

# Achieve Together Limited

# 17 Heathcote Road

## Inspection report

17 Heathcote 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

### About the service

17 Heathcote Road is a supported living service which provides support to people in their own home. The service can support up to nine people in individually accessed en-suite flatlets.

The service aims to support people with mild to moderate learning disabilities, mental health needs and/or autism spectrum conditions to become more independent.

Nine people lived at 17 Heathcote Road at the time of our inspection, two of whom received support with personal care. CQC only inspects services 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.

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

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.

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

### Right support:

People received consistent support from staff who were familiar to them and who knew them well.

Staff supported people to develop their skills and to be as independent as possible.

Risks were managed well to keep people safe while promoting their independence.

People were encouraged to identify goals that were important to them and staff supported them to enjoy meaningful and fulfilling lives.

Staff supported people to access healthcare services when they needed them.

### Right care:

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had.

Staff were kind and caring. They treated people with respect and encouraged them to make decisions about their care and support.

The support staff provided was flexible to take into account people's needs and preferences. People were able to choose how and when to use their allocated one-to-one support.

Staff supported to take part in social and leisure activities they enjoyed. People were supported to maintain relationships with their friends and families.

Right culture:

People were involved in planning their own care and were encouraged to give their views about the support they received.

People's families were able to give their feedback about the support their family members received and their views were listened to.

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.

The registered manager had the skills and experience they needed to carry out their role and maintained a good oversight of the service.

The provider's governance systems were effective in ensuring people were safe and received good quality support that met their individual needs.

The registered manager valued staff and supported them in their professional development.

The registered manager and staff maintained effective working relationships with other professionals to ensure people received the care they needed.

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

The registered provider of this service has changed since the last inspection. The last rating for the service under the previous registered provider was Good, published on 24 July 2019. This was the first inspection under the current registered provider.

Why we inspected

This was a planned inspection based on the date of the service's registration under the current registered provider.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was 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.

# 17 Heathcote 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.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting so 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 a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since its registration, including information about significant incidents. 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 of this information to plan our inspection.

#### During the inspection

We talked to two people who lived at the service to hear their feedback about the care and support they received. We spoke with the registered manager and three support workers.

#### After the inspection

We reviewed information sent to us by the registered manager, including one person's support plans, recruitment records for two staff, quality checks and audits, training information and the business contingency plan for the service.

We spoke to two relatives of people who lived at the service to hear their views about the care their family members received.

# 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 under the current registered provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service had enough appropriately skilled staff on each shift to keep people safe and meet their needs. This included one-to-one support for people when they wanted it.
- People told us staff were available when they needed support and our observations confirmed this. Staff knew how to take into account people's individual needs, wishes and goals.
- There were vacancies on the permanent staff team at the time of our inspection but this had not affected the quality or consistency of care people received. Permanent staff picked up any vacant shifts when needed to ensure that the service did not need to use agency staff.
- The provider operated robust recruitment procedures, which helped ensure suitable staff were employed. People who used the service were encouraged to take part in the recruitment process, which ensured their views about the staff who supported them were taken into account.

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

- There were effective systems in place to safeguard people and protect them from the risk of abuse. People who used the service had been given information about safeguarding and knew how to raise any concerns they had.
- Staff understood their responsibilities in protecting people from abuse. Staff had training on how to recognise and report abuse and knew how to apply it.
- The provider promoted a culture in which staff felt able to speak up if they had concerns about abuse or poor practice. One member of staff told us that the provider's values included, "Being brave, which means if you see something that is not right, having the courage to challenge it."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had been carried out to identify and mitigate any risks to people. If risks were identified, staff did not restrict people unduly but considered and implemented the least restrictive options to help keep people safe.
- Lessons were learned from incidents and learning was shared among the staff team. The registered manager told us reflective practice was used to ensure learning took place when incidents occurred. The registered manager said, "It is all about what you have learned from that incident. We encourage staff to reflect on what happened and what could have gone better."
- The service had a business contingency plan to ensure people's would continue to receive care and support in the event of an emergency.

### Using medicines safely

- People's medicines were managed safely. All the people who took regular medication at the time of our inspection were able to manage their medicines independently. Staff were able to provide support with medication if people needed it.
- Staff received medication training to enable them to support people when needed and medicines were audited regularly.

#### Preventing and controlling infection

- Risk assessments had been carried out to identify any risks to people who used the service and staff posed by COVID-19. Action had been taken to manage these risks effectively.
- Staff had access to the personal protective equipment (PPE) they needed and had attended training in its use.
- Standards of infection prevention and control (IPC) were audited regularly.
- Staff participated in a regular testing regime for COVID-19. People who used the service were also encouraged to take part in testing and had chosen to do so. There were appropriate procedures in place in the event of a positive test result.
- There were appropriate procedures in place to enable safe visiting. Visitors were required to provide evidence of a negative lateral flow test, undergo COVID-19 screening and wear PPE when they entered the service.



# 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 under the current registered provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to do their jobs well. This included mandatory training and further training specific to people's individual needs, such as supporting people with learning disabilities and/or autism spectrum conditions.
- New staff had a comprehensive induction, which included shadowing colleagues and meeting regularly with the registered manager to monitor their progress. The registered manager told us, "Before they do any support, they have to complete all their training. Then they read the [support plan] folders and do their shadowing. I tell them to observe their colleagues and see if they are following the guidance on the support plan."
- A member of staff who was in their induction period said, "I am learning a lot. The manager and the team are really supportive and I am getting to know the tenants. I have one-to-one meetings every other day with the manager. After a month I will shadow my colleagues."
- Staff communicated well with one another and shared important information effectively. Handovers were held before each shift and team meetings took place regularly. A member of staff told us, "We have staff meetings and handovers to make sure we are consistent. Our handovers are thorough. We discuss everything."
- Staff said there was a good sense of teamwork at the service and that they supported one another well. One member of staff told us, "We are very supportive to each other. That is very important to provide care effectively."
- Staff met regularly with the registered manager for one-to-one supervision, which provided opportunities to discuss their training and professional development needs. One member of staff said, "Supervision is very thorough; there is no time limit. It is not ticking boxes. I can talk about how I feel."

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

- People's needs had been assessed before they moved in to ensure staff had the skills to support them effectively.
- People were encouraged to contribute to planning their care. This ensured support plans were personalised and reflected people's individual needs, strengths and goals.
- People's care was provided in line with relevant legislation and best practice. The registered manager used supervisions and team meetings to ensure staff provided consistent support in a way that reflected people's needs and wishes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Staff supported people to make decisions about their care and ensured people had the information they needed to make informed choices.
- Staff attended training in the MCA and understood how its principles applied in their work. One member of staff told us, "We did MCA training which tells you everything about how to support the guys. We give them choices but it is their decision. We have to respect their right to make unwise choices."
- Staff sought people's consent before providing their care and respected people's right to decline support if they wished. One member of staff told us, "I will ask them what support they want but sometimes they may say no, they will ask you to leave them alone. We respect their decision."

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 good health. People were encouraged to have an annual health check and staff were available to support people to attend appointments if they wished.
- Staff communicated with healthcare professionals when necessary to ensure people had access to the care and treatment they needed.
- Relatives told us staff monitored their family members' health effectively and supported them to access healthcare professionals when needed. One relative said, "They are on the ball. They notice things about him. If something is not right, they will address it. They took him to the doctor when he wasn't well. They were very quick to respond."

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

- People were encouraged to make choices about what they ate and staff supported them to be involved in food shopping and cooking. People told us staff helped them plan weekly menus and to shop for and prepare their food.
- Relatives said staff supported their family members to eat food they enjoyed while promoting a balanced and varied diet. One relative told us, "They take him [food] shopping and I see things in [family member's kitchenette] that I know he likes." Another relative said, "[Family member] used to eat a lot of fast food but they have encouraged him to eat more healthily. His diet is better now."

# 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 under the current registered provider. 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 told us they enjoyed living at the service and got on well with the staff who supported them. They said staff were kind and supported them in the way they preferred. One person said, "I like here. I like the staff."
- Relatives said staff were kind, caring and friendly. They told us their family members had established positive relationships with staff. One relative said of staff, "They are lovely. They are very kind people. I am very impressed with them." Another relative told us, "[Family member] is very happy there and he gets on really well with the staff. I trust them, which is really important to me."
- Relatives told us staff treated their family members with respect and our observations confirmed this. Staff engaged with people in a friendly but professional way, seeking their consent before providing support and respecting their decisions about their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in planning their care. People met regularly with their keyworkers to set and review goals and to plan the week ahead. A relative told us, "They try to get [family member] involved [with support planning]. They encourage him to make choices."
- A member of staff who was a keyworker told us, "We have monthly reviews. That is where we plan their goals with them. It is their opportunity to talk and tell us how they feel. For example, if they feel something is not going right then we can talk about how to support them."
- Staff encouraged people to be independent and to develop new skills, such as menu planning and cooking. Relatives confirmed their family members had become more independent since moving to the service. One relative told us, "They encourage [family member] to be independent, which is really good for him."
- The service had supported people to move on to independent living with outreach support. The registered manager told us, "We still support [person] on outreach. He is now married and working. When he moved in, he was very dependent on staff. We supported him and he flourished."
- Relatives told us staff struck a good balance between encouraging their family members to develop new skills and respecting their family member's right to decline to take part. One relative said their family member attended a horticultural course each week but had sometimes been reluctant to participate.
- The relative told us they had received positive feedback from the horticultural centre about the member of staff who accompanied their family member and the support they provided. The relative said, "I have had a lot of good feedback about [support worker]. The [horticultural centre] have been delighted with how he gets [family member] joining in."

- Staff understood the objectives of the service in terms of supporting people to become more independent. When we asked staff what the service did well for people, one member of staff told us, "Promoting independence. Our goal is to make them more independent in their day-to-day lives." Another member of staff said, "It is about encouraging people to be independent and supporting them. We try to build their confidence. We like to see a change in people."
- People told us they could have privacy when they wanted it. They said staff respected their right to spend time alone and not to be disturbed.

# 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 under the current registered provider. 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

- The support people received was planned to meet their individual needs and preferences. Each person had a number of allocated one-to-one support hours each week and could choose how they used these hours.
- People could also choose which member of staff they wanted to support them and decide which member of staff they wanted to be their keyworker.
- Staff provided support that was flexible according to people's needs and wishes. A member of staff said, "We support them with activities, we support some people to attend appointments. Sometimes they might ask us to help them clean their flat or explain what a letter says; we will support them with that."
- Relatives told us staff knew their family members' needs well and provided support that met these needs. One relative said, "I think [family member] is well-supported. They have a good understanding of his needs. It has worked out really well for him there." Another relative told us, "All [family member's] needs are met. They know him very well."
- Staff supported people to take part in social and leisure activities they enjoyed. People said staff supported them to plan and attend activities of their choice. One person told us their keyworker meetings were used to, "Talk about things I'd like to do."
- The person said they enjoyed activities including going out for walks and meals and going to the cinema. A relative told us, "They take [family member] out with one-to-one support. He goes swimming once a week [with staff support]. He loves doing that."

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.

- People's individual communication needs were assessed before they moved to the service and recorded in their support plans. This included any specific strategies staff should use when supporting people and communicating with them.
- People's support plans contained sensory profiles, which recorded how the person reacted to sensory stimuli, such as sounds, touch and their environment.
- Support plans also recorded people's verbal and written communication skills and any alternative and augmentative communication methods they used. Augmentative and alternative communication methods are those used to supplement or replace speech or writing for those with impairments in using spoken or written language

- Relatives told us staff understood their family members' individual communication needs. They said staff used appropriate communication strategies to ensure their family members had access to information in a way they understood. For example, one relative told us staff used social stories with their family member to ensure they understood what to expect from particular situations, such as a medical procedure.
- Social stories are a well-recognised means of communicating information to people with learning disabilities or autism. They are short descriptions of a particular activity or event which include information about what to expect in that situation.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints would be managed. Information about how to make a complaint was made available to people in ways they could understand.
- People felt able to complain if they were not satisfied with any aspect of the service they received. For example, one person had complained to the housing association who owned the property about delays in responding to maintenance issues.
- The relatives we spoke with told us they had not needed to complain about the support their family members received but said they felt able to raise concerns if necessary. They said any issues they had raised had been listened to and acted upon. One relative told us, "If I say I am concerned about something, they will act on it. It is very reassuring for me. I feel listened to."

# 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 under the current registered provider. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture in which staff valued and promoted people's individuality, protected their rights and supported them to develop and flourish. A member of staff told us, "I think we are good at supporting our tenants to be more independent, helping them to meet their goals, helping them feel safe and that this is their home. They can choose to be involved in staff interviews. They will tell us if they are happy or if they are not happy. We always include them in everything."
- Staff knew and understood the provider's vision and values and how to apply them in their work. One member of staff told us their induction had included, "All the company values and the mindset I should have as a support worker. My main responsibility is to safeguard the tenants, to support them and work with them to make sure they live their lives as independently as possible."
- The registered manager was visible in the service, approachable and listened to the views of people who lived there, their relatives and staff. Relatives told us the service was well-managed and said the registered manager was accessible to them and their family members. One relative told us, "It is well managed. I can always speak to the manager if I want to."

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

- The registered manager had the skills, knowledge and experience to perform their role and a good oversight of the services they managed. The registered manager had been in post since the service opened and knew the people who lived and worked there well.
- The provider had effective governance processes, which helped keep people safe and ensure they received good quality care and support. Key aspects of the service were audited regularly and action taken to address any issues identified. For example, previous audits had identified that some staff training needed to be updated and a night-time fire drill carried out. These actions had been completed and signed off.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

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

- People had opportunities to give feedback about the service and the support they received. Tenants' meetings took place regularly at which people were encouraged to give their views about their support and how the service was run.
- People's feedback was listened to and taken into account. For example, there were vacancies at the service during the COVID-19 pandemic which the provider wanted to fill. People who were already living at the service said they did not want any new admissions to be made as they were concerned this could pose a risk of COVID-19 entering the service. The provider listened to people's views and respected their wish not to have new people moving into the service.
- Staff ensured people's relatives were kept well-informed and sought their views about their family members' care. One relative told us, "They are excellent in their communication with me. They keep me up to date and ask me what I think."
- The registered manager supported staff to progress in their roles and to develop their skills and experience. This included encouraging staff to take on additional responsibilities and giving them the support they needed to do this.
- Staff spoke highly of the support the registered manager provided. One member of staff told us that, during their induction, "The manager really did support me throughout. He told me there are always opportunities for more training if I need it." Another member of staff said, "If I wanted to, I could go to him with a personal problem and I know he would listen."

#### Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was sought when needed to ensure people received timely and effective care.
- The registered manager engaged in peer support groups, such as the Skills for Care registered managers' forum, which provided opportunities to share ideas, information and good practice.