

# Achieve Together Limited

## DCA Essex

### Inspection report

The Snug, The Gore  
Rayne  
Braintree  
CM77 6RL

Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

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### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

DCA Essex is a supported living service providing personal care to people with a learning disability, autistic people and people with a physical disability. Not everyone who used 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 receive personal care we also consider any wider social care provided. At the time of our inspection there were 32 people using the service, of which 23 received personal care.

Support was provided in shared houses and flats across Essex. The main office was in Braintree.

### 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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People had varied experiences of using the service, depending largely on the area in which they lived. Some people, and their representatives told us they were unhappy with the quality of support. They did not always receive safe, person-centred care. Other people received good quality care and achieved positive outcomes.

We made a recommendation about promoting people's quality of life and involvement in reviews of their care.

### Right Support:

Staff did not always support people safely with their medicines. The provider was addressing concerns we had in this area.

The provider needed to improve how they assessed risk across the service to enable staff to consistently provide safe support.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and system in the service did not always support the provider to have oversight of this practice.

Some people did not consistently have the necessary support to take part in activities and pursue their interests in their local area. Other people had the support they needed and lived full and busy lives.

Staff enabled people to access specialist health and social care support in the community. Improvements

were needed to ensure all staff had access to specialist guidance about people's needs.

#### Right Care:

The service did not always have enough staff with the appropriate skills to meet people's needs and keep them safe. Agency and new staff did not always have the skills and information to meet people's needs.

Improvements were needed to ensure staff training was tailored to the needs of the people they supported.

People could communicate with staff and understand information given to them because staff understood their individual communication needs.

#### Right Culture:

The provider had not ensured there were effective tools to check and evaluate the quality of support provided to people. Improvements were needed to involve the person and their representatives, as appropriate, in the review process.

The provider needed to improve how they communicated with people when things went wrong, in line with their duty of candour.

Managers and staff were committed to improving the care and culture for people and had started to sort things out.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 23 June 2022 and this is the first inspection.

Although this service is being inspected as a new service it was created as part of a restructure by the provider and many of the care arrangements had been in place previously as part of other registered services.

#### Why we inspected

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

#### Enforcement

We have identified breaches in relation to support with medicines, risk management, governance and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement**



### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# DCA Essex

## 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 4 inspectors, 1 of which was a pharmacy inspector, and an Expert by Experience who made phone calls to people and families for feedback about the service. 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 nine 'supported living' settings, 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection was not a registered manager in post. The manager of the service had applied to be the registered manager. We are currently assessing this application.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 31 July 2023 and ended on 30 August 2023. We visited the location's office on 2 August 2023.

#### What we did before inspection

We reviewed information we had received about the service, including information from a monitoring phone call we carried out with the service in February 2023. 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 visited 7 addresses and had contact with the people who used the service. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also met with 12 care staff who supported them. We had phone or email contact with 10 care staff.

We met or had phone and email contact with 12 family members for feedback about the service. We met with the manager who was applying to be the registered manager and 3 local managers. We also met with the head of area operations, the providers quality lead, the positive behaviour practitioner and the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 3 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.

We had contact with 4 health and social care professionals.

Following our visit to the office, we continued to seek clarification and additional information from the provider. We met with the management team for feedback and to seek assurances about the concerns we had 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.

### Using medicines safely

- Leading up to the inspection we received information about multiple medicine errors at the service, in particular in the Braintree area. The provider had started addressing the concerns and by the time of the inspection, the main concern was around the administration of emergency buccal medicines for people with epilepsy. Specialist training is required to support people with this medicine and a training programme was underway. Rotas aimed to allocate staff with the necessary skills to support people safely, however this was not always achieved.
- This risk had not been well managed. The provider had not effectively assessed and mitigated risk to people's safety while they were training staff. On occasion, people had been left in the care of staff without the necessary skills. This placed people at risk of harm.
- The manager told us medicine care plans had been revised. However, we found a care plan which had not been amended and held out of date, unsafe information about support with buccal medicines, despite an audit stating the plans had been updated.
- 'When required' (PRN) medicines protocols were not consistently in place for prescribed PRN medicines. Protocols did not provide person-centred guidance. A person had PRN medicines to support them when they became anxious. There was insufficient guidance for staff, which placed the person at risk of being restricted through over-medication.
- The service had systems and processes in place to safely store, administer and record medicines administration. However, governance and oversight were not robust, and issues identified on audits were still seen at this inspection, and highlighted the improvements needed to ensure people received safe care.

Effective arrangements were not in place to ensure medication practices were safe and risk was minimised. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our feedback the provider sent us a risk management plan to demonstrate an improved understanding of the risks around buccal medicines. Where epilepsy plans had been amended there were now robust seizure management plans and supporting paperwork in place.
- Staff had received medicine training and competency assessments. This included training on STOMP (stopping over-medication of people with a learning disability, autism or both).
- People had regular medicines and health reviews with health care professionals.

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

- People had detailed risk assessments and care plans to help staff minimise risk. However, we observed and were told by staff about occasions when staff were not confident or did not follow the plans. Relatives and staff described how some staff did not recognise the triggers indicating a person was becoming distressed, which led to a risk to their family member and other's safety.
- Other staff we spoke to knew the people they supported and we found examples where they supported people safely, for example using deflection to support a person becoming distressed. However, this was not consistent across the service.
- The provider had implemented a new system in May 2022 to record incidents. This was still being embedded fully. We found examples where incidents were not reported promptly or fully, and the manager did not have full oversight of what was happening across the service. The manager was aware of this issue and described how they were working with staff to address delays in reporting.
- Where medicines incidents had been identified, these were investigated and actions were put in place to try and stop them happening again. This reflected the recent focus on resolving medicine issues.

### Staffing and recruitment

- Relatives feedback about staffing was mixed. Some raised concerns over the impact of agency staff and non-driving staff on people's quality of life, whilst others told us there were enough staff. Most relatives were positive about established staff. The manager told us they had reduced the number of agency staff over the last year, though this was still a challenge in the Braintree area.
- Most staff told us there were not enough staff to meet people's needs. A member of staff told us, "We don't have the time or staff to do what we would like to. We don't go out as much as we should." When we discussed this with the provider, they told us staff were partly reacting to recent changes in individual people's funding arrangements which were outside the provider's remit.
- Staff told us poor on-call support (where staff ring a duty manager out of hours) sometimes left them and the people they supported unsafe and unsupported. They gave us examples where they had been left to manage situations on their own. Staff said, "The problem is that the on-call are managers from other sites. They don't know people so can't tell you anything you don't know" and, "It's a waste of time. They just send a text to confirm the conversation."
- We discussed on-call support with the manager, who told us they were arranging visits for local managers to get to know other areas, and so improve support. They also described how they provided information to on-call managers to help them understand the needs of the people they supported when providing emergency cover.
- People were recruited safely, and appropriate checks were carried out, including Disclosure and Barring checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- Some relatives and staff were frustrated with the lack of response when they raised concerns, reflecting other feedback we had received about lack of structured communication.
- We received regular safeguarding notifications from the provider. This demonstrated an open culture about concerns raised within the service. The notifications showed the provider had worked with external professionals to keep people safe.
- Staff had received safeguarding training and were able to describe how they protected people from the risk of abuse. Safeguarding was discussed regularly in team meetings.

### Preventing and controlling infection

- We were assured staff were supporting people to minimise the risk of infection in their homes. A staff



member told us they supported a person to use different coloured chopping boards to reduce the risk of infection. Quality audits checked staff were using protective equipment such as gloves, in line with current guidance.

- We received feedback that some properties did not support people to reduce infection concerns. This was not part of our inspection; however we fed back to the provider to ensure they had effective systems to support people to communicate with their housing providers.

# 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.

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

- Care plans did not always reflect people's needs. The delivery of care was inconsistent and did not always match the aims of care plans, in particular when support was provided by agency staff who did not know people.
- The manager described the induction process agency received to support them in their role. They also told us they had worked on improving the assessment and care planning process since they had taken up their new role. The new care plans reflected a better understanding of people's needs, including people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Prior to the inspection we received concerns some staff did not know how to support people with more complex needs. At the inspection we found the provider had not ensured all staff had access to the necessary support to develop their skills, in particular for specialist medicine administration and support for people whose actions put themselves or others at risk.
- The provider employed a positive behaviour support practitioner who worked across East Anglia, in both their residential and supported living services. We met the practitioner and had positive feedback from staff about their role. However, given the complex needs of people being supported and the demand across all the provider's local services, the resource was overstretched. The provider told us they were addressing this by training local managers. This training was being implemented at the time of the inspection.
- There was a training and induction programme for staff, who told us it prepared them adequately to meet people's needs. There was an emphasis on online training, which many staff said they did not find effective.
- Systems for recording and monitoring training were not effective. A person was supported by a member of staff who had not had the specialist training required to meet their nutritional needs. The member of staff had received some guidance to provide safe care, however, improvements were needed to support the manager to match people to suitably trained staff.

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

- People who had specialist needs around eating, for example their food had to be blended, had involvement from relevant professionals. Staff competency observations checked staff were preparing food as required.
- When we visited people at home, they told us they were able to choose what to eat. A person said, "I am having curry and they [other person in shared house] are having chicken nuggets because they don't like curry."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed staff worked closely with professionals to meet people's needs. There were positive examples of joint working. A professional told us, "I'm very impressed with the service, they have some very complex individuals under their care."
- Staff supported people with their health, arranging appointments and promoting wellbeing. A member of staff described how a person had a goal to brush their teeth independently. They said, "We communicate with pictures of brushing teeth. [Person] has a choice about how long they brush. Sometimes we get the toothbrush and show them."

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.

- Not all staff had an understanding of capacity and how to work within the principles of the MCA. Systems did not effectively support people to communicate their decisions around their care.
- Some staff worked within the principles of the MCA, particular where staff knew people well. They described how they supported people to balance issues of choice and risk.
- There were examples where decisions had been made in a person's best interest. Staff had recorded the decisions and had considered whether outcomes were the least restrictive option available. In the examples we saw, people and their representatives had been consulted, as appropriate.

# 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.

Respecting and promoting people's privacy, dignity and independence

- The language used by some staff was not always dignified and did not reflect an understanding of their needs. We heard or read staff referring casually to people being 'aggressive'. The language was sometimes used when a person became distressed when not cared for in line with their needs. We noted this had been discussed openly in team meetings and were assured the manager was addressing this issue and working to improve the culture and use of language across the service.
- Staff were encouraged to promote people's confidence and independence. They used small steps to build up a person's independence in daily tasks. A manager had done a formal observation of a new member of staff and ensured they were supporting a person to peel vegetables.
- We found an example of best practice where a person was making a cup of tea independently in their own kitchen after years of being highly restricted in other care settings. This had been achieved by a committed and consistent staff group.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and staff spoke of frustrations and issues with management and systems but were overwhelmingly positive about individual staff. A person said, "I love this place, I love the staff, they sort me out." Many of the staff we spoke to were highly committed to the people they supported. They wanted things to get better and for people to have an improved quality of life.
- Despite the concerns with the management of the service, when we spoke with the manager and the locality managers, their commitment to the people they supported shone through. One of the locality managers told us, "When I arrived here, I thought, I am not having that (lack of activities). People deserve better and look at what I have achieved." They spoke proudly of how individuals' quality of life had been transformed by this approach. Families and staff echoed this positive transformation. A relative told us, "We are really happy with how things are worked out."
- We found positive examples of staff supporting people to make decisions about their daily life, with frequent use of pictures to support choice. For example, a member of staff told us they had just visited the zoo as a person had pointed to a picture when asked what they wanted to do.
- Care plans considered people's diverse needs. Staff supported a person to have meals in line with their cultural preferences. People's individuality was promoted through daily routines. In a shared house we visited everyone had their own shelf in the kitchen and their own shopping list. Where possible, people were actively involved in shopping for groceries or putting food away.



# 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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Feedback from people and families was highly contrasting about people's quality of life. In particular, we received negative feedback about the impact of agency staff and the deployment of staff who could not drive to rural areas. A relative told us, "The people living at [Person's] home have one to one staff yet often staff can't drive. The location has few facilities or community activities. The staffing is totally not centred on the person's needs. Because of lack of stimulus and suitable activities, [Person] spends a great deal of time in their bedroom."
- Relatives and staff told us some agency staff struggled to support and engage with people as they did not know them well. A relative told us, "The usual staff are good to [Person], the agency staff don't speak to them, and are on their phones during their shift."
- The manager told us they used drivers where possible and were reducing agency staff to ensure people were supported by staff who knew them and who could help them engage in activities of their choice. A relative confirmed this saying, "There are regular staff, more so in the last year, as the agency have joined the team and are regular now."
- Where feedback was negative, we often found communication had been inconsistent with families and a structured review process had not been sustained over a period of time. This had limited the opportunity for people and their representatives to have meaningful choice and control over their care.
- Families described the impact of COVID and how people no longer attended some former activities. We discussed this with the manager who told us this was dealt with individually and there had not been a central plan to ensure a consistent response when coming out of the COVID pandemic.

We recommend the provider seek advice and guidance from a reputable source, about how to best support people to express their views and involve them in decisions about their care and support.

- The most positive observations and feedback were in areas where agency staffing was minimal and people were supported by a staff group who knew them well. We found examples of personalised care where staff understood people's needs and supported them to have a good quality of life. A member of staff described a person's sensory needs and how they were affected by loud noise and used ear defenders when outside their home.
- Many people lived full, engaged lives. A relative told us, "[Person] has enough one-to-one hours in the day and gets out and about. She does varied activities and so is in the right frame of mind." When we visited people living in a shared house, they were extremely busy, all taking part in varied, person-centred activities. This included specialist sensory activities in line with individual needs.
- Staff were enthusiastic about promoting people's quality of life. A member of staff told us, "All the people I

support are in their 30s. It would be good to arrange midnight finishes for staff to enhance their quality of life so that they could go to clubs and karaoke bars."

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

- People and relatives told us they did not tend to raise formal complaints, despite being dissatisfied with the service. A person told us, "It feels like the managers always think I grumble as they act like its hassle." A relative described how managers tried to sort things out informally and did not encourage them to raise formal complaints.
- The provider had a complaints policy and logged complaints. Where complaints were made, people received a response and issues were investigated. However, most of the concerns raised during the inspection had not been recorded centrally and so the complaints process was not being used as a positive tool to drive improvements. We fed back our findings to the manager, who assured us they would review the complaints process within the overall management improvements required.

#### 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.

- Some people used communication boards to assist with communication. For example, to remind them of activities or staffing. Staff told us new or agency staff did not know people well enough and so did not always use the tools.
- Care plans gave information about how people preferred to communicate. We spoke to staff who knew people well and had a detailed knowledge of how to communicate with people, using the boards or reference objects. These staff demonstrated a skill when communicating with people in a person-centred manner, in line with their care plans.

#### End of life care and support

- The service was not supporting anyone at end of life. A person had a care plan should they require end of life support. The care plan involved the person in a sensitive manner, considering their wishes and any religious or cultural needs they had.
- The manager told us they were working with people and their representatives to ensure they had the necessary information in place to support people as their needs changed.

# 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.

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

- The quality of care people received was inconsistent, and people and their representatives could not be assured they would receive safe, effective care. We found some people were supported to achieve positive outcomes; however, improvements were needed to enable everyone being supported to develop and flourish.

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

- There was no registered manager at the service. A new regional manager had been appointed in April 2023 and they had applied to be registered with the CQC. We found the manager covered a wide geographical area and was overstretched. Dealing with numerous issues of risk on a daily basis meant limited time to plan, monitor, reflect and learn.
- In our discussions with the manager, we found they reacted promptly to sort out individual concerns. However, their response reflected a lack of knowledge of good-quality governance tools and systems, in particular around managing risk across a large, spread-out service.
- The provider had not supported the manager by providing effective governance systems to help ensure the service was well-led. Tools to audit the care being provided locally did not assist the manager in their efforts to manage risk and improve the service. For example, a quality check had signed off as completed areas where we found concerns remained at the time of the inspection. Systems to ensure people were matched to staff with the necessary skills to support them safely were not effective.
- The manager told us they were well-supported by the provider. However, we were aware that the providers resources were stretched dealing with a number of issues across the wider organisation.
- The provider had started to apply learning from inspections in other areas of their organisation and to make changes within supported living. However, they had not acted promptly in response to lessons learnt, to ensure people received safe support, in particular to ensure staff had the necessary skills to support people with their medicines.

The provider had not ensured effective processes were in place to assess, monitor and improve the quality and safety of the service. People were not assured a positive experience when receiving support. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In April 2023 a new management structure was put in place with named managers over each local area, overseen by the new regional manager. This followed a period of disruption and management changes. We received some positive feedback about the new local management structure. A member of staff said, "We've got a new manager now. They've been in post for a couple of months now and are very pro-active. They really want to improve things."
- The provider told us they were changing their audit tools and described a system which would improve oversight around safety. There were also new checks to enable senior staff to spend time observing and talking to people about their quality of life.
- Further time was needed to ensure the changes were sustained and resulted in improved outcomes consistently across the service.
- The new manager put people's needs and wishes at the heart of everything they did. Throughout the inspection they were responsive and committed to learning and developing their management skills. We met with the provider to highlight the need for the new manager to have the necessary support to make the required improvements. The provider told us they had employed a new quality manager who would assist the new manager in their role.

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

- People, staff and families told us the manager and provider listened but did not always respond in a timely and structured manner. Systems to engage with people were not always effective. A person told us they could speak to their key worker but felt they had to communicate through their parents to the manager to ensure they were listened to.
- A relative told us, "Unfortunately, due to Achieve Together constantly shuffling management positions, no manager stays in position for any length of time and there is no continuity of care or following through to resolve issues. There is never any consultation with parents/carers as to the proposed changes or any opportunity for us to give feedback."
- Inconsistent communication meant the provider did not always meet their duty of candour. Some relatives told us they had heard of mistakes around medicines from a social worker, rather than from the provider.
- Staff told us they felt able to speak up but were not always confident things would be sorted out. A member of staff told us, "I've brought up a number of serious things with managers. I still have the e-mails. Nothing is being done about any of them by anybody."

Working in partnership with others

- Partnership working at management level had been hampered by a history of management turnover and structural change. The current focus was on dealing with emergency and risk issues. Improvements were needed to ensure effective partnership relationships were sustained.



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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective arrangements were not in place to ensure medication practices were safe and risk was minimised. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured effective processes were in place to assess, monitor and improve the quality and safety of the service. People were not assured a positive experience when receiving support. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>