

Achieve Together Limited

98-100 Pembroke Avenue

Inspection report

98 Pembroke Avenue
Enfield
Middlesex
EN1 4EY

Tel: 02083647427
Website: www.achievetogether.co.uk

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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

98-100 Pembroke Avenue is a supported living scheme in the residential area of Enfield. People had their own flats within the house. Each flat had bathroom facilities. There was a garden to the rear of the property and communal areas which people had access to. There was a staff office within the supported living scheme. However, this had been assessed and people spoken with to gain their consent. The home provided 24-hour care and staff were continuously on-site. The supported living scheme had 9 flats and at the time of the inspection there were 8 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support:

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 focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were encouraged to take part in activities they wanted to. People were supported by staff to pursue their interests. The service did not use any form of restraint when people experienced periods of distress. Staff knew people well and had been trained in de-escalation techniques. 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 way that promoted their independence and achieved the best possible health outcome.

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. 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's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

People's risks were robustly assessed and reviewed to minimise any potential harm.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. 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. 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

The last rating for this service was good (published 23 February 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.

98-100 Pembroke 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported the inspection by making telephone calls to relatives to gain their feedback of the care people received.

Service and service type

This service provides care and support to people living in two 'supported living' settings, 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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July 2022 and ended on 22 July 2022. We visited the supported living accommodation on 11 July 2022 and spoke with staff on 22 July 2022.

What we did before the inspection

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

During the inspection

We spoke with the registered manager, regional manager, 5 care staff, 5 relatives and 1 person. Where people were unable to communicate verbally, we spent time with people observing interactions to see how people experienced their care. We reviewed a range of records including 3 people's care plans and risk assessments, 3 people's medicines, 3 staff files including recruitment, supervision and appraisal, numerous auditing processes, training records and other documentation that supported the running of the service. We also spent time observing people's experiences and interactions with staff.

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 we rated this key question good. 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 were kept safe from avoidable harm because staff knew them well and understood how to protect them from 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 and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Relatives were confident people were safe living at the service. Comments included, "I feel she is safe, simply because she's always happy and confident around people with her. I can tell", "One hundred percent know he's happy, without a doubt" and "She doesn't speak but you can tell from her sounds and facial expressions that she's alright. She's never looked miserable."

Assessing risk, safety monitoring and management

- Risks were robustly assessed to ensure people were kept 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.
- The registered manager told us the service never used any form of restraint. Staff had received training around working with behaviour that challenges and staff used de-escalation techniques such as distraction and giving people space to express themselves. People's specific needs around when they experienced periods of distress and what worked to help them, was documented in their risk assessments.
- Staff assessed people's sensory needs and did their best to meet them.
- Risks assessed included swallowing difficulties, mobility, periods where people may experience distress and taking part in activities.
- Fire risks were assessed. People had personal evacuation plans which detailed what support the person would need in the event of a fire. There were regular checks of fire systems and equipment.

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.
- There were regular staff and people received care from staff they knew and had built a rapport with. One relative said, "There are regular staff, yes. [Person] knows them all and gets on very well [with them]."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing risks of people taking medicines themselves.
- Where people had been prescribed 'as needed' medicines, there was information for staff on when these medicines should be offered and administered. As needed medicines are medicines such as pain relief or to help with anxiety.
- 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.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- Relatives were positive about how people were protected from the risk of infection. Comments included, "Oh yes definitely they follow rules. We are still tested when we go in and I can see the house is clean. I've seen the kitchen and it's immaculate" and "I see them wearing aprons as they do their work."
- Staff were encouraged to be vaccinated against COVID-19 and flu. These vaccinations help prevent acquiring and spreading infection.
- During the inspection, we observed the service was clean and smelled fresh.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Any lessons learnt were discussed in staff meetings, supervisions and handovers. This ensured learning was shared and implemented where necessary. People's care plans were updated to reflect any lessons learned.

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 we rated this key question good. 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- 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.

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, positive behaviour support, human rights and all restrictive interventions.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff could describe how their training and personal development related to the people they supported.
- Relatives felt staff were well trained and understood how to work effectively with people. One relative said, "I do think they're [staff] trained, as they seem very, very clued up on what they're doing if you look at the two staff using the hoist. It's what I've seen with my eyes that makes me feel they're trained."
- Staff received a robust induction when they started work which included completing 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. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People's care and support needs around food and drink were clearly documented in their care plans. Detailed guidance was provided to staff on how people needed to be supported.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

- Where people required specialist diets such as puree or soft food, guidance was clearly recorded in people's care plans. This included guidance from Speech and Language Therapists (SALT). A relative commented, "At food time, because he doesn't chew properly, his foods all mashed up. They're very good with that." Where people received nutrition via a tube into their stomach (PEG), staff had received training and had been competency checked to ensure they were safe to support people with this.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to make and attend routine healthcare appointments such as doctors, dentists and chiropodists.
- Where people needed additional support to attend appointments, this was provided.
- People were supported by staff who knew them well and were able to recognise any changes in people's physical or mental wellbeing. We saw people were referred to healthcare professionals in a timely manner. A staff member said, "I would definitely without a doubt know if someone was becoming unwell, I know them so well!" The registered manager commented, "They [staff] can tell if any of them are unwell even before they have any symptoms. That is how well they [staff] know them."

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.

- 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.
- Where relatives had legal authority to make decisions on people's behalf, this was clearly documented, and staff regularly consulted them on people's care.
- Staff had received training on the MCA and understood how the principles of the MCA impacted the people they supported. A staff member explained, "Where each and every individual is assumed to have capacity unless proven not, If we suspect not, a best interest meeting would need to be done in the best interest of the person. Sometimes it may be court of protection."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. 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

- People were treated with dignity and their individuality respected.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed warm and positive interactions between people and staff throughout the inspection.
- Staff were patient and used appropriate styles of interaction with people.
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Relatives commented on how well staff knew and understood people. One relative said, "They know her enough, by now. I bought her a jumper as a present, and she definitely didn't like it, and the staff said, 'Is there any chance you can take that back and change it?' They said that's not her style!" Other relatives said, "She has her personal care, looks clean, and her hair's done, her nails are done, her hair coloured and she's smart and tidy" and "It's like a little family!"

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

- People were given time to listen, process information and respond to staff and other professionals.
- 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. During the inspection, we observed staff talking with people and giving them time to express themselves.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative told us, "I can go down to meetings, about his care, and I'm kept informed."
- People were encouraged to make day to day choices about their care and support needs such as choosing what to wear and what to eat. A staff member said, "We can use pictures, they can point and some will smile and we know that is what they want. If it's clothes, you may take different options and they will let you know. Sometimes if they don't, they will take it off and you know they want something else."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and where possible, independence promoted.
- For people living in supported living services, the provider followed best practice standards which ensured

they received privacy, dignity, choice and independence in their tenancy.

- Staff knew when people needed their space and privacy and respected this.
- People were encouraged to do things themselves, however small, to help promote independence. We observed a staff member supporting a person to make a hot drink during the inspection. A staff member said, "Whatever we are doing we involve them [to promote independence], involving them in cooking and involving them in what they can do, even if it is just passing an onion!"

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. 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 plans were person-centred and ensured their needs and preferences were met. People and, where appropriate, relatives had been consulted on people's likes and dislikes.
- People were supported by staff to try new things and to develop their skills. Each person had a weekly activity timetable that had been developed in collaboration with them.
- Staff helped people to have freedom of choice and control over what they did.
- Staff enabled people to broaden their horizons and develop new interests and friends.

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 service assessed people's communication needs during initial assessments before people moved in.
- People had communication plans which had information on how each person communicated. These contained detailed information on effective and preferred methods of communication, including the approach to use for different situations.
- Staff supported people to develop their communication skills and understood this which helped increase people's confidence and ability to express themselves. For example, one person who had limited vocabulary would experience periods of distress when they were unable to communicate their needs. Staff worked with the person and selected several words each month. Staff helped the person choose several words every month and practice these words using body language and pictures to reinforce the words. Alongside this staff used learning videos which helped the person learn to count and helped them buy a tablet. The registered manager told us this had helped the person with "More communication skills to maximise [Person's] ability to express [Person's] wishes, choices and wants as much as possible."
- Staff knew people well and understood their ways of communicating. A relative told us, "When I've been to see her, she makes a noise and points to the toilet and she's smiling when she comes back. It takes however long it takes, as they never rush her." Another relative said, "He acts in a way to show he's bothered, and when he's tired of us, he puts his finger to his wrist, like it was a watch. We find that quite funny, it's means that he is happy to go, time for us to go. Staff know this!"

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 encouraged to take part in activities that were meaningful to them and they enjoyed.
- There was a range of in-house activities. During the inspection we observed staff supporting people to take part in activities. People were actively engaged in baking some cupcakes and were deciding on how to decorate them when they had cooled. During the afternoon, we saw staff supporting people with arts and crafts. Other people were supported to access music therapy and massage therapy.
- People were also supported to take part in activities outside of their home. On the day of the inspection, people were being supported to attend a local day centre. We saw people had been to see music at a local venue recently and a relative told us, "Went to music on the lawn at forty hall last week. [Person] was dancing, he's got moves!" Other relatives said, "The [staff] took him to see Mamma Mia and other musicals because he likes them" and "He's even going away this year, for a holiday!"
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff recognised the importance of people staying in touch with people who meant a lot to them. Staff supported people to visit relatives and friends.
- Staff supported people to have visitors. Relatives were positive about visiting people. Comments included, "I go to see [Person] as often as I can, and I'm always welcomed" and "I'm just happy as I go around and I see other people and they all seem happy, the staff smile and welcome you in, and it's all nice."

Improving care quality in response to complaints or concerns

- There were systems in place to review and respond appropriately to complaints.
- The registered manager told us they felt complaints, however small, were another way of learning and improving the service. As well as the formal complaints procedure, a communication book was also available for relatives, people and visitors to write any complaints.
- People and relatives were provided with information on how to complain. Relatives told us they felt confident to complain if they had any concerns. A relative said, "100% I would complain because that's the way I am, but I'd go straight to [Registered manager] and talk about any issues I had. I don't have any issues."
- Where people were unable to communicate verbally, staff understood people's body language when they were happy or unhappy. For example, if a person enjoyed a particular activity or food. This was used to review and update people's care and support needs.

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.

At our last inspection we rated this key question good. 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.

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.
- People experienced good outcomes in their care due to a committed staff team who were fully supported by an inclusive management. A staff member told us one of the best things about working at the service was, "Friendly staff [and management] who are there for one reason, to make sure clients are looked after. We all agree on that goal."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Relatives were positive about the care provided and how the service was managed. Relatives commented, "It's absolutely well-managed. They're very well organised", "I'm absolutely satisfied. I've no qualms about anything at all, because they're [the service] really good" and "Overall, I'm very happy, and I've seen [Person] happy here."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff told us they felt supported and able to talk about ideas and any concerns they had with the registered manager. A staff member said, "I would say it's good, very good, very supportive. We support each other, if I need anything we just sit down and discuss it and it is taken on board. The team-work is wonderful and I am really supported by the manager."

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; Continuous learning and improving care; Working in partnership with others

- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.
- Where there were any incidents, these were fully reviewed and any learning shared with the staff team during staff meetings, daily handovers and staff supervisions.
- The service worked closely with healthcare professionals such as occupational therapists, learning disability teams and psychologists to maintain and improve people's wellbeing. People were also supported to access routine healthcare in a timely way.

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

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service.
- There was a clear management structure in place which staff understood.
- 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.
- There were numerous audits which ensured the registered manager was able to identify things to improve the quality of care. Audits included medicines, infection control and health and safety.
- 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.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.