

Achieve Together Limited

Wembdon Rise

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wembdon Rise is a residential care home consisting of 10 self-contained flats across 3 buildings. The service provides personal care for up to 10 people with a learning disability and/or autistic people. At the time of the inspection 10 people were living at the home. The service is a residential property based within Bridgwater. Local shops, and the town are within a close proximity to the home.

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.

Right Support

The service provided people with care and support in a safe environment. Restrictions placed on people were proportionate to the level of risk. People were supported to make decisions following best practice in decision-making. People had a choice about their living environment and were able to personalise their rooms. The service supported people to have choice, control and independence. People were able to pursue their chosen interests. Staff supported people to achieve their aspirations and goals. People were supported to access their local community. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

People could take part in activities and pursue interests that were tailored to them. Staff promoted equality and diversity in their support for people. 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 with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face.

Right culture

The provider and the manager had a robust system to monitor the quality of the service. Improvement in areas of risk management had been fully implemented in respect of restrictions and fire safety. Staff turnover had been high, however people were supported by consistent agency staff. Staff understood people well and were responsive to their needs. People and those important to them, were involved in

planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. 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

Rating at the last inspection

The last rating for the service under a previous provider was good, published on 13 March 2018. This was the first inspection for the service under the new provider (registered 01 December 2020) to rate the service.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Wembdon Rise

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.

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

Two inspectors carried out this inspection. An Expert by Experience made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Wembdon Rise is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wembdon Rise is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service; they were unable to give us any detailed information. We also spoke with 6 relatives of the people about their experience of the care provided. We spoke with 5 members of staff including the registered manager and care staff.

We reviewed a range of records. This included 4 people's care plans and medicines records. We looked at recruitment checks and training records of 3 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training on safeguarding people from abuse. Staff said; "I would always go to [Registered Manager]," and "If it wasn't dealt with by [Registered Manager], I'd go to the area manager. If nothing changed, I'd go higher and look at the whistleblowing policy" and, "I would whistle blow if I needed to. I know how to do it."

Assessing risk, safety monitoring and management

- There were risk assessments in place to provide guidance for staff about how to keep people safe. Staff knew how to raise any concerns around changes of people's needs and told us they had sufficient time to read risk assessment guidance. Staff understood how to keep people safe whilst promoting their independence. One staff member said, "The service encourages us to be adventurous and to promote independence" and, "It depends on the individual, but for example, we've supported people to go and do things they haven't done before."
- Relatives said that people were safe, one relative said "Staff keep [Person's name] safe, assessing his environment and being aware of what's going on. He has risk assessments and a support plan."
- Environmental risks were assessed, with measures put in place to remove or reduce the risks. Fire, gas and electrical appliances were serviced routinely and there were systems in place to ensure a safe water supply and prevent the risk of Legionella disease.
- People had personal emergency evacuation plans (PEEPS) in place to ensure that any emergency evacuation was person centred to people's needs.

Staffing and recruitment

- The registered manager told us that the service had a programme of recruitment to increase staff numbers to enable people to have the levels of funded support they required. Difficulty in recruiting and retaining staff had meant that it was difficult to fulfil the level of staffing required. Despite this we saw that people received their essential support, and were still able to undertake activities of their choosing.
- All the staff we spoke with said when the service was fully staffed there was enough staff to meet people's needs. Staff said not having enough staff on duty impacted on them and on the people they supported. One member of staff said, "We should have 12 to 13 [Staff on duty], but we often run at 10. We lack car drivers at the moment so that restricts us a bit." Another member of staff said, "We've got a magnificent team, it's just not big enough. When we're short staffed it impacts on the staff because we end up doing more. Sometimes it means a person can't go out tomorrow, and we'll go the next day or get a family member to come along instead."

- Relatives gave mixed views of staffing one relative said, "I know recruitment is difficult. [Person's name] always has someone with him and is 2 to 1 [Staffing] in the community. There is a core staff that know [Person's name]." Another relative said, "It's weekends when they say there is not enough staff. I think [Person's name] is unsettled by constant change of staff." A further relative said, "When I was concerned about [Person's name] stability in relation to staff changes they ensured that he had the same core team as far as possible."
- There was a robust employment procedure for staff. Staff recruitment files showed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. The recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

Using medicines safely

- Medicines were managed and stored safely. Staff were trained and assessed as competent to administer medicines. Medicines records (MAR) were completed and topical medicine MAR had related body maps to ensure prescribed creams were applied appropriately.
- Staff had received STOMP training. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- There was clear guidance for staff to inform them of people's preferences for how they liked to take their medicines. For example, the guidance for one person was, "Inform [Person's name] that you are going to get [Their] medication ready. This will give [Them] time to process the information."
- PRN (as required) medicine protocols were in place to ensure that staff had appropriate guidance when administering PRN medicines. The protocols included how people might display signs of pain, and whether they would inform staff verbally or through their body language.
- Regular stock checks were carried out on people's medicines to ensure they were in continuous supply.

Preventing and controlling infection

- The service had appropriate policies and procedures in place to manage and reduce the spread of infection including a policy and risk assessment around COVID19.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, and masks were provided for them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Learning lessons when things go wrong

- There was an analysis of incidents and accidents to identify potential causes or triggers. The registered manager explained that learning was undertaken to prevent recurrence and any risk assessments updated to reflect this.

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.

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.

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 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.

- DoLS applications had been made appropriately and adhered to for people that required them.
- People were able to make most day to day decisions about their care and support, as long as they were given the right information, in the right format at the right time.
- There were limited restrictions placed on people. Where there were restrictions, people's capacity had been considered and mental capacity assessments had been completed.

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

- People's needs were assessed prior to them being supported by the service. These assessments ensured that people were supported to live the life they choose, with the same choices and rights as other people. Staff had detailed information on how best to meet these needs and people's choices in line with best practice guidance. Care plans were regularly reviewed with people to enable them to make their own decisions and choices about their care and to set goals for the future.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and an effective induction into their role. Staff who were new to care, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15

minimum standards that should form part of a robust induction programme.

- Staff spoke highly of the training provision. One member of staff said, "The induction when I started here was very good. I did nine shadow shifts and if I didn't feel confident, I was told I could ask for more, but I felt ready." Another member of staff said, "We get access to a lot of training. It's important, there is a lot, but it does give you the right information. The autism awareness training is fantastic." Staff told us if they felt they needed additional training, that this was provided. For example, one staff member told us that when one person was diagnosed with a condition, training was provided for all staff.
- Staff said they felt supported in their role. Comments included, "We have regular supervisions. There is a board that tells us when we're due a supervision," and "I really like the support I get. The management team is great, any problems, they sort it straight away, they're flexible."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access ongoing healthcare. Care plans demonstrated that advice had been sought from health professionals as required. Staff told us they supported people to attend GP appointments, dentist appointments and hospital appointments. One staff member said, "We have a good relationship with the local GP surgery, we can call them anytime. I thought someone might have an infection recently and I called the surgery who said they'd do a prescription straight away."
- Relatives told us how people's healthcare was managed. One relative said, "[Person's name] will say if he has pain. When he had COVID last year staff were brilliant. The manager stayed all night to ensure he didn't deteriorate. She kept me informed throughout, as I wanted." Another relative said, "[Person's name] has recently had [Medical condition], they have called an ambulance to check him over and he is seeing the GP."
- One staff member told us the team had worked closely with the local dentist team to promote oral care for people. This included having the same dentist provide dental care so that people were familiar with them and ensured the dentist knew people and understood their needs. Staff gave examples of how they had worked with the dentist surgery to provide dental support for people at the service rather than them having to go to the surgery, which they had found upsetting.
- Care plans set out each person's likes, dislikes and dietary needs. Staff were aware of people's guidelines where they required specific foods and drink to enable a healthy diet. We saw examples of people being encouraged to eat healthily. A relative said, "Staff ask [Person's name] what he would like when they do the weekly shop, he can choose. Kebabs are his favourite and he has this twice a week. He likes making cakes with staff. He always has a jug of juice made."

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

- People were able to choose how their rooms were furnished and decorated. People showed us how they had personalised their rooms with items of their choosing that were important to them.

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

- Staff spoke knowledgeably about the people they supported. When we asked staff to tell us about the people living at the service, staff knew people well and were able to tell us about how they supported people based on people's choices and preferences.
- Staff gave examples of how they supported people to do the things they wanted to do. For example, one member of staff said, "When I first started here, [Person's name] rarely went out in the community. Now, we walk to the local pub together and have a meal and a drink. That's huge for them." Another member of staff said, "It's lovely watching people become more independent over the years because of the way we support them. For example, some people don't like their personal space invaded, and need to build up trust with us. When that happens and we can support them to do things, and go places, that's great."
- All the staff we spoke with told us they enjoyed their jobs. Comments included, "I really enjoying working here. It's the way we support people, it's different to other care providers" and, "The people we support are absolutely fantastic, it feels like we really do make a difference to people's lives. They face a lot of challenges and we can really help. All we care about is getting the most out of the day for the people we support."

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

- Staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- People and relatives were involved in making decisions about their care. A relative said, "I am totally happy with the care he is getting. Staff do everything they can to support him, they work around the way he is to make his life easier. They have worked wonders with him."

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.
- Staff knew how to promote people's privacy and dignity. We saw staff knock on people's doors in their flats before entering. There was a system of red and green cards on doors to let staff know if people did not want to be interrupted. One staff member said, "I always help people with their dignity. If someone started stripping off to get in the shower, I will discreetly move into another room and give them privacy."
- Staff told us they promoted people's independence in a wide range of ways. This included encouraging people to choose what to wear, providing assistance only if needed. One staff member said, "Everybody chooses what they want to wear. If a person's eyesight isn't very good, they will feel the clothes, and then

choose themselves."

- Other ways staff supported people in promoting their independence included supporting people to plan their own menus and cook meals, going shopping, going on trips, and taking part in things they wanted to do. Sometimes this involved going out and sometimes it was something they did at home. One staff member said, "Today, [Person's name] has helped me mop the floor and clean the windows. Someone else, helped me with the bins. Most people are encouraged to keep their flats clean. The more you work here you get to know people better and how to promote and encourage independence."
- Staff gave us many examples of how they had worked with people to achieve small and big things that positively impacted on people's lives. Comments from staff included, "The care is amazing here. I'm so proud of what we do and what we achieve," and "Everyone who works here wants to help people achieve the best they can."
- Relatives told us that people were given their own key fobs to the service buildings and access to a communal garden so that they could increase their independence. A relative said, "[Person's name] has a key fob to go round buildings, this helps [Person's name] feel comfortable and relaxed."

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; End of life care and support

- Care plans were personalised to enable staff to know people's individual needs and preferences. People had their likes or dislikes written into their plan and their food preferences.
- Care plans were regularly reviewed and updated, we saw that people had input into their care and treatment, relatives were also involved. A relative said "We are informed of meetings. The behavioural team get involved as necessary. They go out of their way to do a good job." Another relative said, "I think sticking to the care plan is done carefully and is up to standard, anything I want [Person's name] to know, like when the Queen died I ask them to do a social story with [Person's name]."
- Staff had received end of life care training. At the time of the inspection no one was receiving end of life care or expected to be receiving this care in the imminent future.

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 understood how to meet people's communication needs. Care plans provided guidance about people's preferred communication and how to engage with them. For example, in one care plan there was detail about how someone who was unable to verbally communicate used other methods to express themselves.
- Staff told us that when the COVID-19 pandemic first started, they worked innovatively with people to explain what was happening. One staff member said, "When COVID started we created a "social story" explaining what COVID was and what was happening. We would discuss what the virus was with some people who were able to, but not everybody could. One person asked every day if they could go out, so we had to adapt. It was the same with the mask wearing and helping people understand why we all wear masks. That was challenging at first."

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 do things they wanted to do as well as the everyday things such as washing and cleaning.
- Staff gave examples of taking people on train trips, a visit to a local safari park, trips to the seaside and local activities such as a church coffee mornings.

- Although people lived in their own flats there was a communal lounge and garden they could use if they wanted to. Staff told us people were invited to have lunch together on Sundays, and that there were celebration meals that people could attend such as birthday parties, Easter egg hunts and pumpkin carving. Staff told us it was people's choice as to whether they chose to attend or not and staff respected people's choices.
- A member of staff member said, "It was hard during the pandemic that people couldn't see their friends and families. We did video calls and had set times to give people some routine. When restrictions changed, we adapted, did garden visits, gazebo visits and we supported families to come and do socially distanced walks."
- Relatives told us people had access to activities of their choosing. One relative said, "To an extent [Person's name] can choose what to do. [Person's name] has an outing day every week and is offered a choice of where to go. [Person's name] goes to the zoo, likes movies and the library". Another relative said, "[Person's name] cannot cope with too much, so is given a choice of two things, on a Wednesday chooses to visit Bristol or Exeter. He likes to go shopping and spend money on books and furniture. This keeps him happy." A further relative said, "They are a young adventurous team, so his welfare and entertainment is first rate. He is encouraged to get involved in anything he is interested in."

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were comprehensive quality assurance audit checks in relation to all functions of the service. Regular audits had taken place to monitor service provision and to ensure the safety of people who used the service.
- Statutory notifications had been made in line with current legislation to allow the Care Quality Commission to monitor the service. All services registered with the Commission must notify us about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.
- Relatives told us they had an opportunity to feedback about the service. One relative said, "We get questionnaires, they take on board our comments and things change."
- Staff said although they felt valued by the registered manager, they did not always feel valued by the provider. Comments included, "We don't get a lot of recognition from [The provider]" and, "The team and the home is important to me. If we get a good rating, it's down to us and these four walls. I don't feel valued by the company, but I do feel valued by [Registered manager]. That's why I stay."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture within the service. Staff spoke positively and passionately about their work and the people they supported.
- The service had worked hard during the pandemic to adjust to how they supported people. One staff member said, "People with autism have set routines and we knew they would find COVID-19 really challenging. Before lockdown, when we still weren't sure what the future looked like, [Registered manager] made sure we had plans for what we would do if people's routines needed to change."
- Staff consistently spoke highly of the registered manager and the management team. Comments included, "[Registered manager] is very good. Any problem, she sorts it by the end of the day. She's really good at righting things," and "Because she's been in all positions, she knows what we're saying and how we're feeling. She will always make time for you, she will help us on the floor, she's good at knowing how you feel. She's all about the people that live here, giving them independence and generally doing our best for them."
- Other comments included, "It's good to work with [Registered manager]. She has a lot of goals that she

wants to achieve for people living here and for staff. She has an amazing work ethic; she is consistent and always supports staff. I do feel the home has come on a long way since she came here" and, "The management are a dream team, they're brilliant. They're on a level with us. They're approachable, there's no differentiation between them and us, we all work as one."

- Staff told us they attended regular team meetings. They said they were encouraged to speak up and that the registered manager involved them in how the service was run.
- Relatives told us that they could approach the manager if they had any concerns. One relative said, "I have no problem speaking to the Manager, she always deals with my concerns." Another relative said, "If I don't like what I see I speak to the Manager. I get a positive response and they do whatever they can."

Continuous learning and improving care; Working in partnership with others

- The registered manager used a range of internal and external sources to keep themselves up to date with current knowledge and practice.
- The registered manager regularly engaged with staff via supervisions and welfare checks. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care.
- There was a programme of staff training to ensure staff were skilled and competent, staff were also encouraged to complete additional qualifications.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider had a duty of candour policy in place. The registered manager was aware of how they should respond if there was a relevant incident. Staff knew they had to report concerns to the manager and were confident that these would be acted upon.