

Achieve Together Limited

95 Parchmore Road

Inspection report

95 Parchmore Road
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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.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

About the service

95 Parchmore Road is a residential care home providing personal care to five men at the time of the inspection. The service was at full occupancy during our inspection.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests in their local area. 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. Staff supported people with their medicines in a safe way.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. 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. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating using body language, 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. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

People received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well. People and those important to them 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.

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

Rating at last inspection

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

The last rating for the service under the previous provider was good, published on 13 December 2017.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

95 Parchmore 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.

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

Two inspectors carried out the inspection.

Service and service type

95 Parchmore Road 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. 95 Parchmore Road does not provide nursing care.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the provider including statutory notifications received about key events that occurred at the service. This information helps support our

inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one person's relative about their experience of the care provided. People who used the service communicated through a variety of methods including Makaton, pictures, symbols, objects and their body language. We observed people at the service and how they interacted with and communicated with staff.

We spoke with five members of staff including the regional manager, the registered manager and three care staff.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at one staff file in relation to recruitment and 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 continued to seek clarification from the provider to validate evidence found.

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 knew them well and understood how to protect them from abuse.
- A relative told us regarding their family members safety, "Yes he is, he is comfortable with staff. He's not frightened in any way."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff assessed people's sensory needs and did their best to meet them.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff restricted people's freedom based only on their individual needs and in line with the law.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. If people wished to participate in activities in the community, the registered manager organised for more staff to be available to support them safely in line with their support plans.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. A relative told us, "[The registered manager] has been very vigilant with PPE and infection control."
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.
- Updated training and refresher courses helped staff continuously apply best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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. Staff were aware of and supported people to receive a diet that met their needs. This included use of texture modified diets when this was appropriate.
- People were involved in choosing their food, shopping, and planning their meals. Staff told us they used pictorial information with some people to help them make a choice about what they would like to eat and there was a weekly meeting where people chose the menu for the week.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed staff supporting a person to make a cup of tea, and the person did this enthusiastically.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.

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

- In the majority, people's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. However, we did observe that some maintenance was required to the first-floor bathroom and the outside of the house. These had been reported to the provider's maintenance team but were waiting completion. There was also a refurbishment plan in place for all the bathrooms and the kitchen.
- People personalised their rooms and were included in decisions relating to the interior decoration and

design of their home.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were supported with their oral health and one person communicated with us that they were going to see the dentist on the day of our inspection.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- For people who had their liberty deprived, this was done in line with their legal authorisation. For people at this service, the restrictions on their liberty were mainly applied in the community and we observed people walking freely inside the service with no restrictions on their movements.

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 person told us staff were kind and gentle when they helped them with their personal care. A relative said, "I've always found the staff very nice, helpful, polite."
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff members showed warmth and respect when interacting with people.

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

- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff interacting with people and using non-verbal communication to ensure people's requests were understood.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us regarding care planning, "We all discuss it together."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person at the service was in voluntary employment and this job was in line with their interests and what they enjoyed doing.
- Staff knew when people needed their space and privacy and respected this.

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 supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- People learnt everyday living skills by following individualised learning programmes with staff who knew them well.

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 ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We observed staff using a variety of verbal and non-verbal communication when interacting with people. We also observed that staff understood the type of communication people enjoyed and how this relaxed them. For example, one person liked to repeat the names of people important to them and staff did this with them. Another person liked to spell out words and staff sat with them and supported them to spell out a number of words.

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.
- Staff provided person-centred support with self-care and everyday living skills to people.
- 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.
- Information about how to make a complaint was made available in a format people understood and was regularly discussed at meetings with people.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the

results, sharing the learning with the whole team and the wider service.

End of life care and support

- People were involved in developing their end of life plans and what support and care they wished to receive and how this was to be delivered.
- Staff supported people to develop a care plan which outlined how they wanted to be supported towards the end of their life and their funeral plans.

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

- The 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.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Management and staff put people's needs and wishes at the heart of everything they did.
- Staff had regular meetings with the provider's senior management team to discuss the provider's vision and values for the service.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- 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
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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.

- The provider sought feedback from people and those important to them and used the feedback to develop the service. There were regular meetings with staff and people, as well as completion of satisfaction surveys.

Continuous learning and improving care, Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- 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.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.