Achieve Together Limited

Victoria House

Inspection report

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Date of inspection visit:
29 May 2022
30 May 2022

Date of publication:
28 June 2022

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
Victoria House is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people. The service supports people with learning disabilities and people living with autism.

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

Right Support
People were able to choose where they lived. The home was an ordinary house close to other residential and commercial properties, at the heart of the local community. The service was able to assess people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. People had access to health care professionals. Care plans were in place for people which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints, and complaints had been dealt with accordingly. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

Right Care
People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Relatives told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right culture
People were at the heart of what the service did, and care was person-centred. Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share

knowledge. 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.

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

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 effective.

Details are in our effective 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.

Victoria House

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
One Inspector and an and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a care home for adults with learning disabilities and people with autistic spectrum disorder.

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 reviewed information we had received about the service. We sought feedback from the local authority who work with the service. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We communicated with two people who used the service about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language. We spoke with six members of staff including the registered manager, senior support worker and four support workers. We spent time observing people.

We reviewed a range of records. This included two people's care records and four medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke by telephone with five relatives of people who used the service.

Good

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

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had policies and procedures in place to guide staff on how to respond to allegations of abuse. These made clear their responsibility to report any allegations of abuse to the local authority and Care Quality Commission. Records confirmed that allegations had been dealt with in line with the procedures.
- Staff had undertaken training about safeguarding adults and understood their responsibility for reporting it. One member of staff told us, "First of all, if you see something like that, (suspected abuse), you must report it to your line manager. If you find they don't do anything about it, you can whistle blow."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These included information about the risks people faced and how to mitigate those risks. They covered risks including accessing the community, fire, using the kitchen, oral care and going on holiday.
- Assessments were person-centred, based around the needs of the individual. They were subject to regular review. This meant they were able to reflect people's needs as risks changed over time.
- Steps had been taken to help ensure the premises were safe. These included carrying out various checks. For example, the electrics, gas installations and fire alarms had all been serviced by qualified people within appropriate timeframes.
- Relatives told us people were safe. One relative said, "They are clear about risks and boundaries and make sure (person) is safe."

Staffing and recruitment

- There were enough staff working at the service to keep people safe. We observed that staff were able to respond quickly when people required support. Some people were assessed as requiring one to one staff support, and we saw this was provided on the days of our inspection.
- Staff and relatives told us there were enough staff to keep people safe and that they had enough time to carry out all their duties. One member of staff said, "We are a full (staff) team. It's enough." A relative told us, "As far as I'm aware, yes, there are (enough staff). Lots of staff around, no rushing."
- Systems were in place to help ensure only suitable staff were employed. Various checks were carried out on prospective staff, including obtaining employment references, proof of identification and a criminal record check.

Using medicines safely

- Medicines were managed safely at the service. They were stored in locked cabinets within people's

bedrooms. Medicine administration records were maintained. Staff signed these after each medicine was given so there was a clear audit trail. Where people were on PRN (as required) medicines, protocols were in place to guide staff about when to administer these.

● The registered manager had done a lot of good work to reduce the amount of psychotropic medicines (medicines that can have a tranquilising effect) people at the service took. The prescribed amounts had been reduced by at least 50% for each person over the past 18 months, and for some people they now only took these medicines on a PRN basis. The registered manager told us this had resulted in people being more alert and having more energy, without any corresponding increase in incidents where people might express distressed or anxiety.

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 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 accessing testing for people using the service and staff.
● 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

● Lessons were learnt when things went wrong. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents re-occurring.
● For example, where people had incidents where they expressed distress and agitation, their risk assessments had been reviewed and positive behavioural support plans had been developed and implemented, with the input from community learning disability services.

Good

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

- There had not been any new admissions to the service since it was registered with its current provider. However, the registered manager was aware of good practice in relation to carrying our pre-admission assessments. They told us any assessments would include seeking the views of the person and enabling them to view the service before deciding about whether or not to move in.

Staff support: induction, training, skills and experience

- Staff undertook training to provide them with knowledge and skills to help them in their role. Staff training including health and safety, medicines, autism awareness, working with people who are distressed or expressing emotional distress and communication.
- New staff undertook an induction programme when they started at the service. This included completing the Care Certificate, which is a training programme designed specifically for staff who are new to working in care.

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

- People were supported to eat a balanced and healthy diet. Care plans covered healthy eating, and people were encouraged to make healthy food choices. People were involved in planning the menu through the use of picture cards to help them make choices.
- Relatives told us people were supported to eat well. One said, "I've seen what (person) eats from pictures, they eat vegetables now but wouldn't before. I thought good choice of foods."

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

- The premises were dated and were not always suitable to meet people's needs. Although each person had their own bedroom, these were not ensuite, and people shared bathroom and toilet facilities, which lacked the connivance and privacy of having a private bathroom. The registered manager told us the situation was not ideal, and the provider was looking for alternative accommodation. We saw people were involved in this process.
- The décor of the service was tired and worn throughout. Carpets were stained, paint was sometimes peeling, and woodwork was scuffed in places. The registered manager told us there was a plan in place to re-decorate the whole home within the coming weeks. This process started on the second day of our inspection when a decorator was on site to commence the re-decorating work.
- However, although we have highlighted negative aspects about the condition of the property, the premises were in a pleasant area, surrounded by both commercial and housing properties, close to good transport links and many other local amenities.

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

● People were supported to live healthier lives and have access to health care professionals. Health action plans were in place, providing guidance about supporting people to live healthy lifestyles

● People had access to health care professionals, including GPs, dentists, chiropodists, psychiatrists and the learning disabilities services. Relatives confirmed this and told us they were kept informed. One relative said, "They always inform me of doctors or dentist, whenever they go to hospital they let me know." Another relative said, "(Person) had a bad thumb a few weeks ago and went straight to the doctors."

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.

● DoLS were in place for people using the service and staff understood the conditions of any DoLS authorisations. Where people lacked the capacity to make decisions for themselves, mental capacity assessments had been done and best interest decisions taken. For example, in relation to managing finances and having vaccinations to protect against COVID-19.

● Where possible, people were supported to make decisions for themselves. For example, we saw people been asked to choose where they wanted to go out to during our inspection and able to make choices about meals, through pointing and the use of sign language.

Good

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 were treated well and the provider respected equality and diversity. Staff spoke in a dignified and respectful way when discussing people who used the service and we observed positive interactions between staff and people.
- Care plans covered needs related to equality and diversity, including sexuality, ethnicity and religion. People's needs were met in these areas. For example, people were supported to attend various places of worship and food at the service reflected people's culture.
- Relatives told us staff were caring and kind. One said, "I feel they're looking after relative and the others like part of family, which is lovely for us." Another relative said, "Last year (person) had their 52nd birthday, they love James Bond, they had a party themed (on James Bond), they had an evening suit and bow tie on and there were pictures around, I was in tears, they love and care about him."

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

- People were supported to express their views and be involved in making decisions about their care. People were involved in developing their care plans. They had a monthly meeting with their keyworker to monitor progress being made with care plans and talk about any other things of importance to them.
- Staff understood the importance of supporting people to make choices and were able to tell us how they did this. For example, one member of staff said, "We encourage (person to choose) by using PECS and symbols. They are able to point at the picture of the food they want." PECS stands for Picture Exchange Communication System and is a system to help communication using picture cards.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. We observed staff interacting with people in a friendly manner. People were seen to be relaxed with staff and enjoying their company.
- Care plans were in place about promoting and developing people's independence, for example with food preparation. We saw photographs of people being supported to develop independent skills, including gardening and using public transport.
- Staff understood how to support people in a way that promoted their privacy and dignity with personal care. For example, a staff member told us, "In the morning I knock on their door and ask before I go in. We always try and encourage them to wash themselves. (Person) likes to spend time in the bath, so we let them take their time."

Good

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

● Care plans were in place for people. These were of a good standard, clear, detailed and person-centred, based around the needs of the individuals. People and relatives were involved in developing plans.

● Plans covered needs including personal care, physical and mental health, relationships and equality and diversity. Care plans were subject to regular reviews. This meant they were able to reflect people's needs as they changed over time.

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.

● The provider used various methods to meet people's communication needs, depending on the particular needs of each individual. Staff had all taken training about communication and understood people's communication needs.

● For example, some people used Makaton (Makaton uses signs and symbols to help people communicate. It is designed to support the development of spoken language), staff had received training in this, and we saw them using this effectivity to communicate with people. Other people used PECS and objects of reference to aide communication and we saw this being used.

● People had communication care plans in place which set out their communication needs and provided guidance to staff about how to meet those 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 take part in a variety of social and leisure activities. On the days of our inspection people went bowling and to local cafes and shops. Other activities included attending parties, restaurants, day trips, holidays and going to the cinema. One person had voluntary employment working at a charity shop.

● A relative told us, "I see they involve (person) in lots of activities to stimulate and make them happy." Another relative said, "I see (person's) artwork, staff help with (person's) artwork, on Mother's Day I had a plate (person) painted."

● People were able to maintain relationships with family and friends. People visited their families including

for overnight stays, and there were no restrictions on visitors coming to the service. A relative told us, "At Christmas (person) joined their family for Christmas dinner."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.

● Complaints received had been dealt with in line with the procedure. We saw the provider had worked to resolve issues of concern that had been raised as a complaint, and offer apologies where appropriate. Relatives told us they knew how to make a complaint. One said, "Yes, we have a complaints sheet and know how to go through the stages (of making a complaint)."

End of life care and support

● No one was at end of life care at the time of inspection. However, this area was covered in people's care plans.

Good

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 provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff spoke positively about the registered manager and the working environment.
- One member of staff told us, "It's a very pleasant place to work. The manager is very understanding. The colleagues are supportive to each other. Another staff member said, "We see (registered manager) as part of the team, they ae always hands on. They work at weekends, I haven't seen that before with other managers. They are helpful and supportive." A relative told us, "I speak to (registered manager) on a regular basis. They are always at the other end of the phone." Another relative told us, "(Registered manager) is absolutely brilliant, just so on the ball and all inclusive, welcomes you into mix of what's happening, caring for rest of staff, absolutely lovely."
- There was a person-centred ethos at the service, for example, through the individualised communication strategies for people and person-centred care plans. This helped to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and complaints were addressed.
- A relative told us, "They've been honest and forthcoming, very good on that score." Another relative said, "Any incident like a fall they communicate to us straight away."

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

- There was a registered manager in place who was supported in the running of the service by a deputy manager. Staff were clear about their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.
- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

Continuous learning and improving care

- Systems were in place for continuous learning and improvement. Various audits were carried out, for

example, about infection control and prevention, medicines and health and safety. Care plans and risk assessments were subject to regular review.

● The registered manager carried out a 'Monthly Managers Review', which was sent to a senior manager working for the provider to check everything was as it should be. The review covered various things including demonstrating staff supervision was up to date, and all required environmental checks have been done.

● The provider conducts an annual visit to the service to carry out a review, which is in line with what CQC looks at during inspections. The most recent visit was in February 2022. We saw that action had been taken to address shortfalls identified in that review, such as a medicines cabinet that was not securely attached to the wall.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider engaged with relevant people to seek their views. For example, surveys were carried out of people and relatives, the most recent was in February 2022. We saw positive feedback from this survey. For example, one relative had written, "(Registered and deputy managers) are extremely caring and go above and beyond to ensure all is well with our (relative)." Another relative wrote, "My relative is well cared for and fully supported."

● People's and staff's equality characteristics were considered. For example, one person spoke a language other than English. Although they had family members who visited most days to help with communication, the registered manager told us they were actively seeking to recruit a member of staff who spoke the same language as the person. Staff recruitment was carried out in line with good practice in relation to equality and diversity.

● The provider worked with other agencies to develop best practice and share knowledge. For example, they worked with Skills for Care who provided training and guidance on care sector topics. The registered manager attended a provider forum run by the local authority. The most recent meeting of the forum included discussions about COVID-19, staff recruitment and safeguarding adults.