

Achieve Together Limited

The Moors

Inspection report

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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

About the service

The Moors is a supported living service providing support and personal care for people with a learning disability and autism in one house with shared communal areas. 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 our inspection there were four people using the service, two of whom were receiving personal care.

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

People who used the service and their relatives told us they felt safe being supported by staff and that staff had the skills and experience to support them appropriately. People's risks in relation to their care were managed and they were able to live independent lives. There were sufficient staff deployed to meet people's needs and people were supported on a one-to-one basis.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

People who used the service and their relatives told us staff were kind, caring and respectful towards them. People's care plans and the support from the registered manager provided staff with the information required to support people effectively. People were involved in the planning of their care and their wishes were respected.

Management had undertaken regular audits to look at lessons that could be learnt and made appropriate improvements to the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right Support: Model of care and setting maximises people's choice, control and Independence
People were supported by staff to work towards their individual goals and objectives. Staff encouraged and

supported people to live as independently as possible and to have control over their lives. People were encouraged to express their views using a variety of communication methods and staff actively sought feedback which was discussed with individuals. People were encouraged and supported by staff to have control in their daily lives.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. People who used the service and their relatives told us they felt supported by staff in a kind and caring way. The service was situated in a residential area and there were no outward signs to differentiate it from other houses in the street. Local shops and amenities were within walking distance and we observed people going to buy items independently when they wished to do so. Staff knew people well and ensured they were supported with their social and care needs in a person-centred way. The kitchen was always accessible and people were encouraged to do their own meal preparations with the support from staff.

Right Culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The culture of the service was open, inclusive and empowered individuals to express their views on how the service was run. People told us they felt confident and were supported to manage potential risks, for example when they independently undertook long train journeys. We observed staff supporting people to ensure they had a safe journey and we were told by people that they had practiced the journey until they felt confident enough to undertake it independently. People who used the service and their relatives were complimentary of staff and the leadership of the service.

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

Rating at last inspection

This service was registered with us on 26 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service first registered with us and 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, 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.

The Moors

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 team consisted of two inspectors.

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.

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

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.

Inspection activity started on 10 March 2022 and ended on 18 March 2022. We visited the service on 10 March 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. 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 four people who used the service about their experience, two of whom were receiving the regulated activity personal care. We spoke with five members of staff including the registered manager, shift leader and support workers. We observed interactions between staff and people who used the service.

After the inspection

We received feedback from three healthcare professionals. We reviewed quality assurance and training records. We spoke with two relatives about their experience of the care provided.

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; Learning lessons when things go wrong

- There were systems in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe being supported by staff. One person told us, "I am sure I'm safe here." A relative told us, "I think [person is] definitely safe there."
- Staff understood what constituted abuse and knew the steps they would take if they suspected abuse. One member of staff told us, "[Abuse could be] physical abuse, emotional abuse - I would whistleblow if I was worried." Another member of staff told us, "If someone was being particularly quiet, I would ask them if they were okay and if they wanted to talk somewhere alone. Make a statement and write an incident report."
- Staff had received training for safeguarding and held regular meetings which included a safeguarding quiz for staff to complete as a team. One member of staff told us, "Well, we have had the training and we know what to look out for. We know different types of safeguarding concerns can come out in different ways."
- We reviewed minutes of staff meetings which showed that staff had discussed where things had gone wrong and the lessons that could be learnt. For example, staff had spoken about how best to support a person to ensure they were not completing a task for the person, but rather supporting the person to complete the task independently.
- The registered manager had undertaken a regular analysis of accidents and incidents. This included steps they could take to reduce the risk of the incident occurring again whilst acknowledging a person's right to be as independent as possible. For example, where a person was unable to use a kettle as they had caused themselves an injury, this was changed to a hot water dispenser which could be operated using a button. This meant the person was able to continue making their own hot drinks independently.

Assessing risk, safety monitoring and management

- Assessments were in place to identify and manage risks to people. Risks had been assessed and included information on the steps they should take to reduce these. For example, one person had a plan for seizures which included steps for staff to take to ensure the person was seen by healthcare professionals.
- Staff told us they knew what to do to reduce known risks to people. One member of staff told us, "[Person] recently got a [pet] and had to do a risk assessment with [person]." Another member of staff told us in relation to risks of people becoming distressed, "Recognising when somebody is stressed and how we have to approach them very calmly. It's in the care plan."
- We observed people taking positive risks and going to the local shops independently. This was in line with their wishes and ensured the person could maintain their independence whilst taking some risks.

Staffing and recruitment

- The provider followed safe recruitment practices. This included requesting references from previous

employers and checks with the Disclosure and Barring Service (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.

- People told us there were sufficient staff deployed at the service. One person told us, "Yes, enough staff. I can go out when I like."
- We observed there were sufficient staff on the day of the inspection and people were able to spend time with staff on a one to one basis so that they were in control of which activities they would like to undertake.
- People's needs were reviewed regularly in order to establish if staffing levels were sufficient to meet their needs and staff told us they felt there were enough of them to offer the appropriate support. One member of staff told us, "We have enough staff definitely and sickness is covered."

Using medicines safely

- People were encouraged to do as much as they could for themselves in relation to their medicines. One person applied their own creams and enjoyed recording this independently. The person had started the process to administer their medicines themselves and staff had supported them by planning observations and undertaking risk assessments. This meant that the person was being empowered to gain independence in administering all of their own medicines. A member of staff told us, "I asked [person] to take the medication out and to read the leaflet."
- People's medicines were managed in a safe way. Medicines were recorded in Medication Administration Records (MARs) and included a person's allergies, special requirements and a recent photograph to identify the individual.
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance for staff on when to administer this, the maximum dose and when to inform a healthcare professional.
- Staff had undertaken training and competency checks for the administration of medicines. One member of staff told us, "I did the medication [training] and competency."
- We reviewed medicines audits which showed that the management team regularly checked for any potential errors and lessons that could be learnt in relation to medicines. One member of staff told us, "We discuss medication errors."

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 meeting shielding and social distancing rules.
- 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 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.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and social needs were assessed in a person-centred way to ensure staff were able to support the individual appropriately. Assessments included information people's healthcare needs, preferred communication methods and how to best support the individual.
- Care was delivered in line with national guidance and legislation and we saw this from care records and staff meetings we reviewed. Staff had discussed the CQC key lines of enquiry, COVID-19 guidance and Right Support, Right Care, Right Culture.
- The people living at The Moors had been living at the service for several years and staff had gained an understanding about their choices and needs. We observed that staff knew people well and encouraged people to live independent lives in line with national guidelines.

Staff support: induction, training, skills and experience

- People told us they felt staff had the training, skills and experience to effectively support them. One person told us in response to staff training, "I think so. They have done training."
- Staff told us they had received induction training and were expected to keep their training refreshed. The induction training consisted of online and in-person training. One member of staff told us, "My induction was done by [registered manager]. There are many modules to complete. It was really good."
- Training modules staff were required to complete included basic life support, moving and handling, autism awareness, data protection, fire awareness and training to support people with a learning disability.
- The registered manager had undertaken regular supervisions with staff and this was also an opportunity for staff to discuss any training they wished to undertake. One member of staff told us, "We spoke about problems [during the supervision]." Another member of staff told us, "For the level NVQ (national vocational qualification in health and social care) two, they have contacted them. I was updated about that."

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

- People were encouraged to maintain a balanced diet whilst respecting their wishes. One person told us about their Achievements Book where they had recorded their achievements in relation to preparing their meals.
- Staff empowered people to cook independently and provided support to do so. People told us they were encouraged to cook and be in control of what they wish to eat. One person who used the service told us, "I try to involve everyone when I'm cooking and I like to tell them about what I have cooked. They all eat my food and they seem to enjoy it."
- We saw from records that staff had undertaken relevant training in relation to food safety and nutrition

and hydration.

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

- Staff supported people to maintain their health and wellbeing. People and their relatives told us they were able to access healthcare professionals when they wished to. One relative told us, "They would certainly call the doctor. We have experienced it ourselves."
- We saw from care records that staff had worked with healthcare professionals in order to provide effective care. For example, where a person was living with epilepsy, staff had worked closely with the person's general practitioner (GP) to ensure the person was supported effectively.
- We were told by healthcare professionals that staff ensured people received timely care when people needed this. One healthcare professional told us, "I've even had calls on a Sunday where the staff have been concerned. It just shows how the staff feel about [the people]."

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.

- People's care was provided in line with the MCA. All people who used this service had capacity to make decisions in relation to their care and people's relatives supported them to make some decisions. One relative told us, "[Person who used the service] is able to make all of [their] own decisions."
- Healthcare professionals told us staff supported people to make independent decisions. A healthcare professional told us, "The signatures of authority are actually from the individual. They're involving them and explaining what they're signing and what I'm doing."
- Staff had undertaken training in relation to the principles of the MCA and understood these well. One member of staff told us, "It is so important not to assume anyone lacks capacity." Another member of staff told us, "We presume mental capacity is there, we support people to make best decision, unwise decisions are not lacking mental capacity. Whatever we do, it must be done in the least restrictive way and in the best interest of the people."

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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful and treated people as individuals. One person told us, "These guys (gestured towards staff) are very nice and they are like our family." Another person said, "I am very happy here, staff are nice." A relative told us, "[Person] is happy there."
- We observed staff supporting people in a kind, caring and respectful way. People appeared to be at ease and enjoyed the company of staff who knew them well and respected their choices. For example, when a person felt overwhelmed, a member of staff immediately attended to the person and was able to comfort them. This showed that staff knew the person well to understand how to approach them and offer appropriate reassurances.
- Staff had undertaken training for dignity, respect, equality and diversity. Staff understood their role in relation to these and had encouraged people to express themselves. One member of staff told us, "I have done training for dignity and respect. It's about respecting everyone and treating them well."

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

- People told us they felt involved in the planning of their care and were supported to express their views. One person told us, "I like that I can do whatever I want here, and they help me get things and do my hobbies." Another person told us in relation to their care plan, "I have signed it and I'm happy."
- Healthcare professionals we spoke with told us that they felt staff supported people to make decisions about their care and express their views. A healthcare professional told us, "I feel that a lot of this is down to the way the staff treat them, giving them choice, freedom and support."
- We reviewed care plans and saw people and their relatives had been involved in making decisions about their care. For example, where a person liked to have an active social life, staff had supported them to undertake the activities they had chosen and this was reflected in their care plan.

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; 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; End of life care and support

- People's care and support was planned to meet their individual needs and respected their preferences. People had allocated one-to-one support hours which were planned around their preferred schedules. One person who used the service told us, "I can go to the [shop] with a carer if I want to."
- We saw in care plans that people's achievements and progress were acknowledged. For example, where a person had gained new skills in relation to activities, this had been reflected in their care plan and provided staff with instructions on how to support the person to work towards further independence.
- People had individual timetables of activities they wished to undertake, such as art classes and dance lessons. Timetables were planned in line with people's goals and were reviewed regularly to establish how staff could best support them to achieve these.
- Whilst nobody was being supported with end of life care, we saw in care records that staff had discussed plans with people and respected their wishes where they chose not to discuss this.

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.

- People's communication needs were assessed and recorded in their care plans and other relevant records. Where communication needs were identified, these were reflected in records and appropriate formats were available, such as pictorial formats and easy-to-read guidance.
- Surveys for people and other important documentation was available in different formats in line with people's communication needs. For example, feedback surveys were available in pictorial format and we saw people had filled these in independently.
- Staff had ensured people had access to up-to-date information such as policies, national guidance in relation to COVID-19 and consent forms.

Improving care quality in response to complaints or concerns

- Staff had explained the complaints procedure to people and provided them with this to ensure they knew

how to make a complaint. The complaints procedure was available in different formats in order for people to have access to their preferred method. A member of staff told us, "We would support them to make a statement if necessary and address it with the correct management level."

- We saw that complaints had been responded to and actioned by the registered manager. For example, where a person had complained, the registered manager had discussed this with the person to ensure they were happy with the outcome.

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

- People who used the service and their relatives told us the culture in the service was inclusive and person-centred. One person told us, "I like living here, everyone is nice and I can do what I want." A relative told us, "On the whole, I'm very pleased."
- We observed that the registered manager was approachable and knew people well. People appeared to feel at ease around them and told us they felt confident approaching them if they had concerns.
- Staff told us they felt happy working at the service and that there was a positive atmosphere in the service which put people first. One member of staff told us, "I just know the [people using the service] love seeing [registered manager and they get] on really well with them so it just lifts the mood when [registered manager is] here." Another member of staff told us, "It's a bubbly, very good atmosphere. Always happy to see everyone." A third member of staff told us, "It's a positive culture."

Continuous learning and improving care; 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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. There had been no notifiable incidents since the registration of the service, but staff demonstrated that they were aware of the criteria for notifying CQC.
- Relatives told us they had been informed of significant incidents and changes to people's care in line with their loved ones' wishes. One relative told us, "[Registered manager] phoned us a few days ago and told us [about changes in the service]." Another relative commented, "Communication is excellent. Admitting openly when things have not gone to plan and discussing the best way to resolve issues."

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

- There was a clear structure of governance in place for staff to follow. Staff knew their role well and knew where to go if they were unsure about something. One member of staff told us, "[Shift leader] does everything we need to know. I would call [the registered manager]. There's always someone on call." Another member of staff told us, "On a day to day basis I know what to do."
- The registered manager and shift leader had undertaken regular audits of the quality of care provided. Audits were uploaded to the provider's online portal, so that learning could be shared with other services. Where actions had been identified, we saw these had been addressed or added to the long-term service

improvement plan.

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

- People told us they felt engaged in the running of the service and that their suggestions would be listened to. One person told us, "I tell [staff] when I'm not happy. They always help. It's like a family." Another person told us, "The carers and [registered manager] always take time and listen." A relative commented on what the service did particularly well, "Recognising [person's] needs, finding solutions to problems, often thinking outside the box. Supportive in all areas of [person's] life giving [person] as much help to independence as [they] can manage."
- Staff understood the vision of the service and told us they felt valued by the management team. One member of staff told us, "They (management) say: 'Well done for today and thank you very much.'" Another member of staff told us, "I feel supported. They say thank you and are approachable."
- We observed staff were involving people in creative ways and offering support when necessary in line with the service's values of encouraging independence. For example, when a person requested help to wrap to a present for their loved one, they sought out a member of staff and asked them. The staff member offered to help whilst encouraging and empowering the individual to undertake the task independently. The individual told us they were very happy with this and felt able to undertake the task knowing that they could ask for further help.
- The registered manager had undertaken quality assurance audits with people who used the service. Feedback surveys were available in different formats to ensure people were able to complete them independently. These included questions on areas of improvement, safety and areas the service does well. Where actions were identified, these had been addressed by the management team by speaking to the individual and resolving the issue.
- Staff had worked effectively with other organisations, such as healthcare professionals. One professional who regularly worked with individuals told us, "I have no concerns at all about the care given at The Moors and I am always impressed by a real sense of family about the place." A healthcare professional told us, "I think [The Moors] is one of the best I've seen. It comes down from management down to the staff." A member of staff told us, "As soon as we noticed a difference in someone's health. We would just make a call straight away. The GP is very good at getting back to us quickly."