

Achieve Together Limited

Uxbridge Road

Inspection report

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Ratings

Overall rating for this service	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

Uxbridge Road is a supported living service for up to 9 people with learning disabilities and/or autism. At the time of the inspection, 6 people were living at the service. There were 2 buildings on the same site, accommodation for 2 people in 1 building and for up to 7 people in the other building.

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. At the time of the inspection, two people were receiving support with personal care. The other four people had support with other aspects of their care.

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 and right culture.

Right Culture:

The provider had systems to evaluate the quality of the service being delivered, but these were not always effective as they had not identified gaps in cleaning schedules. However, the provider took immediate action to make improvements. People and those important to them were involved in planning their care, and overall, people and their relatives were satisfied with the care provided. Staff were supported through supervision and training and told us they felt supported by managers.

Right Support:

People were kept safe from avoidable harm and risks to people were assessed and monitored. Staff were aware of people's strengths and promoted independence to help people achieve a meaningful everyday life. People were supported to have 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 supported people to make decisions and communicated with people in ways that met their needs. Staff also supported people to take part in activities and pursue their interests in their local area.

Right Care:

Staff understood people's cultural needs and provided culturally appropriate care. Individual needs were addressed. For example, people who had specific ways of communicating, using sounds, certain words, Makaton (a form of sign language) and pictures could interact with staff and others involved in their care

and support because staff had the necessary skills to understand them. People's care plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an unannounced comprehensive inspection of this service on 22 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Caring, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

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 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.

Uxbridge Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 2 inspectors and an 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people. Some people could not speak with us and tell us of their experiences verbally, so we observed their interactions with staff. We spoke with 5 members of staff including the registered manager, deputy manager and 3 care workers. We reviewed a range of records. This included 2 people's care records and medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to 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 well treated and supported. We observed positive interaction between people using the service and staff. People who were able to communicate with us, told us they were generally happy with how staff supported them. One relative commented, "[Staff are] all absolutely amazing and seem to treat all [people using the service] very well." Another relative said, [person] is generally happy when they visit to take them out and is always happy to go back after a visit. They described staff as "kind" and "very friendly".
- Staff knew people and their needs well which helped them to develop supportive relationships with people.
- The provider tried to match people and staff, so they had shared interests. For example, we saw some staff were able to communicate with people in their first language.
- Care plans included information about people's cultural and religious needs as well as their interests and preferences, so staff were aware of these.

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

- People were supported to express their views and make decisions about their care. For example, people were asked for their opinions on menu planning and activities.
- Records indicated people and their relatives were involved in decision making so people received care in their preferred way. In addition to likes and dislikes, information included communication guidance to help ensure people could communicate their wishes.
- People's preferences included how they liked to receive personal care and food and drink preferences.
- Care plans included information about future aspirations. For example, for some people this included going on holiday to a specific place, and we saw this had been arranged.
- Monthly key working sessions recorded how goals from the care plan were implemented.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. A staff member told us when considering dignity they, "Treat [people] how I would like to be treated. There isn't a one way approach. Ask them how they want to be treated. Checking with them. Close curtains/close doors [during personal care]."
- People were encouraged to maintain their independence as much as possible. For example, the service was supporting one person to develop their communication skills and we saw they were on a waiting list to attend a communication course. Another person's care records indicated they should be encouraged to go shopping and take food from the shelf to the basket.
- The registered manager told us about a third person who communicated they wanted a cup of tea by

picking up their mug. This skill has been developed so now the person can also get the tea and milk, increasing what they can do independently, while clearly indicating they would like support making a cup of tea.

- Care plans recorded what tasks people were able to complete independently, so staff had guidance to encourage this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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.

At our last inspection we found people did not always have personalised care and support to meet their communication needs. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider considered people's communication needs and how to meet them as part of care planning. Support plans contained communication information and the provider supported the development of people's communication skills at a pace appropriate for the individual using a variety of methods. People were supported to make choices.
- Staff training included communication. Staff were able to tell us about people's individual communication needs, communicate with people in ways they understood and change their approach as required.
- People's preferred communication methods and the support they required were recorded in their care plans. For example, Makaton, a type of sign language, was used and care plans were written with pictures in an easy to read format. These ways of communicating were used by staff and people daily to help people make choices and plan their day.
- Communication profiles included what sounds or words people used, various ways to communicate with people, for example using objects of reference and information about how people expressed themselves when trying to convey something specific. For example, if they are tired, want to watch TV or want to go out.
- Communication plans included topics people liked to talk about.
- We saw a number of aids for staff such as words people used, including English translations if the word was not English. There was also guidance on things staff should do or not do when communicating with people, such as keeping the interaction simple and not invading personal space.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

At our last inspection we found each person did not have a planned programme to support their needs and preferences. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care which met their needs and reflected their preferences.
- Care plans contained information and guidelines for staff so they could meet people's needs, preferences and promote their independence. This included positive behaviour support plans which supported people to live well in their own home.
- Care plans were regularly reviewed and updated to reflect current needs.
- People had skills development plans which identified a behaviour and put in place a positive reinforcement to help people develop skills around expressing themselves in a positive way. For example, providing access to healthy snacks, minimised 1 person engaging in negative behaviour to receive food. The plan included staff support and development to help ensure staff had the relevant skills to care for people that met their individual needs.
- People were supported to identify and reach their goals and aspirations.
- People were encouraged to develop and maintain social and life skills. Some people attended college and others were supported with activities in the community as part of their care plan. Group activities such as trips were also undertaken.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to appropriately respond to any complaints received.
- People and their relatives knew who to speak with if they wanted to raise a concern.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The care plan included questions about end of life care and support so people could discuss this if they wished.
- Records indicated families did not want to discuss end of life care, at this time. However, the provider included generic guidelines for people's individual cultural needs in case of a sudden death.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found the provider was not effectively operating systems for monitoring and improving the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had processes in place to monitor service delivery. However, these were not always operated effectively, as we saw cleaning schedules had not been completed correctly, were not signed and not checked by a manager and the audits had not identified this. The registered manager said they would follow this up immediately and sent us an action plan after the inspection to confirm what action they had taken.
- Service information such as audits and safeguarding alerts were recorded electronically to help ensure the registered manager and their line manager had an overview of what was happening in the service.
- Team meetings showed incidents and accidents were discussed with staff so lessons could be learned.
- The registered manager participated in local authority provider forums to share information and best practice with other providers in the area.

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

- The service was person centred, open and met people's needs and preferences. Staff worked with people in a way that promoted independence and helped to empower them.
- The registered manager told us 'residents' meetings' happened regularly and gave people a chance to say what they thought about the service. The provider sent out satisfaction surveys to people and their relatives to get feedback about service delivery.
- Staff felt supported and able to raise concerns with the registered manager. A staff member told us, "[The registered manager] is supportive."
- People living at the service had a learning disability as their primary care need. 'Right support, right care, right culture', guidance outlines three key factors that CQC expects providers to consider if they care for autistic people and/or people with a learning disability. The registered manager was aware of these principles and had considered them as part of how they met people's needs and achieved good outcomes.

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 understood their responsibility around the duty of candour. They knew when they needed to report notifiable incidents to CQC and to the local authority.
- The registered manager told us they had worked with staff to change the culture of the service to help staff to feel comfortable raising concerns. Safeguarding alerts were managed so staff could use case examples to discuss their learning and what could be done differently next time.
- We saw posters displayed of the support structure in the service and how to raise a concern, throughout the house, so people always had accessible guidance about this.

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

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was appropriately qualified and understood their regulatory responsibilities.
- Audits the provider completed to help identify concerns and improve care included health and safety, medicines, finance and a monthly self-assessment audit that included all areas of the home.
- The provider submitted notifications as required in line with regulatory requirements.

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

- People and their relatives had opportunities to feedback about the care provided and how the service was run. A relative told us the registered manager was "marvellous" and all relatives confirmed the registered manager was accessible when they contacted the service.
- Meetings for people who use the service were taking place and team meetings for staff were held to share information and give staff the opportunity to raise any issues.
- The provider had considered people's protected characteristics such as religion, culture and ability.
- Staff were positive about working at the service. A staff member said, "The team is good. We support each other. Morale is good here."
- We found the provider had made reasonable adjustments for one staff member, with a specific need, to enable them to work effectively with people using the service.

Working in partnership with others

- The provider worked with other professionals to help ensure people's needs were being met and their wellbeing maintained.
- The registered manager told us how they had developed a supportive relationship with the local authority which had helped motivate the staff team.