

Achieve Together Limited

49 Oakdale Road

Inspection report

49 Oakdale Road
Streatham
London
SW16 2HL

Tel: 02086779509
Website: www.achievetogether.co.uk

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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

49 Oakdale Road is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to eight people in two residential houses knocked into one large building.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right Support:

The service supported people to have the maximum possible choice, control and independence. People were able to be independent and had control over their own lives. Staff supported people to achieve their aspirations and goals.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Risk assessments in place assured people were protected against identified risks. People were protected against harm and abuse as staff received safeguarding training and knew how to escalate their concerns. Medicines were managed safely. Staff followed appropriate guidance in relation to infection prevention and control including those associated with COVID-19. There were sufficient numbers of staff deployed to keep people safe.

People received support from staff that reflected on their work and undertook training to meet people's needs. People were supported to access health services when required and had access to food and drink that met their individual needs and preferences.

People were supported by staff that knew them well and encouraged and supported their independence

and enhanced their daily living skills. People were treated equally and had their diverse needs met and respected.

People were encouraged to participate in activities that met their social needs. People's care plans were personalised and reflected their changing needs. People's communication needs were met. Concerns raised were reviewed by management swiftly to reach a positive outcome.

The service was well managed. People were placed at the centre of the service and staff were aware of and embraced the provider's values and visions. The registered manager actively sought feedback from people, their relatives and staff to improve the service. Regular audits undertaken meant issues identified were addressed swiftly. Partnership working ensured people received a holistic approach to their care.

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

Why we inspected

The last rating for the service under the previous provider was good, published on 14 September 2018.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

49 Oakdale Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 the inspection.

Service and service type

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 one person who used the service and two relatives about their experience of the care provided. We spoke with two members of staff including the deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two care staff by telephone.

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 for 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 were protected against the risk of abuse. People told us they liked living at 49 Oakdale Road and that they were safe.
- Staff received training on how to identify, report and escalate suspected abuse. A staff member told us, "I follow internal process, I would talk to the person, do active listening to try and get as much information as possible. Let them know I'd like to inform others; I have to let other people [local council] know for their own safety."
- Pictorial guides for people on how to raise their concerns were available on noticeboards throughout the home.

Assessing risk, safety monitoring and management

- People were supported to take appropriate risks to live the lives they wanted whilst remaining safe.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff were aware of the importance of ensuring the environment was safe from hazards and regular health and safety checks in place ensured issues identified were resolved in a timely manner.
- Personal Emergency Evacuation Plans (PEEPs) were regularly reviewed and gave staff clear guidance on how to support people to a place of safety in the event of an emergency.

Staffing and recruitment

- People received support from adequate numbers of suitably vetted staff to keep them safe. People and their relatives told us there were always sufficient staff available to them.
- Where people required one-to-one support, these were catered for. Staffing levels were flexible to reflect people's changing needs.
- The provider's recruitment systems were robust and staff personnel files contained proof of address, application forms, suitable references and a Disclosure and Barring Services (DBS) check. The Disclosure and Barring Service check supports employers to make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely and administered as intended by the prescribing G.P.
- People told us they received support from staff to take their medicines. 49 Oakdale Road subscribed to the Stop over medicating people with a learning disability (STOMP) initiative.
- People had well-kept medicines records in place, including full medicines profiles listing the medicines they were prescribed. This included the reasons for their administration, and any potential side-effects.

- Medicines administration records were appropriately signed by staff to show that people had received their medicines at the right time.
- Protocols for PRN (as required) medicines were detailed in advising when people may need to take these medicines. Records showed that the provider had made efforts to seek approval from people's GP's where they needed to.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- Relative's told us they had been able to visit the service during the COVID-19 pandemic.

Learning lessons when things go wrong

- People benefitted from a service that placed importance on ensuring lessons were learned when things went wrong.
- When incidents and accidents occurred the provider clearly recorded these. Records showed that full investigations were conducted, and any actions required were clearly detailed.

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 needs were assessed prior to living at the service. Pre-admission records detailed comprehensive information about the care and support people required and how to support people in line with their choices and preferences.
- Pre-admission assessments formed the basis of the care plan, which contained information about people's communication, health and medical needs. Regular assessments were undertaken to reflect people's changing needs.

Staff support: induction, training, skills and experience

- People received support from staff that had undertaken 'person specific' training, this meant people were cared for by staff that had a comprehensive understanding of their needs.
- Person specific training included, learning disabilities, autism awareness, communication, mental health, positive behavioural support and Stop overmedicating people with a learning disability (STOMP) training.
- Staff spoke positively about the training they received and told us they found these beneficial to their role. Staff also received mandatory training for example, medicines, equality and diversity, moving and handling and safeguarding.
- Staff were encouraged to reflect on their working practices through regular one-to-one supervisions with the registered manager. Staff confirmed the supervisions allowed them to increase their knowledge and improve the support they provided.

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

- The building needed some update and redecoration to freshen up the communal areas. This had been recognised by the registered manager and plans were underway to carry out this work.
- People's rooms were large, with an en-suite and we could see they were personalised with individual items, pictures and furnishings of their choice.
- A relative told us, "[Our relative's room] is decorated in a way that is useful to my relative. There is furniture in certain positions, the accessibility of the room is helpful to her getting around independently."

Supporting people to live healthier lives, access healthcare services and support; and Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy and balanced diet. People told us they liked the food provided at the service. We viewed the home's menus and saw that options were offered for people to choose from. One person told us their favourite two meals, and that they were available to them.
- A relative said, "[Staff members] make sure they give my relative food that she's able to eat as she has

difficulties in this area." A staff member told us that some people liked to eat cultural meals and that they accommodated these.

- People had health files which detailed their medical appointments. People had been supported to access dentists, opticians, GP, hospital and psychiatry. Where necessary, records showed that one person's review had been carried out over video call.
- A relative said, "[Staff members] let us know when my relative is unwell. They will arrange appointments and keep in touch with us with the outcome."

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

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

- People were encouraged to make decisions about their lives wherever possible. Staff were supported to ensure they used the least restrictive practices.
- Records showed that the provider applied for DoLS in a timely manner. People's care records included outcomes of best interest's decision meetings.
- Staff had a clear understanding of their roles and responsibilities in-line with MCA legislation.

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 encouraged and supported to engage in religious and faith services at their place of worship either with staff, or family members. Attendance had reduced due to the COVID-19 pandemic; with the provider hoping to resume attendance where people wanted to engage.
- People were treated with dignity and respect and relatives confirmed they felt people were valued. One relative told us, "We both feel that the staff are compassionate towards our relative. I would say they give our relative reassurance when she's upset or anxious."
- During the inspection we observed a staff member engaging with one person who appeared at ease in their company. The staff member was kind and gentle in their approach and communication with the person.

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

- People's views were sought and wherever possible, staff encouraged people to make decisions about the care they received.
- One person told us they were able to choose what they wanted to do and eat.
- Where people were unable to verbalise their decisions, staff used objects of reference to support people to make decisions, this included showing people a cup, to indicate they would support them to make a drink.
- Care plans also detailed how people would communicate what they did and did not want and from knowing people well, staff were able to ensure they were respectful of the decisions people made.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected and upheld. During the inspection we observed staff knocking on people's bedroom doors, seeking authorisation before entering.
- The service worked to ensure that people were supported to be as independent as they could be and enhance their skills.
- A staff member said, "We promote independence and help [people] realise their potentials. We give active support and give them a push to do the things they are able to do, we encourage them." Another staff told us, "By giving the respect to ask [people] what it is they want or need, we encourage them to do things independently."
- People's care records included things people were able to do for themselves, such as preparation for making a cup of tea, loading their own laundry or using the dishwasher.

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 received care that was person specific and tailored to their individual needs. Care plans were comprehensive and included information about their life history, likes and dislikes, what was important to them and how they liked to live their day-to-day lives.
- Relatives confirmed, they were involved in the development of people's care plans and suggestions and views were incorporated into the care plans.
- Staff were aware of the importance in ensuring care plans were regularly reviewed and updated to meet people's changing needs. One person told us, "A care plan tells us how we can look after people, how to communicate with them and meet their needs."
- Where people were non-verbal their care plans expressed the ways in which they preferred to communicate. For example, one person's records detailed how they would express their desire to engage in activities and the body language they would use.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documentation throughout the service was available in pictorial format to aid people's understanding of the information contained in the document.
- Staff knew the people they supported well and had a clear understanding of how to effectively communicate with them in their preference method of communication.
- A staff member told us, "We use a lot of objects of reference to communicate with people. We do support people who are non-verbal. For example, we will show them their shoes and they know that means we are going for a walk, or we will give them a seatbelt which they know means we will be going for a drive. We do have people that use Makaton to communicate. We also use Picture Exchange Communication System and gestures."

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 had their social needs monitored and met and were encouraged to engage in activities that they enjoyed. During the inspection six out of the seven people at the service were engaging in activities in the

community.

- We also observed people going out for lunch. We saw people playing board games and one person using sensory items.
- People had weekly activities plans which were specifically tailored to people's preferences. Staff told us these plans were flexible and supported people to gain life skills.
- One person told us they were looking forward to resuming their place of employment after the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- People were encouraged and supported to raise any concerns they may have. Throughout the service there were posters detailing how to make a complaint in both written and pictorial format.
- For people who were unable to verbally communicate their dissatisfaction with the care provided, staff had a clear understanding of how they expressed this and took action to address this.
- Relative's told us they knew how to raise a complaint with the management team and felt this would be addressed appropriately.

End of life care and support

- People's end of life wishes were documented in their end of life support plans. These plans detailed people's preferences in relation to the support they would like at the end stages of their lives.
- Where people declined to participate in their end of life documents, a note on their file referenced as such. The opportunity to complete an end of life plan was reviewed annually or as and when people wished.

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

- People received care and support from a service that focused on empowering them. Staff were aware of the provider's ethos and values.
- The service also placed focus on ensuring positive outcomes for people wherever possible and this was evident during the inspection.
- People, their relatives and staff spoke highly of the registered manager, noting that he was approachable, respectful, proactive and kind.
- A relative told us, "We speak with the [registered] manager regularly and any matter that we feel uncomfortable with he will look into and come back to us." A staff member said, "Our manager is very good and I enjoy working with him. He's very understanding, and I can talk to him about anything, he will always look into any concerns I raise."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care and 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 ensured that audits were regularly carried out to assess the performance of the service. Medicines audits took place monthly, and records showed that any required actions were promptly addressed. Infection control and health and safety checks were regularly conducted, ensuring the registered manager had oversight of the home and any required improvements.
- The registered manager had a clear understanding of their responsibility under the duty of candour.
- The service placed great emphasis on ensuring the service continually. Through regular meetings, audits and discussions the registered manager had an on-going overview of the service and took action to address issues identified in a timely manner.

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

- People were encouraged and supported to share their views to improve the service delivery. House meetings and keyworker meetings were held regularly ensuring people's views, wishes and concerns were heard.
- People and staff were encouraged to complete a questionnaire to share their views. Questionnaires were available in picture format.

- A staff member told us, "Sometimes I complete a questionnaire to give my views on the home. We are given the opportunity to speak during the team meetings where we can raise issues and also during our supervisions. I can approach the [registered] manager at any time, even when he's not on duty." Another staff member said, "I do attend team meetings and I share my views. I do feel I'm listened to."

Working in partnership with others

- Records showed the service worked in partnership with other stakeholders to drive improvements. Where appropriate guidance and support provided by stakeholders was implemented into the delivery of care.