriptions of the risk to the person and guidance for staff to mitigate the risk of harm.
- New or reviewed risk assessments were placed in a folder for staff to read and they were then signed by the staff as read and understood.

Staffing and recruitment

- On the day of the inspection there was enough staff to care for people, however there was some staff vacancies which the service was struggling to recruit into. They had recently started a new recruitment drive, but they acknowledge the challenges they were facing.
- Staff were recruited safely. We reviewed the recruitment records for 2 new staff members. Within the files we saw there were references from previous employers and staff had up to date Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People received their medicines in a safe way and as prescribed. Medicines were managed safely in line with national guidance. There were appropriate procedures in place for medicines to be ordered, stored and disposed of safely.
- Medicines stocks we counted matched with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- There were regular audits of medicines which were carried out to help identify and address any issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider 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.

Learning lessons when things go wrong

- The provider has good procedures in place to manage incidents and accidents.
- Senior managers reviewed all incidents and accidents each month and carried out regular audits to identify trends and disseminate best practice to try and prevent reoccurrences.

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.

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained 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

- There had been no recent new admissions to the service. The acting manager told us people's needs would be assessed before they moved into the service and people would be supported to work with health professionals to ensure the service was the most suitable for their needs.
- People had been living at the service for many years. Therefore, it was important they were involved in the process to ensure they were happy if someone new was to move in.

Staff support: induction, training, skills and experience

- Staff had the required training to support people. New staff received a 3-month induction shadowing more experience workers before they were confirmed in post. This allowed staff to complete the required training and be confident in their skills to carry out their role.
- Staff undertook regular mandatory training and were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was daily shift handovers where people's needs were discussed. Staff also had regular supervisions to discuss their work.

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

- People's nutritional and hydrational needs were assessed and planned for. Care staff worked with people to ensure they ate healthy and nutritious food. Each night 1 person was responsible for cooking the evening meal with the support of staff.
- People were supported each week to buy their own "non-essential food" which was food they liked to eat. Staff worked with people to ensure the food was nutritious and wholesome.

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

- People were supported to access healthcare professionals if required. The manager explained they worked closely with people's GP's, and health professionals. Care plans included detailed information about the person's medical history and which healthcare professionals were involved in their care. The staff kept records to show when appointments had taken place and any information from these which affected people's care.
- The service had devised profiles for people with specific health conditions. These included details of the

type and nature of condition, what medication was being used and guidance for staff on when to call an ambulance or seek further medical assistance.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. DoLs were in place for some people using the service. These had been properly applied for and had been authorised by the host local authority. Staff understood the conditions DoLs meant for people.
- Staff had completed training around the Mental Capacity Act and understood the need to gain people's consent and involve them in the care they received.

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.

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained 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

- Staff cared for people in a kind and sensitive way. One relative said, " We are ever so pleased with the care [Person] has. The staff are friendly, and [person] is happy and that is what is important. "
- Staff knew people very well and they had developed supportive relationships with people and their families.
- Staff were attentive and provided acts of kindness. For example, 1 person had an important event to attend, staff ensured this person's needs were met, from arranging suitable clothing to ensuring there was a staff member could attend to support them.
- Staff were patient and used appropriate styles of interaction with people. Staff clearly understood people's needs and they were able to respond in caring ways.

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

- People were supported to make their own decisions and staff spent time working with people to understand the impact of some of the decisions that they made.
- Staff helped people to understand information given to them and the choices available to them.

Respecting and promoting people's privacy, dignity and independence

- Staff practices encouraged people to be as independent as they could be. Good procedures were in place to support people to take positive risks. One relative told us staff were proactive in teaching people about the importance of managing their finances which helped them to remain independent.
- Relatives and staff told us they supported people from different cultures and religions and the care plans we viewed confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider this key question was rated good. At this inspection the outstanding. At this inspection the rating for this key question has remained 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's care was personalised. Care plans contained lots of information about people's daily routines to ensure care staff would understand how to deliver care and support.
- People had a keyworker who they met with every month to identify their goals and aspiration and to support them to achieving them. A keyworker is an identified staff member who takes an in-depth special interest in the person and acts as a point of reference for families and professionals.
- Each year people and their relatives attended an annual review to discuss the progress they were making and to agree goals for the coming year.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the AIS standards. Information was available in a variety of formats to meet people's individual needs.
- Support plans contained information about people's communication needs.

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 engage in activities that were important to them. During the inspection we observed people going to work and attending groups in the community.
- One person spoke about wanting to work and staff were actively trying to find a suitable option.
- People were supported to engage in activities to stay active and healthy. People attended the gym and activities in local parks.
- People were also supported to participate in festivals and local theatre groups. One professional told us staff were proactive in working with people to practice for groups they were attending, for example if they were participating in a play or concert.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Relatives told us they knew what to do if they were unhappy with anything or wanted to make a complaint.

End of life care and support

- People's end of life wishes were recorded. We reviewed some examples of end-of-life care plans and found they were undertaken with people and their families and contained a good level of detail to help guide staff.

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Quality assurance measures were effective. The management team completed service compliance audits which were then reviewed and monitored. These supported the continual development of the service.
- At the time of the inspection a new manager had just started. People and staff were familiar with the manager as they had worked in the service previously. It was obvious people felt comfortable in her presence and relatives were reassured commenting that the service felt more stable.

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

- The culture of the service was welcoming. One relative told us, "The quality of the staff in the most part are unbelievable they care." People were at the heart of their care and relatives were positive about the level of care people received.

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 manager understood their responsibility around the duty of candour and was transparent in sharing information.

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

- The service had good links with the local community. Organisations were welcoming of people and supported them to access their services.
- There were regular house meetings and these provided people with the opportunity to say how they would like to see the home run. Topics included food, activities, outings and holidays.

Working in partnership with others

- The staff worked in partnership with outside healthcare agencies and other professionals.