

# Achieve Together Limited

## Fiveways

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Fiveways provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including people with a learning disability and autistic people. At the time of our inspection three people were using the service living in one supported living setting. People rented their room from a private landlord and used shared facilities such as a kitchen and living room. This service was previously registered with the Care Management Group. The current provider took over the management and operation of the service in November 2020.

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.

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

The service was able to demonstrate how they were meeting most the underpinning principles of right support, right care, right culture.

### Right support

People's medicines were not always stored or recorded safely. This meant people may have been at risk of receiving the wrong medicines. The manager took immediate action to put things right and make improvements. Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community.

### Right care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People who had individual ways of communicating, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

### Right culture

Staff had not always made sure some quality and safety aspects of the service had been fully assessed or

acted upon to ensure people were safe. The provider acted on this immediately to make things better. People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 26 November 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 8 January 2020.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC). We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

#### Enforcement

We have identified one breach in relation to medicines management at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fiveways

## 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

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in one '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager was in the process of applying to register with CQC.

#### 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.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered. 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.

#### During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with one person using the service, the operational manager, the manager and two staff members. We also spoke one family member. We looked at records which included care records for two people, two staff files, medicines records and other records relating to the management of 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Using medicines safely

- People's medicines were not always stored in a safe way. People's medicines were stored centrally in a small locked cabinet. People's medicines were not separated in the cabinet so it was not immediately clear which medicine belonged to which person. This meant there was an increased risk that the wrong medicine could be given to the wrong person. During the inspection staff separated people's medicines to make the storage system clearer. After the inspection the manager confirmed they had fitted medicine cabinets in people's rooms so administration could take place in private and there was less risk of medicine errors.
- People's medicine administration records (MAR's) were handwritten. One person's records had the incorrect dates for the start of the medicine cycle. This meant the dates from the start of the medicine cycle and the dates medicine was administered did not align. This meant errors may not have been spotted with the amount of medicine administered to people and when. During the inspection staff checked the person's medicine and gave us assurance that the person had received the right amount of medicine at the right time.

Although no one had been harmed best practice guidance in relation to the storage and recording of people's medicines had not been followed. This meant people could be at risk of receiving the incorrect medicine at the wrong time. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We observed positive interactions and relaxed body language between staff and people living at the service.
- There were effective safeguarding and whistleblowing procedures in place. Staff were able to explain what the signs of potential abuse were and what action they would take if they had concerns.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management strategies were developed to minimise these risks to help keep people safe.
- Staff spoke about people's risk and how they supported people to stay safe. For example, one person required additional support while in the community to keep them safe while crossing the road.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. For example, regular health and safety and fire checks were carried out to make sure people were safe in their home. The manager told us they had reported maintenance issues to the landlord and the

repairs identified were in the process of being rectified.

#### Staffing and recruitment

- The service had enough staff to keep people safe. Although there had been staffing pressures during the COVID-19 pandemic we were assured staffing numbers had increased to allow people to have their allocated, one to one, time with staff for activities at home and in the community.
- Staff recruitment and induction training processes promoted safety. Checks were carried out before employment started to make sure staff were suitable for the role.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely when they needed to.
- The service tested for infection in people using the service and staff.
- The service supported visits for people living at the service in line with current guidance.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff told us of examples where changes had been made to keep one person safe following an incident.



# 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training that focused on the needs of people. Staff said they felt the training was good and they had the opportunity to develop their skills and knowledge with additional training if they wanted to.
- Staff told us they received appropriate induction when they first joined the service and were made to feel welcome. One staff member told us, "I had a fantastic induction, good support, training on the floor and have completed my on-line training."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were registered with their GP and supported to attend annual health checks, screening and primary care services such as dental appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented. Staff knew people had the right to make day to day choices. We saw staff offering people choices throughout the day, for example about what people wanted to eat and where they wanted to spend their time.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff ensured relatives were involved, where appropriate, in decisions which had been made on people's behalf. Staff had submitted an application to the court of protection for one person but had not received a response at the time of our inspection.

# 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff knew people well and how to communicate with them. We observed positive interactions between people and staff throughout our inspection. People were relaxed with staff and there were lots of smiles and chatting.
- Staff were calm, focussed and attentive to people's emotions and support needs. Staff were able to recognise when people were anxious or needed additional support. One staff member told us, "[Person's name] gets down occasionally and I speak to them and take them somewhere quite to have a little me and them time."

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

- People were involved in planning their care. People had keyworkers and met regularly to talk about their goals and achievements and plan for the month ahead.
- Staff supported people to express their views using their preferred method of communication. Staff told us about people's different communication styles and gave us examples of how they encouraged people to make choices about their care and support. For example, one person used objects of reference and would show staff what they wanted. Pictures and photographs of activities to help people decide what they would like to do or where they would like to go.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. People celebrated cultural festivals such as Easter and Christmas and staff respected people's cultural preferences.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to try new experiences, develop new skills and gain independence. Regular group and keyworker meetings gave people the opportunity to talk about issues that were important to them.
- People were encouraged to be involved in the day to day chores in their home to help them become more independent, this included shopping for groceries, cleaning and laundry .
- Staff knew when people needed their space and privacy and respected this. We observed people made choices throughout our inspection about what they wanted to do or where they wanted to be, including having privacy and space when necessary.

# 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, healthcare and support plans. Relatives told us they felt involved in their family member's care and were comfortable sharing their views but also seeking advice and clarification from the manager when needed.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. A keyworker system was in place and regular meetings between the person and keyworker were recorded. These included what people wanted to do in the near future and celebrated what they had already achieved.

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.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including photographs, symbols and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. For example, pictures, photographs and notice boards were used so people knew what was planned each day and could make comments or changes if they wanted to.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

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 encouraged by staff to reach their goals and aspirations and people were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. One person told us about their outing to meet friends in the community. Staff told us about people's activities, including trips to the park, bowling and meals out.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported

them to do so. Relatives told us if they had a complaint or concerns they would raise this with the manager and were confident these would be acted on.

- All concerns and complaints were treated seriously and investigated. Lessons learned were shared to make things better for people.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

#### End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. People's records included preferences relating to protected characteristics, culture and spiritual needs and the manager confirmed they would liaise with families and the appropriate health care bodies 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 innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was sometimes inconsistent and did not always support the delivery of high-quality, person-centred care.

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

- A new manager had joined the service and was in the process of applying for CQC registration. The provider had conducted a quality assurance visit prior to our inspection and identified actions for completion. The regional manager explained they were supporting the manager to meet the actions identified.
- The governance systems and processes in place had identified most of the issues we found on our inspection. However, the medicine audit for May 2022 showed 100% compliance and had not identified the issues highlighted in safe. We spoke to the manager about this who completed a new audit confirming the actions that had been completed to reduce risk to people.
- The provider must notify the CQC of certain changes, events or incidents that affect a person's care and welfare without delay. Before our inspection we received a telephone call from the regional manager to explain the delay in notifying us about an incident that had occurred two months previously. It is important the CQC receives this information promptly because it helps us to monitor the care and support people receive. A notification about events was sent to us after our inspection and we will be reviewing the information separately to this report.

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

- The manager worked across two services but staff confirmed he was visible in the service and could be contacted easily when needed. Our observations suggested the manager was approachable and took a genuine interest in what people and staff had to say.
- Staff felt respected, supported and valued by senior staff. Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "Now we have a new manager, things are changing but I enjoy working with him. He is supportive ...I feel like he listens."
- Managers promoted equality and diversity in all aspects of the running of the service.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. People were asked about what they thought about the service during meetings with their house mates and in one to one keyworker sessions. Relatives confirmed the manager was in regular contact with them about their family members care and support.

#### Continuous learning and improving care

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- When things went wrong the manager explained they shared lessons with staff to help reduce risk and improve people's care.

#### Working in partnership with others

- The service worked with other agencies such as health care professionals to make sure people had the care they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines. 12(2)(g)