

Achieve Together Limited

Beulah Road

Inspection report

55 Beulah Road
Thornton Heath
Surrey
CR7 8JH

Tel: 02086536377
Website: www.achievetogether.co.uk

Date of inspection visit:
17 August 2022
18 August 2022

Date of publication:
25 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Beulah Road is a residential care home providing accommodation and personal care to up to seven people with learning disabilities and/or autistic people. There were six people living there at the time of the inspection.

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

Right Support

The service did not always monitor, manage and mitigate all risks to people. Not all risks to people had appropriate support plans. This put some people at risk of potential harm.

The service supported people to have the maximum possible choice, control and independence. 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 pursue their interests and achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

Staff provided people with care and support in a clean environment. People had a choice about their living environment and were able to personalise their rooms. People benefitted from an interactive and stimulating environment.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to take part in activities and pursue their interests and to stay in touch with people important to them.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People were not always supported by suitably trained, skilled and competent staff. Staff training in many areas of care was not up to date. Not all staff could sufficiently demonstrate they understood how to recognise and report abuse. This meant the provider had not ensured people were sufficiently protected from the risk of abuse.

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. The service worked well with other agencies to do so.

People could communicate with staff and understand information given to them because the permanent staff understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because the permanent 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. People received care that supported their needs and aspirations and was focused on their quality of life.

People could take part in activities and pursue interests that were tailored to them. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

Staff turnover had been high and the provider used agency staff to ensure there were enough staff to meet people's needs. Not all agency staff knew people well and this meant sometimes there was a lack of consistent care.

The provider had not engaged sufficiently with people's families. This meant people's families were not sufficiently involved in developing the service.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The permanent 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, including advocates, 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.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect

and inclusivity.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Beulah 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 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

The inspection was carried out by one inspector and one Expert by Experience. 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

Beulah Road 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. Beulah Road 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 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 a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 August 2022 and ended on 5 September 2022. We visited the service on 17 August 2022 and 18 August 2022.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. 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 also used information gathered as part of monitoring activity that took place on 28 July 2022. We used all this information to plan our inspection.

During the inspection

We spoke with one person using the service and five relatives of people using the service. We also spoke with the registered manager, the regional manager and three care workers. We reviewed a range of records, including four people's care records, three staff files and various records relating to the management of the service. After the inspection we continued to seek clarification from the provider to validate evidence found.



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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always sufficiently protected from the risk of avoidable harm.
- Not all risks associated with people's care and support needs were safely monitored and managed.
- One person's diabetes support plan was unclear and unsafe, and staff did not always follow the instructions for monitoring the person's blood sugar levels. This put the person at risk of potential harm from having blood sugar levels that were either too high or too low.
- The checks put in place to monitor and manage the impact of the person's behaviours on their wellbeing did not include all the necessary checks their risk assessment and support plan said should be carried out. This put the person at risk of potential physical injury.

The provider's failure to safely monitor and manage risks to people was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's risk assessments and support plans were reviewed and were also updated when something changed.
- People had personal emergency evacuation plans in place and they contained detailed personalised information for staff about how to support people individually to evacuate the building.
- The provider had systems and processes in place to ensure the required health and safety checks were carried out and health and safety certificates were up to date.

Preventing and controlling infection

- Infection prevention and control (IPC) did not always ensure people were protected from the risk of infections.
- People's individual COVID-19 risk assessments had not been updated to accurately reflect the personalised actions staff could take to protect them from COVID-19. This meant some people's individual COVID-19 risk assessments were not detailed enough and did not contain all the necessary information to mitigate the risk of them getting COVID-19.
- While the provider took action to protect staff who were at obvious risk from COVID-19, such as those who required shielding, they had not carried out COVID-19 risk assessments for individual staff. This meant the provider had not identified all staff who might be at increased risk from COVID-19 so they could take appropriate action to mitigate the risks.
- Food labelling on opened food was not safe. Labels on opened food did not have use by dates, they only

had opened dates. The registered manager said staff went by the use by dates on the original packaging. This meant some foods in the fridge had been opened five months previously and were still being used. This put people at risk of potential food poisoning or infection.

This was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the registered manager said they would carry out individual COVID-19 risk assessments for staff and review people's COVID-19 risk assessments to make sure the actions to protect them from COVID-19 were realistic and achievable and could be followed.
- During our inspection the registered manager threw away food that had been opened and incorrectly labelled and said they would ensure all labels on opened food had the opened date and the use by date.
- The provider's infection prevention and control policy was up to date and the provider was safely admitting people to the service. The provider was preventing visitors from catching and spreading infections and staff were using personal protective equipment effectively and safely. The provider was making sure infection outbreaks can be effectively managed.
- The home was clean and tidy. Laundry processes followed IPC guidance. Clinical waste was disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and the registered manager reported safeguarding concerns to the local authority and notified CQC when necessary.
- However, staff safeguarding training was not up to date and some staff were unable to demonstrate sufficient knowledge of the types of abuse, the signs of abuse and how to report abuse outside of the service.
- We found no evidence anyone had been harmed and people's families said they felt their relatives were safe. A person's relative said, "Yes, he is safe living there" and another person's relative told us, "I am happy with both the accommodation and security". One other person's relative said, "I am happy that he is safe".

Staffing and recruitment

- There were a sufficient number of staff on shift to meet people's care needs and staff were recruited safely.
- While there is a national shortage of care workers, we noted the provider relied on a high use of agency staff to ensure the number of staff on shift met the minimum required staffing levels. The registered manager tried to use the same agency staff regularly because they were familiar with the service and the people living there. This sometimes provided some continuity of care for people.
- However, it was not always possible to use the same agency staff and some people's families reported the high use of agency staff had an impact on people because agency staff did not know them well and therefore, at times there was a lack of continuity of care. The registered manager helped staff provide people with support when the service was short staffed due to staff absence.
- A person's relative told us, "They are trying to recruit, but more agency staff are being used. Agency staff don't know [name of person] as well as the longer serving staff". Another person's relative said, "It has impacted on [name of person], as they don't go out so often as a group now as they once did". One other person's relative told us, "It has impacted on the service users in that agency staff do not know them so well and there is a lack of continuity. Also, they are missing out on group excursions in the house vehicle because there are no staff drivers at the moment". Another person's relative said, "I find there is a language barrier, particularly with the Agency staff, they can't understand me or I them".
- The provider carried out safer recruitment checks for new staff. This included checking with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were used safely.
- Medicines management systems and processes followed national guidance. This included the storage of medicines.
- Only staff trained to administer medicines supported people with their medicines.
- People's care records contained detailed information for staff to support people with their medicines. This included personalised information for staff to support people with 'when required' medicines.
- There were procedures in place for staff to report medicines errors and concerns.
- The service worked in partnership with healthcare professionals to review people's medicines.
- The registered manager audited medicines management to make sure people received their medicines safely and took action to make improvements when issues were identified.
- A person's relative told us, "They [staff] are very thorough in their administration of medication for [name of person]. Their medication is very complex and constantly changing".

Visiting in care homes

- The procedures for visits followed national guidance for visiting people living in care homes.
- People could have visitors whenever they wanted.

Learning lessons when things go wrong

- The registered manager and staff learned lessons when things went wrong and improved the quality of the service.
- There was system in place to identify learning and share lessons. This included procedures for recording, reviewing and auditing accidents and incidents. The processes in place helped the registered manager and staff look for common themes in things that had gone wrong.
- Lessons learnt and actions for staff were shared with staff in staff handovers, supervision, staff meetings and updates to people's care records.

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured people always received their care and support from staff with sufficient competency and skills.
- Staff training, including the registered manager, was not up to date. There were numerous areas of training that was overdue for some staff, including safeguarding, infection control, first aid, fire safety and autism awareness. According to the provider's training records, some staff training was overdue by up to one year.
- Not all staff had received competency checks to ensure they had the knowledge and skills required to provide all areas of care. Some staff were unable to demonstrate sufficient knowledge and understanding of safeguarding people from abuse or improper treatment, for example.
- Permanent staff said they did not always have the time and energy to complete training on time. Staff reported the provider's high use of agency staff to ensure the minimum required staffing levels sometimes put them under added pressure. They said this was because they had to induct and supervise new agency staff at the same time as providing care to people. Permanent staff told us this meant the high use of agency staff had a negative impact on their ability to complete training within the required timeframes.

The provider's failure to deploy sufficient numbers of suitably competent and skilled staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed induction training before working directly with people. The induction programme included shadowing experienced staff and getting to know people and their care and support needs.
- Staff completed core training when they started working at the service.
- Staff received regular supervision and the registered manager had carried out some staff competency checks with some members of staff.
- Staff felt they were well supported by the registered manager and their colleagues.

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

- People's needs and choices were assessed, and their care and support were delivered in line with standards, guidance and the law.
- The service carried out a needs assessment with people and their families before people started receiving a service. This included people's preferences.
- People had detailed individual support plans in place. They contained personalised information for staff

about people's care needs and how they wanted to receive their support.

- People's support plans were reviewed with them and their families to make sure they were up to date and reflected people's needs, preferences and choices.

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

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff supported people with food shopping and preparing meals.
- The registered manager and staff consulted people about what they liked to eat, and the service had a menu that reflected people's choices. People were able to make their own meals if they wanted to eat something different to what was on the menu.
- Staff supported people who required assistance to eat, including ensuring people with special diets received food that was the right consistency for them.
- Staff recorded people's food and fluid intake.
- A person's relative said, "I am happy with this. [Name of person] is involved in choosing the menus and there are always choices. They are on a special textured diet and the quality of the food is good". Another person's relative told us, "You can see a menu up all the time. They certainly do express their care through food and provide very large portions. More recently the food quality has improved and when you go in in the evening the food smells good. [Name of person] is still able to go out for his personal food shopping. They can have cooked breakfasts if they want them".

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to receive consistent and effective care in a timely manner.
- Staff worked with GPs, specialist healthcare teams, district nurses, hospital staff, social workers and local authorities to ensure people received the care and support they needed when they needed it.
- Staff accompanied people to healthcare appointments.
- One person's relative said, "There is a GP surgery just across the road and they are very good. Staff contacted me promptly last year when [name of person] had a health issue and had to go to A&E". Another person's relative said, "If [name of person] was ill the staff would definitely let me know". One other person's relative told us, "They are a very vigilant staff team. The GP is just over the road plus the district nurse. They all work well together".

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

- The building had been adapted to meet people's needs and some areas of the home had been redecorated.
- People could choose the colour, decoration and furnishing of their rooms and people's rooms were personalised with their belongings.
- The home was fitted with equipment to support people's needs and was laid out in a way that facilitated the use of wheelchairs.
- The garden had recently been redesigned and newly laid out and was well-cared for and people used it regularly.
- There was self-contained annexe accommodation for one person. This meant people who were able to live more independently were able to do so and one person was living semi-independently in the annexe. The annexe had its own small garden area with well-kept plants and flowers.
- A person's relative told us, "[Name of person] has a new specially adapted bathroom and they have built a ramp front and back for easier access. They have responded to his needs".

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and live healthier lives.
- The registered manager had reviewed people's care needs and support plans and made referrals to

healthcare services for some people's care needs, treatment and support to be reviewed and reassessed. Some people had received specialist equipment as a result of referrals and assessments.

- Staff supported some people with going for walks, going swimming and exercising. A person's relative told us, "[Name of person] loves going out for walks and is still physically fit and well". Another person's relative said, "A nurse came in and did a session with staff about weight gain in people with paraplegia". One other person's relative told us, "They even brought a neurology occupational therapist in to show staff how to do passive exercise with [name of person]".
- Referrals for a positive behaviour support plan had been made for people whose behaviours sometimes indicated distress. Positive behaviour support is a person-centred framework for providing long-term support to people with a learning disability and/or autistic people, who have, or may be at risk of developing, behaviours that indicate distress. A massage service came into the home to provide people with massages.

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.

- The service worked within the principles of the MCA.
- People had mental capacity assessments in place and best interests meetings were held when decisions needed to be made for specific matters.
- The provider had made DoLS applications when it was necessary to put restrictions in place to protect people from harm and staff applied related conditions appropriately.
- Staff sought people's consent where possible and the provider sought the consent of people's families when it was appropriate to do so.
- Staff knew and understood the five key principles of the MCA.

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 were well treated and supported.
- People's support plans contained information about their family, their history, their likes and dislikes and their interests. They also included information about their cultural and religious identity and preferences. The permanent staff knew people well and supported them in line with their individual diversity and preferences.
- One person's relative said, "I am satisfied with the care provided". Another person's relative told us, "Staff are very caring and they work hard".

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

- People were supported to share their feelings about their care and they and their families were involved in making decisions about their support.
- The service carried out assessments and reviews with people and their families to plan what care people needed and how it should be delivered.
- One person's relative said, "[Name of person] has a good social worker so there are no problems regarding this" and another person's relative told us, "The registered manager, the nursing manager and myself have meetings to plan their care and support". One other person's relative said, "I am involved in discussions about planning and reviews".

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful way that promoted their privacy, dignity and independence.
- Staff treated people as adults. They spoke to people using appropriate language and asked for their permission before doing something with them and talked through what they were doing with the person as they did it.
- Staff provided people with personal care in the privacy of their own room.
- Staff asked people what they would like to do or where they would like to go before doing activities with them.
- People were supported to do their own laundry, prepare their own food and carry out personal care tasks themselves where possible. One person who lived semi-independently in the self-contained annexe came and went as they pleased, went out on their own and took responsibility for keeping their home clean and preparing their own meals.

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

- People's care was planned to ensure they had choice and control and their needs and preferences were met.
- People had detailed, individual, person-centred support plans in place. They included information for staff about people's life history, care and support needs, interests, likes and dislikes, preferences and the people that were important to them. They also included information for staff about how people wanted to receive their care and support.
- People's support plans were reviewed with them and their families to make sure they were up to date and reflected their current needs, choices and decisions.
- Staff communicated well with each other about changes to people's needs and preferences.

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.

- The service followed the AIS.
- People's support plans included detailed, personalised information for staff about their individual communication needs and ways of communicating.
- Support plans also contained guidance for staff about how to meet people's communication needs, including what formats in which to give people information and how to communicate with them using a range of different methods.
- People also had communication passports. A communication passport is a tool for supporting people who cannot easily speak for themselves. It describes a person's communication needs and includes information about how they communicate and how best to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships, follow their interests and participate in activities.
- People's support plans contained personalised information for staff about their interests, the activities they

liked to do, and which people were important to them.

- The provider had an activities programme and people were involved in deciding what activities to include in it.
- People were supported to do a wide range of things they liked doing. This included going to a day centre, going swimming, going shopping, going out for lunch, going for walks, playing games, watching television, arts and crafts, listening to music, going to the cinema and attending church services. Some people also helped with the gardening and the cleaning of the home.
- People's birthdays were celebrated and people had barbecues with the staff. People were also supported to participate in festivals such as Halloween and Christmas.
- People were supported to visit their families and keep in touch with people important to them.
- One person's relative told us, "They take [name of person] out and about" and another person's relative said, "They take [name of person] to church on Sunday, to drama in the week and out shopping. They play lots of games and do crafting, they are kept occupied".
- Some people's relatives reported that day trips, group trips and certain activities had stopped because the service no longer had a member of staff to drive the minibus. A person's relative said, "They all used to go cycling on a Saturday, but no one can drive the van now, so they are restricted to travelling by bus or cab, so they don't go any more".

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and there were procedures in place to investigate complaints and take action where necessary.
- People were given information about how to make a complaint in ways they could understand. People and their families knew how to make a complaint and raise concerns and felt comfortable to do so.
- The provider responded to complaints appropriately.

End of life care and support

- People received good quality, person-centred end of life care and support.
- People had end of life care and support plans in place. These included people's end of life wishes and preferences.
- Staff had received end of life care training and had the knowledge and skills to support people at the end of their lives.
- The service worked with medical professionals, a hospice, the local authority and a domiciliary care agency (DCA) to provide individual, personalised end of life care and support for one person. Staff had received specialised training to support the person with their specific end of life healthcare needs. The person-centred approach and the extra support with personal care from the DCA staff meant the person was able to stay living in the home instead of having to move to a nursing home.
- The person's family wanted them to be surrounded by people and staff they were familiar with and close to and the registered manager and staff had made a huge effort to meet their wishes. The person's relative told us, "They [staff] have stepped up phenomenally, their commitment to [name of person] is outstanding. St Christopher's Hospice staff come in and [name of person] will go there eventually. There were issues in the past but they have improved greatly. Staff have really stepped up and been trained to care for [name of person], for example, changing catheters. We were worried they would not keep [the person] there but they have. The registered manager has fully supported us in this, as has their social worker".

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 inconsistent. Leaders and the culture they created 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

- The provider had not operated effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and monitor, manage and mitigate risks to people's health, safety and welfare.
- The provider's audits were not always accurate and therefore, were not always effective. The audits carried out had not identified the issues we found during our inspection.
- The provider's systems and processes had not ensured all staff were sufficiently able to recognise signs of abuse and sufficiently knew all the safeguarding procedures for protecting vulnerable adults.
- The provider's systems and processes had not ensured all the risks to all people's and all staff members' health and wellbeing were sufficiently monitored, managed and mitigated.
- The oversight and leadership of the service by the provider and the support for the registered manager and staff from senior managers was inconsistent and did not ensure high-quality care. The registered manager often had to help staff to provide people with support when the service was short staffed, and the service did not have a deputy manager. This had a negative impact on the registered manager's ability to manage the governance of the service. A person's relative said, "The registered manager did not have enough support initially".
- People's families felt there had been a lot of changes at higher management level which had prevented the development and progression of the service. They also felt plans for the future of the service were not shared with them.
- One person's relative told us, "At senior management level there are no follow-ups because of frequent staff changes" and another person's relative said, "They are lacking in vision. There are no discussions about what is planned for the future. If there was a bit more communication to tell us about their plans it would be good".

The provider's failure to operate effectively systems and processes to assess, monitor and improve the quality and the safety of the service and monitor, manage and mitigate risks to people's health, safety and welfare was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the regional manager said the provider would redeploy a deputy manager from one of

the provider's other services to support the registered manager at Beulah Road. In addition, they said the provider would also provide the registered manager with more structured management support.

- Staff had job descriptions and the provider had a statement of purpose and values. This clarified the registered manager's and care workers' roles and informed them of their responsibilities and what was expected of them.
- The registered manager held staff meetings, provided staff with supervision and shared updates with staff. This further clarified their roles and duties.
- The registered manager notified CQC and the local authority about incidents when they were supposed to.

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

- The provider did not engage sufficiently with people's families.
- People's families reported communication from the service was poor and they felt they were not contacted frequently enough by the service and were not informed in a timely manner about things to do with their relatives. Some people's families said it was difficult to contact staff and to leave messages and that no one got back to them when they did leave a message. Some relatives said they had requested photographs to be sent to them to keep them up to date about the things their relative was doing but nothing had happened so far.
- A person's relative told us, "We have never met anyone from Achieve Together as families. I have never met anyone from there. When you phone, no one answers the phone. As a parent I would say there is no communication" and another person's relative said, "In my opinion it is not a properly run service. I have never met one of them. You never see anyone face to face anymore". One other person's relative told us, "Communication is their weak spot, I think. They take a lot of photos, but the photos don't make their way to the parents, even though they are requested. There are no newsletters or meetings, even though we were promised them" and another person's relative said, "I would quite like photos of my son sent so I can see him. They did contact me on his birthday to tell me what was going on. I asked for photos then too, but none were sent. I am online so they could easily send them".
- Other people's relatives said, "We never have meetings. There have been no surveys or questionnaires. When Achieve Together took over we were not even told about it" and "There have been no newsletters or meetings, even though we were meant to have one regarding the high staff turnover. I think it is more to do with the level of management above the registered manager and a lack of continuity there".

The provider's failure to seek and act on feedback from relevant persons was further evidence of a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the registered manager said they would contact people's families to discuss the levels of communication they would like and would improve the level of communication with them. The provider said they were in the process of sending out family feedback surveys for 2022.
- The service had systems and processes in place to support the engagement of people using the service and staff.
- The service held resident's meetings and carried out feedback questionnaires with the people using the service. People were able to share their thoughts and feelings with staff and the registered manager whenever they wanted and their equality characteristics were taken into account when they were supported to share their views.
- The registered manager held staff meetings and staff surveys were carried out. Staff could share their views and suggest ideas informally or in staff meetings and supervision. The registered manager raised staff suggestions with the senior management team and they tried to implement ideas from staff where possible.

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

outcomes for people

- The registered manager and the staff were in the process of further improving and establishing a positive, inclusive and empowering culture which achieved good outcomes for people. The registered manager also promoted a professional culture and things were dealt with professionally, including any disagreements.
- There had been a high turnover of staff since the registered manager started working there and they and the staff had made a lot of improvement to working practices and the culture of the home.
- The registered manager and staff spoke positively about people. The support people received was person-centred and individualised and had a positive impact on them and their quality of life. People were supported to be as independent as possible. The service had a calm, relaxed, happy, homely feel about it. The residents, staff and the registered manager got a takeaway and ate together and chatted every fortnight.
- People's families spoke positively about the registered manager and the staff. One person's relative told us, "The registered manager is very committed; she does night shifts and she knows what good care looks like" and another person said, "It seems a much happier ship at the moment".
- Staff said they were happy with the support they received from the registered manager and their colleagues. The provider had an employee of the month and year scheme and staff chosen as employee of the month or year were given shopping vouchers or extra annual leave. Managers also carried thank you cards with them to give to staff if they observed good practice or positive interaction. Staff given thank you cards were also entered into a prize draw.

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 understood the duty of candour.
- Managers and staff communicated openly and honestly with people and their families and other professionals when there was an incident.

Continuous learning and improving care

- The registered manager promoted a learning environment, and this supported staff to improve the care and support people received.
- The registered manager stayed up to date with legislation, guidance and practice by accessing and reading information, attending managers' meetings, speaking with other registered managers and liaising with senior managers.
- The registered manager was also a member of the local authority's registered managers network and received information, guidance and updates from the local authority.
- The registered manager cascaded information and learning to staff via email, staff handovers, staff meetings, supervision and updates to people's care records. Staff were required to sign a document to acknowledge when they had read changes and updates to policies, guidance and practice.
- Staff had completed specialised training to be able to provide one person with person-centred end of life care.

Working in partnership with others

- The service worked in partnership with a range of organisations and services to meet people's needs.
- The registered manager and staff worked well with health and social care professionals, day centres, the local hospice, community leisure facilities, the local church and mosque, massage services, pedicure services and local barbers to ensure people received the care and support they required.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to safely monitor, manage and mitigate risks to people and sufficiently prevent and control the spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effectively systems and processes to assess, monitor and improve the quality and safety of the service and monitor, manage and mitigate risks to people's health, safety and welfare and failed to seek and act on feedback from relevant persons.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of suitably trained, skilled and competent staff.