

Achieve Together Limited

101 Cheam Road

Inspection report

101 Cheam Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

101 Cheam Road is a residential care home providing personal care to five people with learning disabilities, epilepsy and autism. The service can support up to seven people.

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

Right Support

The service provided support to people in a clean and safe environment. Refurbishment works were in the process of being carried out with some work already completed, such as the newly decorated kitchen and lounge and replacement flooring throughout the home. Repair work was still required on the downstairs bathroom flooring as was the refurbishment of people's bedrooms and the annexe. We saw these works were on the maintenance schedule and we were told by the deputy manager it was planned for this work to be carried out soon.

People benefitted from an interactive and stimulating environment.

People were encouraged to be as independent as possible and had choice and control over how they were supported. People's risks were assessed and the risk management plans in place informed staff how to protect people from abuse.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received their support, including support in the community.

Staff enabled people to access specialist health and social care support.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People's care and support plans reflected how their needs would be met. Their plans included information about how to support people's wellbeing and their wishes to maximise their enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to people's individual needs.

Staff were trained to meet people's changing needs effectively. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's privacy was protected.

Staff administered medicines safely and ensured the environment was clean.

People ate well and chose how they received their personal care.

People were able to access health services regularly and healthcare professionals were involved in supporting people's wellbeing.

Right culture

Good quality assurance and a wide range of service audits were in place and were used to identify where improvements were needed. The service worked hard to make timely improvements to enhance people's quality of life.

People and those important to them were involved in planning their care. Staff asked people, their families and other professionals for their views about 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 and update

The last rating for the service under the previous provider was good, published on 17 December 2019.

Why we inspected

We undertook this comprehensive inspection to check whether the service was applying the principles of right support, right care, right culture.

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.

The overall rating for the service is good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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 responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

101 Cheam 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

One inspector carried out the inspection.

Service and service type

101 Cheam Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 101, Cheam Road does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This is a person, who with the provider, are legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of their registration with the Care Quality Commission to have a registered manager.

Notice of inspection

We gave a short period of notice of the inspection due to the risks associated with the Covid-19 pandemic.

What we did before inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all this information to plan our inspection.

During the inspection

We communicated with all five people who used the service about their experience of the care provided. We spoke with three members of care staff, the deputy manager and the registered manager.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and three people's medicines records. We looked at staff training and supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives and we continued to seek clarification from the provider to validate evidence found and reviewed additional management records sent. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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

- People were protected from abuse because staff knew them well and understood how to recognise and report abuse. The service worked well with other agencies to protect people from abuse.
- People told us they felt safe living at 101 Cheam Road. Most of the people living at this home had done so for more than five years and were well settled. They knew the staff team well. We observed a happy and contented atmosphere in the home. Relatives of people told us they were confident their family members were safe and protected from the risk of abuse.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management strategies were developed to minimise these risks and keep people safe. Staff told us they found people's care plans helpful in knowing how to support people appropriately, especially when they were experiencing signs of anxiety or distress. Comments included, "All our people's support plans have been reviewed recently. The information in them helps us support people appropriately" and "The support plans are drawn up together with people, involved external professionals and their relatives."
- Some people experienced anxiety and distress at times. These people had positive behaviour support plans in place. We found that staff's day to day support and management of people's anxiety and distress was appropriate and met people's needs. Staff enabled people to access the local community with reduced risk to themselves and others.
- More general risk assessments were carried out which helped to ensure the safety of the home environment. These risk assessments covered health and safety, fire prevention systems, hot water safety and electrical appliances.
- Regular maintenance checks were undertaken for fire protection systems including the emergency lighting systems, fire extinguishers and the fire alarm.
- Risks to people from fire were reduced because the home conducted fire drills and evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans in place which guided staff on how to help people to safety in an emergency such as a fire.

Staffing and recruitment

- There were sufficient numbers of staff on each shift to meet people's needs.
- The provider's recruitment practices were followed to help make sure all staff were suitable for their roles in the home. The process included carrying out interviews, criminal records checks, proof of identity and obtaining references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

Using medicines safely

- We found there were appropriate arrangements in place for ordering, storing, administering and recording medicines, which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. A member of the staff team was allocated responsibility to ensure the safe administration of medicines.
- We undertook a medicines stock check to see if the stock of medicines held in the medicines cabinet was the same as that which was recorded on the medicine administration record (MAR) sheets. The check evidenced there were no discrepancies with the levels of medicines held in the cabinet and the MAR sheets.
- We looked at a random sample of MAR sheets. We saw staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at.
- Staff told us they received medicines training. They said their competence and knowledge of the policies and procedures for the safe administration of medicines was assessed by the registered manager before they were able to administer medicines. We saw records to show staff received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines. We also saw evidence of the monitoring of staff competencies carried out by the registered manager.
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicines.

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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and audited so that strategies could be put in place to prevent any further or similar occurrences.
- The deputy manager confirmed this. Relatives told us staff kept them informed about any incidents that arose with their family members. This all helped to keep people safe. Staff knew how to report accidents and incidents.

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

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

- A fire risk assessment was undertaken by the London Fire Brigade in May 2021 and recommendations were made following that assessment. All the doors needed replacing to meet fire rating standards. This work had not been carried out at the time of this inspection. After the inspection the registered manager confirmed that the work was carried out on 9 May 2022. We will monitor the provider's progress on this and follow up at the next inspection.
- The deputy manager told us a programme of refurbishment was underway throughout the home. The kitchen and lounge areas were newly painted and new flooring installed throughout the home. The outside had been redecorated. Some areas of the care home remained on the provider's maintenance to-do list. This included refurbishment of the annexe and work had already started on this. We were told people's bedrooms were scheduled for repainting. People confirmed this and said they were fully involved in choosing their own styles of decoration. We were shown by people the colour charts and design combinations they were provided with to help them make their choices. We will monitor the provider's progress on this and follow up at the next inspection.

Staff support: induction, training, skills and experience

- Staff received effective support through supervision and training. This included one to one meetings and team meetings. We noted the frequency of these formal meetings did not meet the provider's supervision policy. The deputy manager showed us a new supervision matrix that set out regular six to eight weekly supervision for individual staff members. Staff had received supervision using the new supervision format that set out the agenda of these meetings included the direct work staff undertook with people. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.
- Staff told us they had good levels of training support that helped to ensure they had the skills to meet people's needs. Staff comments included, "The training programme is wide and varied and covers all areas of our work" ; "The training I have had helps with the work I am doing here" ; "I haven't worked in a setting like this before so the fact that my induction was good has greatly helped me to understand the needs of people living here. Other training I have had has also provided me with the chance to develop my knowledge and my skills."
- Staff received training in core areas such as first aid, medicine administration, infection control, the Mental Capacity Act, safeguarding, food hygiene and equality and diversity. Training programmes included training for working with people whose behaviours resulted from anxiety and distress, epilepsy, autism and the administration of medicines.

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

- People's needs were assessed in such a way to ensure a person-centred and holistic approach was taken with their support. An outcome-based approach provided the best opportunities for people to achieve their maximum potential. Relatives said, "I am invited to [family member's] care reviews. Unfortunately, I am not always able to go"; "I do get an invite to the reviews. There are always chances to talk to staff outside of reviews if I need to do so."
- People's care plans included their life history, healthcare conditions, care needs, the support they required, likes and dislikes. The information was used to plan and deliver people's care and support.

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

- People had enough to eat and drink and were supported by staff to have a balanced and healthy diet.
- People told us they enjoyed cooking for themselves and others in the home. On the day of inspection, we observed one person cooking an evening meal for people together with some staff support. They told us, "I like cooking a curry for the others, I do it every week, it's fun."
- Staff told us that people were able to make decisions about the food they wished to eat and were assisted by staff to encourage a healthy and balanced diet. Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans and staff had information and guidance from dietitians and speech and language therapists where this was appropriate.

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

- Staff assisted people to attend health appointments and manage their healthcare effectively. Relatives told us staff enabled people to access healthcare services. They said their family members were up to date with regular health checks such as going to the dentist, optician or to the GP for an annual health check. Records we checked demonstrated people received good health care.
- We saw people had hospital passports and health action plans. These are documents that are considered best practice for some adults with learning disabilities as they ensure all relevant health information is accessible in one place. This helped to ensure that all services involved in supporting people were working together to achieve the best outcomes.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw mental capacity assessments and best interests meetings were in place for people where appropriate. Details of any restrictions to people's liberties were set out in DoLS applications that were approved by the relevant local authorities. The reasons why restrictions were needed were clearly stated. This included the nature and duration of the restriction and arrangements for monitoring. This showed the provider was following appropriate procedures to only provide care that was in people's best interests.
- Staff completed training and had a detailed understanding of consent and the procedures to follow if

people lacked the capacity to make decisions about their care and welfare.

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 as 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

- We observed throughout this inspection that people were treated with kindness and compassion. One staff member told us, "The people who live here have done so for a long time, it is their home. I love this job." Comments from relatives included, "Staff are very caring" and "It's like one big family where people look after each other".
- The people living in the home and most of the staff had been there for more than five years. We saw there were positive, caring and trusting relationships established between staff and people. Staff worked hard to maintain these relationships with people.
- We observed where appropriate people received one to one attention from staff who demonstrated their concern and interest in them. We saw staff patiently spending time cooking with people and helping them in a very caring way with these activities.

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

- Relatives and staff told us people were encouraged and supported to express their wishes and preferences with regards to their care and support.
- Staff had worked with people over time to build up a picture of their likes and dislikes. People's preferences were recorded clearly in their care plans.
- Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered and were understood by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with people in a kind, respectful and professional manner. We saw people had the privacy they needed and were treated with dignity and respect at all times. Staff knocked on people's bedroom doors before they went in. We observed staff asked people what activities they wanted to do.
- Relatives told us staff enabled people to decide for themselves wherever possible about their lives, such as with their personal care and the activities they wanted to do.
- Relatives said they were always made welcome when they visited their family members in the home. Staff told us, and records evidenced people were supported and encouraged to keep in contact with their relatives and friends.

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 as 'Good'. This meant people's needs were met through good organisation and delivery.

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

- People had individual care and support plans we inspected detailed people's physical, mental, emotional and social needs and integrated their needs into an outcome based plan of support structured to ensure their needs were met effectively. The support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals where appropriate and were signed off by all parties involved in the process.
- People told us they were encouraged by staff to make choices about their lives and about the support they received. Relatives confirmed this and said where this was not possible staff would ask them to contribute to the process to enable staff to respect people's decisions and choices.
- We saw staff were required to read the plans and sign to say they had done so, and we saw evidence that supported this. Plans were reviewed on a regular basis appropriate to each individual person's needs. This meant people received individualised care and support to meet their changing needs.
- We saw staff used positive behaviour techniques with people who experienced anxiety and distress. Positive behavioural support plans were in place for people who needed them and we saw they had really helped reduce people's anxious and distressed behaviours. The impact of this had helped to improve people's quality of life and enabled them to engage in more of their chosen activities.

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.

- We observed staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.
- Staff had a good understanding of the AIS and people's communication needs were assessed and documented in their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's' communication preferences and useful communication strategies for staff were documented.
- Information was available for people and their families in different formats as required, such as for the complaints policy.

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 develop and maintain relationships that were important to them and to pursue the social interests and activities that were important to them. We noted activities were wide and varied, including attending college for pottery and photography; swimming; badminton; walking; going to the pub; going on day trips and gardening.
- Relatives confirmed this with us. Comments included, "They have a better social life than I do"; "They really so enjoy doing the things they do, they often go out to the town, go to the pub or to the cinema or shopping."

Improving care quality in response to complaints or concerns

- The provider had systems in place to review any complaints and implement strategies to reduce the likelihood of reoccurrences.
- Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. Information about how to make a complaint was displayed in easy read formats on notice boards that clearly described the complaints process. We saw a clear complaint policy and procedures that enabled people and others to make a complaint or a compliment.
- Staff were aware of the complaint procedure and how to assist people with the process if required to do so.
- The deputy manager told us there had not been any complaints since the last inspection. Records evidenced this.

End of life care and support

- The deputy manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.

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 promoted an open, fair culture.

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

- There was a positive culture which supported people to achieve good outcomes. Staff told us there was a strong commitment to provide person-centred, supportive care to people. Staff told us, "We encourage people to be as independent as possible" and "It's important to help people maximise their full potential as much as possible, that's what we do."
- The deputy manager told us that together with the registered manager they were fully involved in the day to day management of the service. Staff and relatives confirmed this. They were complimentary about their hands-on approach and comments included, "The two managers are very astute and they work in partnership with us, our family members and staff"; "We've had a change of managers since the last inspection, but the deputy and the registered manager's approach has really helped make the transition smooth and effective". One person commented, "We have the best managers here, they are so good."
- It was clear to us from what people and staff told us the registered and deputy managers were committed to maintain high quality services for people. Staff said they felt comfortable to approach either of the managers about anything they might want to discuss with them.
- People's relatives spoke very positively about the care and support provided by staff. Comments included, "Staff are very supportive to [family member]"; "Staff know people well, know what they like to do and work hard to support people to achieve their best".

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

- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.
- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to ensure the service sought the views of people through regular reviews,

resident's meetings and annual surveys. The last annual survey was carried out in January 2022. This asked relatives and people who used the service for feedback about their experience of the support they received. We inspected the feedback and noted it was positive, with all the comments either very satisfied or satisfied with the services provided at 101 Cheam Road.

- The provider recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required, action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. An example of this was for people who might need to go into hospital. The service ensured all relevant information relating to the persons condition was available to the hospital staff. This included details of what medicines people were prescribed, what condition they were living with and other elements of their care needs.
- We saw from our conversations with the deputy manager they were aware of the importance of working in partnership with social and healthcare professionals so people received appropriate support from them. We saw evidence in people's care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people.