

Achieve Together Limited

Helene Lodge

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

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

Helene Lodge is a supported living service providing personal care to three people at the time of the inspection. It is based in one shared house with an outside annexe, for up to seven people, with the office on the second floor of the building. People each have their own room, and some have an ensuite bath or shower room. The kitchen, dining room, living room and some bathroom and toilet facilities in the main house are shared. The annexe includes a private kitchen, bathroom and living room as well as a bedroom.

Not everyone who uses the service received personal care. CQC only inspects 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

Right Support:

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. People were central to and as involved as possible in decisions about their care, both day to day and in more significant decisions. They had monthly reviews with their keyworker, where they talked about what was going well for them, what they wanted to change and their hopes and aspirations for the future.

Risks were managed with the least possible restriction. The registered manager championed the principles of STOMP (stopping the over-medication of autistic people and people with a learning disability) within the service, challenging prescribers when they were concerned that psychotropic medicines were being proposed unnecessarily.

Support plans promoted people's independence and staff worked with people accordingly. People were supported as far as possible to have an active role in maintaining their own health and wellbeing.

Right Care:

Care and support were individualised according to people's needs and promoted their dignity, privacy and human rights. People and relatives were pleased with their or their loved one's support, which they felt met their needs.

People felt safe and comfortable with staff. There was a growing but stable staff team who knew people well and understood and met their support needs. Staff understood their responsibilities for safeguarding people and upholding their human rights. They had the training and skills they needed to be able to support people safely and effectively. Enough staff were deployed each shift to provide the support people needed.

People had thrived with the support they receive, leading active lives and experiencing a sense of wellbeing despite ongoing health conditions. Support plans were underpinned by personalised assessments of their needs, which were holistic and up to date. They made clear how staff could recognise people were upset or disliked something. Where people had previously struggled to manage their distress, staff followed positive behaviour support plans to good effect to help them avoid becoming distressed in the first place.

Right Culture:

People using the service, relatives and staff had confidence in the leadership of the service and relatives described good communication with them. Staff told us the registered manager was supportive and fair, whilst expecting them to work to a high standard. People, relatives and staff felt confident in raising any concerns with the registered manager, trusting she would take them seriously and take any necessary action.

The registered manager fostered an open, inclusive and person-centred culture within the service, which was reflected in the warm and friendly "family" atmosphere observed by people and staff. She made it clear to staff they must work in a person-centred way and demonstrated this by example. She and the provider maintained oversight of the service through regular conversations with people, relatives and staff as well as through a programme of quality assurance audits to ensure the service was working to the provider's policies and procedures. If any shortfalls were found, prompt action was taken to address them.

The registered and deputy managers worked closely with other staff in supporting people. People readily approached and interacted with the registered manager.

People using the service and relatives felt able to raise concerns with the registered manager and trusted they would be taken seriously. The registered manager was open and transparent with people, their relatives and professionals if anything went wrong.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Helene Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an 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

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.

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 three days' notice of the first inspection visit and a week's notice of the second inspection visit; the latter would have been two days but the registered manager was on leave when we had planned to visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 May 2022 and ended on 23 August 2022. We visited the service on 6 May and

16 August 2022.

What we did before the inspection

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 also sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We met five people living at Helene Lodge. We spoke with three of them, including one person who was not receiving a regulated activity, and three relatives about their experience of the support provided. We spoke with four members of staff including the registered manager, area manager, deputy manager and a support worker. We reviewed a range of records. These included two people's care records, three people's medication records, and two staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance records.

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

- People told us they felt safe and comfortable with staff.
- Staff, including the management team, had training about their responsibilities for safeguarding people and knew how to raise concerns if they were concerned that abuse might be happening.
- The service followed the provider's safeguarding policies and procedures. The management team raised safeguarding alerts when they learned of the possibility that someone may have been at risk of harm following an incident or near miss, wherever this occurred. The registered manager worked openly and cooperatively with the local authority safeguarding team to address and resolve any concerns.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and regularly reviewed and plans for managing them were incorporated into support plans. Risk assessments were personalised, covering areas such as health conditions, nutrition, swallowing difficulties, activities and managing finances. People were as involved as much as possible in decisions about managing risks, even if they did not have the mental capacity to make those decisions for themselves.
- Risks were managed with the least possible restriction, reflecting people's preferences. Each person had a restrictive interventions checklist, where the registered manager and staff were required to review whether there were any restrictive interventions in place for them. The registered manager was passionate about avoiding restrictions wherever possible and to restrict them to the minimum when they were needed.
- People's support plans made clear how staff could recognise they were upset or disliked something. There had sometimes been challenges for staff in supporting one person when they became distressed. The person had a behaviour support plan that looked, in a non-blaming way, at the person's past behaviour patterns and the functions these served for the person. Staff followed the plan to good effect; it had non-restrictive measures to help avoid distress in the first place, and communication strategies to stop distress escalating when it did occur.

Staffing and recruitment

- There was a growing but stable staff team who knew people well. There had been successful efforts to recruit staff into the service. Agency staff who had worked there had been recruited as permanent members of staff and the service had almost a full complement of its own staff.
- There were enough staff on duty to provide the support people needed. Staff had the skills to support people safely and effectively. A relative commented, "There seems to be enough staff, it's calm and steady... Some staff have worked there some time, others are new."
- Staff were skilled to support a person with a complex health condition that could be life threatening without the correct treatment. Their relative told us, "They [staff] are all trained in [person's] medication and

condition, they have CPR (cardio-pulmonary resuscitation) and defib training. The manager has performed CPR on [person] once and they survived. It's reassuring knowing all the staff have the training, not just keyworkers."

- The provider had a robust recruitment process to ensure candidates were suitable to work with adults in a care setting. This included obtaining a candidate's full employment history with reason for leaving previous jobs, checking and verifying references and Disclosure and Barring Service (DBS) checks. 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

- People's needs in relation to medication were individually assessed and covered in their support plan. There was consideration of how staff could support people to be involved in the process, with a view to increasing their independence if possible.
- Where people were prescribed medicines for occasional use, staff had guidance that explained how and when these should be administered.
- Staff had training to administer medicines safely; this was repeated at intervals. Their competence in handling medicines was checked at least annually.
- Medicines administered were recorded on people's medicines administration records. There were regular checks to ensure medicines had been correctly administered and recorded.
- The registered manager was enthusiastic about the principles of STOMP, a national project involving many organisations concerned with stopping over-medication of people with a learning disability, autism or both with psychotropic (affecting the mind) medicines. We observed them discussing with a psychiatrist their concerns about the proposed prescription of antipsychotic medication for someone who had been distressed. There had been no inappropriate use of psychotropic medicines for those people receiving personal care from the service.

Preventing and controlling infection

- The provider had a current infection prevention and control policy. The management team at the service kept up to date with government guidance for the management of COVID-19 and preventing the spread of infection. Staff received training in infection prevention and control.
- Supplies of PPE, such as disposable masks, aprons and gloves, were readily available for staff. Staff used this properly.
- When people had caught COVID-19 outside the service, staff supported them following national guidance and advice from statutory agencies. This successfully stopped the infection spreading within the service.
- People and staff had been supported to access coronavirus vaccination, including boosters.

Learning lessons when things go wrong

- The building had flooded just after the first inspection visit. The contingency plan was put into operation and everyone moved into local holiday accommodation for several weeks, with the staff team supporting them there. The disruption had been managed well, indeed people were positive about their holiday.
- Staff recorded accidents, incidents and near misses. The registered manager reviewed these, ensuring everything necessary had been done to keep people safe in future.
- The registered manager and provider reviewed incidents for trends that might indicate further changes were needed.
- Lessons learned were shared as appropriate with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support plans were underpinned by personalised assessments of their needs, which were holistic and up to date. They reflected people's current physical, psychological and social needs and preferences, as well as their hopes for the future.
- People had thrived with the support they received, leading active lives and experiencing a sense of wellbeing despite ongoing health conditions.
- Care and support was planned and delivered in line with current good practice.
- The registered manager kept up to date with good practice and ensured staff were aware of this. People's support was planned and delivered accordingly.

Staff support: induction, training, skills and experience

- Staff felt well supported through training and supervision. This was evident through what they told us and through feedback in team meetings and award nominations.
- Staff had training in essential topics, such as moving and handling, fire, food hygiene, mental capacity, health and safety, epilepsy and rescue medication for seizures, and basic life support when they started working for the provider and repeated at intervals afterwards. They also had training in topics relating to autism, learning disability and mental health. The registered manager monitored when training was due and ensured it happened.
- New staff without qualifications and experience in health and social care were expected to achieve 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.

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

- People were supported to shop for, prepare and eat a varied and balanced diet of their choice.
- Although people were free to decide what and when they ate, some people who had lived at Helene Lodge for a long time chose to eat the same main meal together in the evening as they always had done. They agreed the menu at house meetings and were encouraged to be involved in preparing the meal and clearing up afterwards.
- People were supported to meet their individual dietary needs. This included following a dietician's advice to fortify a person's meals with butter and milk to promote weight gain, and ensuring foods were of the type and consistency specified by a speech and language therapist in safe swallow plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported as far as possible to have an active role in maintaining their own health and wellbeing. They accessed health services as they needed, including annual health checks, age-related health screening, dental check-ups and sight tests.
- There was ongoing communication with health professionals about aspects of people's support and their instructions and advice were reflected in support plans. This included epilepsy specialist nurses, dieticians, speech and language therapists and professionals from the community learning disability team.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff upheld MCA principles, especially that people had the right to make their own decisions unless there were doubts about their ability to understand these. The service was aware of, and held details of, people who had court-appointed deputies with the legal authority to decide on the person's behalf.
- Where there were doubts about a person's mental capacity to make a particular decision, staff assessed their mental capacity to do so. These assessments reflected MCA requirements to assist the person to understand the decision and to communicate their thoughts about it.
- Where a person was found to lack mental capacity, a best interests decision involving the person, their relatives and professionals identified the least restrictive possible care that should be provided.
- Staff had recognised circumstances in which mental capacity assessments and best interests decision making needed referral to healthcare professionals, for example where a decision related to the prescription of medicines and the side effects of these.

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 liked and trusted the staff who supported them, describing them as kind and respectful. This was reflected in all the interactions we observed.
- A relative described staff as "absolutely super and very caring".
- Staff knew people well. They understood and respected how people liked to be supported.
- Staff were quick to recognise if people were upset, unhappy or felt unwell and swiftly provided the necessary assistance.
- People's protected characteristics, such as sex, disability, religion and sexual orientation, were respected. Support plans clearly set out any support people needed regarding these.

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

- People were central to and as involved as possible in decisions about their care, both day to day and in more significant decisions. Where people wished or it was in their best interests, their close family members were also involved in decisions. A relative told us, "I am involved in plans and reviews and they run everything past me."
- The household bustled on the morning of the inspections, with people talking with staff and each other about their plans for the day and getting ready to go out. Staff routinely and frequently spoke with people about what they wanted. People also had opportunities to express their views at house meetings and in support plan reviews.
- Some people at the service had lived together at Helene Lodge for many years, when it was a care home. These people had actively chosen to maintain some aspects of care home life, such as eating meals together as they always had done.
- Staff were open to people saying they did not want to do something or wanted a change and respected their views. They encouraged people to think about alternatives.
- The registered manager knew how to access independent advocacy support for people to express their views.

Respecting and promoting people's privacy, dignity and independence

- Support plans promoted people's independence and staff worked with people accordingly. For example, staff encouraged people to undertake tasks for themselves such as making drinks, preparing food or tidying up for themselves, with support if necessary. Monthly reviews with keyworkers reflected people's pride in things they had done for themselves, such as making a meal for a relative or clearing away their own dishes after eating.

- The premises had been adapted to promote people's independence. This included painting doorframes and handrails for people who needed help to find their way around the building. This had been done in an unobtrusive way, so the décor still looked homely.
- The registered manager and staff respected each person's privacy, ensuring no-one entered a bedroom without the person's permission.

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 said staff supported them well. A relative commented, "It's absolutely fantastic. I'm so pleased at the way [person's] being cared for."
- People and staff knew each other well. Although people had keyworkers, staff knew all people using the service and had a good understanding of their support needs.
- Support plans were personalised to the person they belonged to and were written in clear and straightforward language. Elements of the support plans were presented in an accessible, easy-to-read way that was accessible to people.
- Each person had a brief pen profile, which had key information to ensure new or temporary staff had information to support them and make it more likely they had a good day.
- Each person had monthly reviews with their keyworker based on the provider's 'wheel of engagement'. They looked together at the past month, what the person was pleased with and what they felt had not gone so well, and what they wanted to plan for the coming month. These plans were put into action.
- Staff discussed people's support, aspirations and progress during staff meetings and in their individual supervision meetings. Notes of these meetings reflected a positive tone about what elements of support were working and what might need to change.

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 and put into practice the support people needed with communication.
- People's communication needs were clearly documented in their support plans. These were shared with health and social care professionals as needed, such as on admission to hospital.

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 keep in regular contact with their friends and families, whether through visits, video calls or phone calls. This was a matter of routine.
- People took part in things they each enjoyed and that interested them, during daytimes, evenings and weekends, as well as undertaking necessary daily tasks. There was a lively bustle as we arrived on our

inspection visits, with people and staff preparing to go out. People spent much of the inspection out and about with support from staff as needed.

- Staff worked with people to discover what they wanted to do, including trying out new activities such as hobbies and voluntary work, and joining new social groups. There was a focus on what people found meaningful and enjoyable.
- Even with restrictions due to the pandemic, people had been supported to be as active and engaged in things as possible. A relative explained, "It's been hard during COVID-19, the day centres are still shut so it's been full on care at home for them and they did well. [Person's] done ok with it."
- Support plans reflected hobbies and activities that people found meaningful, things they wanted to do and skills they wanted to acquire.

End of life care and support

- No-one at the service was anticipated to be approaching the end of their life.
- The registered manager and some staff and people at the service had in recent years experienced the natural causes death of a person using the service, when the service was still a care home. The registered manager was therefore keen to work sensitively with people and their families to identify people's preferences regarding end of life care.
- People had end of life care plans with as much information as they and their families were willing to discuss.

Improving care quality in response to complaints or concerns

- The service followed the provider's current complaints policy and procedure.
- People and relatives told us they felt able to raise concerns with the registered manager and trusted they would be taken seriously. A relative commented, "I know where I'd go to complain, straight to manager, and if she was a problem, I have all the organisation's contact details in a folder they gave me. I have confidence in Achieve Together (provider) and would go to them if I needed."
- The service had recently received quality assurance feedback from a relative that stated: "Their complaints procedure is very clear, and I've not had to use it. Can always resolve things with [registered manager]."
- The service had received no formal complaints under the complaints procedure but had treated some feedback from a family as a complaint and continued to work openly with the family to resolve this.

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.

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

- The service culture was open, inclusive and person-centred. The friendly atmosphere was reflected in the service's comments from people, relatives and staff, including: "One big family and [registered manager] is the glue that keeps it together", "It has been an emotionally draining year for all of us but all the residents... are happy and well-adjusted and feel safe and appreciated", "We are one big family always there for each other and care for each other" and "When we have difficult times we always seem to pull together as a team... [people] are well looked after, safe, treated with dignity."
- The registered and deputy managers worked closely with other staff in supporting people. People readily approached the registered manager and started conversations with her.
- Relatives praised the way the service was managed and one commented on the good communication they experienced. They said, "If I leave messages, they get back to me. Things do seem to get passed on and communication is good. I have personal and work mobile for manager and deputy, and they are always happy to speak with me even on their days off. If I ring the house, it's always answered, and people ring you back when they say."
- Staff told us the registered manager was supportive and fair, whilst expecting them to work to a high standard. In recent award nominations, staff had commented on the registered manager's "attitude that motivates staff members to always do their best" and had said, "Our service is always a safe place for staff and service users because [registered manager] always keeps an eye on every detail. She is a very good leader, managing her staff professionally but at the same time she is friendly and polite."
- Staff trusted the registered manager and felt safe to raise concerns with her. They found her readily available. A member of staff commented in an award nomination for the registered manager, "She is on call 24/7 and never complains... She is always there for the staff to talk to and makes sure all staff feel safe talking to her about any issues we have, and she will always solve the problems."

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 understood and exercised their duty of candour, being open and honest with people and their families in the event of something going wrong or a near miss.

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

- The registered manager and provider oversaw a schedule of audits that checked the service was following

the provider's policies and procedures to provide good quality care and support. These included audits of infection prevention and control, medication, health and safety and people's finances. Issues identified were promptly rectified.

- The registered manager had addressed any issues identified through the last people and relatives' satisfaction survey.
- Staff had supervision meetings every month or six weeks with one of the management team, at which they reflected on their work, the impact it was having on them and their training and development needs. Supervision was more frequent for new staff during their probation. At each meeting there was discussion to build and reinforce staff knowledge and understanding, through questions on key topics such as whistleblowing, safeguarding and the duty of candour.
- The service had met legal requirements by notifying CQC of significant events and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular house meetings provided an opportunity for people living at Helene Lodge to discuss what was happening at the service and to give their ideas about anything they would like to change.
- There were also team meetings for staff to get updates about the service, discuss developments and talk about people's care and support. They could also discuss this in one-to-one supervision meetings.
- The provider issued annual satisfaction questionnaires to people and families. The last one had been undertaken in 2021 and covered topics such as communication with the registered manager, whether they knew the registered manager and keyworker, information provided, meaningful activity and involvement in their or their loved one's care.
- Staff had supported people to develop links with their neighbours and the local community. For example, people had decided to run a charity cake stall outside the house. Besides having fun and raising a lot of money, people got on nodding terms with their neighbours and with students who walked past on their way to the nearby university campus.
- The service worked closely with health and social care professionals to ensure people received the care, treatment and support they needed.