

Achieve Together Limited

Brondesbury Road

Inspection report

113 Brondesbury Road
Kilburn
London
NW6 6RY

Tel: 02073288540
Website: www.rnid.org.uk

Date of inspection visit:
21 November 2022

Date of publication:
05 June 2023

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 Care Quality Commission (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

Brondesbury Road is a service for six deaf people and those who are hard of hearing. Some people have additional sensory impairments and may also express distress and agitation. The service is spacious and provides accommodation on the first and second floor. Brondesbury Road is located close to Queens Park and Kilburn High Street; both areas provide good transport links and shopping facilities.

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:

We received positive feedback from people's relatives, who told us people were supported to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People told us and we saw evidence they were supported to achieve their aspirations and goals. 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.

Right care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs. Staff had training on how to recognise and report abuse and they knew how to apply it. People's preferred methods of communication were highlighted in their care plans. There were a range of communication formats, each personalised to the specific needs of the person.

Right culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive to their needs. Staff knew and understood people well. They supported people's aspirations to live a quality life of their choosing. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. The assessments provided information about how to support people to ensure risks were reduced but did not limit people's right to take reasonable risks.

The service had enough staff. However, staff raised concerns about increased workload due to paperwork, which the registered manager advised is being looked into. Pre-employment checks had been carried out. These checks helped to ensure only suitable applicants were offered work with people.

People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people, staff and visitors were safe.

People's health needs were met. Staff from different disciplines worked together to make sure people had effective personalised care. The care files we looked at included details of health action plans and management of day to day healthcare needs.

There was a process in place to report, monitor and learn from accidents and incidents.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery of care.

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 the service under the previous provider was good, published on 13 July 2018.

Why we inspected

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brondesbury Road on our website at www.cqc.org.uk.

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 caring findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brondesbury 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 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

The inspection was carried out by one inspector, with support from a BSL interpreter.

Service and service type

Brondesbury Road 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. Brondesbury Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced. 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 the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager and operations manager. We also spoke with two relatives of two people using the service. We spoke with four people using the service to obtain feedback about their experiences of the service. We examined care records of five people. We also looked at personnel records of four staff, including details of their recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 of 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. Training records showed all staff had completed safeguarding training.
- People told us they received safe care. One person told us, "I am happy here. Staff treat me well. Similarly, a relative told us, "My [relative] has lived at the home for a long time, and we are assured of [their] safety."
- There were policies covering adult safeguarding, which were accessible to staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to ensure people were protected from harm. Staff understood steps to take if they suspected abuse.

Assessing risk, safety monitoring and management

- There were assessments to monitor and manage risks to people's safety. Records showed people's risks had been identified, assessed and reviewed.
- Risk assessments covered a wide range of areas, including medical and environmental safety. Each person's support file contained an individualised plan of care for preventing or minimising identified risks and there were clear instructions for staff to follow.
- The registered manager told us people were involved as far as they were meaningfully able to be in managing risks to themselves and in taking decisions about how to keep safe. This was reflected in people's activities, such as cooking, ironing and shopping, which people participated in despite inherent risks.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

Staffing and recruitment

- The provider followed safe and effective recruitment practices. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (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.
- The service had enough staff, including for one-to-one support for people to take part in activities. Where required, British Sign Language (BSL) interpreters were available to support people's communication needs.

Using medicines safely

- People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicine administration records (MAR) were completed appropriately and regularly audited.

- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. The registered manager 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.
- Staff gave medicines prescribed to people and recorded this on the medicine administration records (MAR). There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.

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.
- The service had facilitated visiting by relatives in a safe way and in line with government guidance.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Incidents were infrequent but any that had occurred were responded to appropriately and learning points were discussed and acted upon.

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 of 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.

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

- People's health needs were met. They were supported to attend annual health checks, screening and primary care services.
- People's care plans identified their health needs and showed people had received treatment and support from a range of professionals, including GP and consultant specialist in specific health conditions.
- People had health actions plans (HAP), which were used by health and social care professionals to support them in the way they needed. A HAP contains actions needed to maintain and improve the health of an individual with a learning disability and any help needed to accomplish 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. People's care plans included guidance about meeting these needs.
- People had care and support plans that were personalised and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One person told us, "I want to have a flat of my own and staff are supporting me with this. There are flats being built nearby."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training for supporting people with a learning disability. However, staff told us that since the COVID-19 pandemic, training had mostly been provided online. This had presented challenges to deaf people and those who are hard of hearing due to insufficient availability of sign language. One staff member told us, "The training is more online and less interactive. It is difficult to take everything on board." Following the inspection, the registered manager told us improvements had been made and staff were happy with the new platform for training.
- Staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received support in the form of regular supervision and appraisal to enable them to carry out their duties. They told us they were supported by the registered manager to carry out their work. However, discussions with staff showed that they had many administrative duties in addition to their care duties which meant they did not always have enough time to complete their care duties. The registered manager

advised they will review this.

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

- People told us their cultural food preferences or religious needs were met and catered for. There was a varied menu which included Afro-Caribbean and English dishes.
- People received support to eat and drink enough to maintain a balanced diet. The shopping list was based on people's preferences. One person told us, "Staff support me with cooking and shopping. We take turns with cooking. I can choose things and we work together on it."
- There was a variety of healthy foods and home-cooked meals for people to choose from. Records showed that pictures of food and meals were available to support people with choosing meals.
- We observed people received support to eat and drink enough to maintain a balanced diet. The service had taken steps to make sure their nutrition and hydration needs were met. Care assessments and planning considered individual requirements in relation to nutrition and these were known to staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. This confirmed that decisions had been made in people's best interests and by whom. For example, we noted the registered manager had arranged a best interests meeting for a person who was due to have a medical intervention.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was well documented.

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

- Several adjustments had been made to ensure information was provided in a way people could understand. Accessible supports, including installation of vibrating and flashing alerts in rooms of deaf people and those who were hard of hearing were in place as opposed to doorbells and smoke alarms.
- People personalised their rooms and were included in decisions relating to the interior decoration.

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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's relatives told us care workers were kind and caring. A relative said, "All staff are caring. We never had any problem."
- People were well matched with their designated support worker and as a result, they were at ease, happy, engaged and stimulated. For example, two people had a condition which affected both hearing and vision, and the service ensured they received support from staff with relevant experience.
- People's rooms were clean and personalised with their belongings and family photographs. Staff spoke with people in respectful language which people understood and responded well to.
- People were supported to be as independent as possible. Care plans reminded staff to offer help where this was needed to help people maximise their independence. One person told us, "We have a washing machine and I know how to use it. I do my own ironing."
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

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

- People had access to support and care regardless of their individual circumstances. All factors about them had been considered, including cultural and religious aspects.
- Staff spoke knowledgeably about how they ensured people received support that met their diverse needs, including spiritual and cultural. People were supported with religious observances. For example, staff accompanied some people to church.
- Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care in as meaningful a way that they were able to. For example, the service used social stories to communicate difficult or unfamiliar social situations. Social Stories are a social learning tool that supports the safe and meaningful exchange of information between parents, professionals, and people with autism of all ages. This approach had been used to help a person using the service better understand an imminent medical procedure.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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 those at risk of expressing distress or agitation. For example, positive behaviour support plans (PBS) were in place. PBS is 'a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of expressing distress or agitation.
- 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. For example, people's support plans identified what was important in their lives and the service ensured that everyone worked together to achieve the same purpose. There was evidence from outcome tools, which showed people goals were being met.
- Assessments had been completed prior to people moving to the home to ensure the service could meet people's needs. People were involved in developing their support plans. Their choices, likes and dislikes were reflected in the care plans.
- People's care files contained meaningful information that identified their abilities and support needs. This ensured carers and service staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- Support plans, including people's quality of life outcomes were regularly reviewed by staff with people. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.
- People learnt everyday living skills and developed new interests by following individualised learning programmes with staff who knew them well. One person told us, "I have my own I-pad and I can choose things that I want, including watching football with my friend or talking with people on the screen. I really I enjoy that."

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.

- People's communication needs were met in line with protected characteristics under the Equality Act 2010. For example, prior to our inspection the service arranged for people to have BSL interpreters available to help people communicate with us.
- The registered manager was aware of the importance of making information accessible to people. People's

communication needs were known about so that staff knew how to best communicate with them.

- People's preferred methods of communication were highlighted in their care plans. There were a range of communication formats, each personalised to the specific needs of the person. For example, communication aids were in place including, objects of reference for people who could not use BSL.

Improving care quality in response to complaints or concerns

- There was a clear procedure in place to receive and respond to complaints and concerns. There was a complaints policy. People and their relatives confirmed they could complain if needed to. One relative told us, "Staff are capable and there has never been any situations that has given risen to concerns."

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. However, end of life wishes were covered in people's support plans.
- The registered manager told us they would ensure that all staff received end of life training, so they were skilled if the need arose.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. There were a range of formal systems to seek input from people or their relatives to improve and develop the service. Relatives confirmed their views were acted upon and improvements made. A relative told us, "We are involved in any discussions about his care or any other changes."
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with managers without fear of what might happen as a result. For example, staff had raised concerns about increased workload, which the registered manager advised is being looked into. In one example, the registered manager had acquired an extra computer to reduce workload for staff.
- The manager was knowledgeable about the characteristics that were protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, people's religious or cultural needs were met.

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 told us they had complied with the duty of candour by being transparent with family members of people they supported. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been informed of notifiable events.

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

- The service had a clear management structure. Staff were well informed of their roles and reporting arrangements. Staff described the management in complimentary terms such as, supportive and accessible. Likewise, relatives were as complimentary. A relative told us, "The registered manager is fantastic."
- 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 they managed. A relative told us, "The registered manager is accessible. I think she is exceptional. She is caring, professional and very knowledgeable."
- 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.

Working in partnership with others

- There was evidence the service maintained a good working relationship with health and care services to enable multi-disciplinary teamwork. The registered manager and staff knew when to seek advice from the most appropriate specialist professionals and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care and support to people. For example, the service worked well with interpreters, who understood the needs of people. This was important because people responded well to interpreters, they were familiar with.