

Achieve Together Limited

Domiciliary Care Agency East Area

Inspection report

The Cabin, 200B Fleet Road
Fleet, Holbeach
Spalding
PE12 8LE

Tel: 01406490616
Website: 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 caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

About the service

Domiciliary Care Agency East Area is registered to provide personal care to people living in their own homes and shared supported living services in Lincolnshire, Cambridgeshire, Suffolk and Essex. At the time of our inspection, 39 people were receiving a personal care service. Shortly after our inspection, the registered provider applied to remove the Essex services from Domiciliary Care Agency East Area and operate them instead from a different registered location.

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

Right Support

The service gave people care and support in generally safe, clean, well equipped, well-furnished and well-maintained premises that met their sensory and physical needs. However, in two local services staff did not always comply with measures designed to reduce the risk of COVID-19 spreading within the service. The registered manager acknowledged these lapses and took action to address them.

Staff focused on people's strengths and promoted what they could do, promoting the opportunity for people to lead fulfilling and meaningful lives.

People were supported by staff to pursue their interests inside and outside their home, and to achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress to minimise any restrictions of freedoms at those times.

Staff managed risks to minimise restrictions and to ensure people had as much freedom, choice and control over their lives as possible.

Staff received training in the use of restraint and were confident in their ability to deploy this training as a last resort and for the shortest time possible. At the time of our inspection, there was no one using the service for whom the use of restraint had been identified as necessary.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area.

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

Staff supported people with their medicines in a way that respected their independence and achieved positive health outcomes.

Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care and responded to their individual needs. However, on two isolated occasions we observed staff did not fully respect people's privacy and dignity. The registered manager acknowledged this shortfall and took action to address it.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they generally knew how to apply it.

Despite difficulties caused by the COVID-19 pandemic, the service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff had the skills and knowledge to understand people's individual ways of communicating.

People's support plans reflected almost all their range of needs and this promoted their wellbeing and enjoyment of life. The registered manager agreed to take action to ensure people's sexual needs and preferences were more fully understood by staff and documented in their support plan.

People received care that supported their needs and aspirations, was focused on their quality of life, and generally followed best practice.

Right Culture

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. However, organisational governance systems were not consistently effective in ensuring that care provision was consistently safe across the service and that staff always respected people's dignity and privacy.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

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

Staff were committed to putting people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was Good (published 13 September 2019).

Why we inspected

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

We received concerns in relation to people's safety and well-being and organisational culture. As a result, we undertook a focused inspection to review the key questions of Safe, Caring and Well-Led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Domiciliary Care Agency East Area on our website at www.cqc.org.uk.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring and Well-Led sections of this full report.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring 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 ●

Domiciliary Care Agency East Area

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Health and Social Care Act 2008.

Inspection team

Five inspectors and an Expert by Experience carried out the inspection. 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 personal care and support to people living in their own houses and flats, and in twelve 'supported living' settings. In supported living services, 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.

As part of our inspection we conducted site visits to seven of the twelve shared supported living services: two in Lincolnshire; one in Cambridgeshire; two in Suffolk and two in Essex.

The service had a manager registered with the Care Quality Commission (CQC). This means 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

We gave a short period of advance notice of each of our seven site visits. This was because we needed to be sure senior staff would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about) and information from one local authority commissioning team and one local authority safeguarding team.

During the inspection

We spoke with 16 relatives about their experience of the care provided. We also engaged with 10 people who used the service who communicated with us in several different ways, including speech and body language.

We spoke with 13 members of staff including the registered manager, the deputy manager and 11 members of local staff teams.

We reviewed a range of written records including 12 people's care records, two staff recruitment records and information relating to the auditing and monitoring of service provision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at completed quality assurance surveys and planned refurbishment schedules.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Preventing and controlling infection

- The provider's approach to the prevention and control of infection was not consistently effective.
- In response to the COVID-19 pandemic, staff had been provided with facemasks and other items of PPE to reduce the risk of the transmission of COVID-19. In six of the seven local services we visited, we observed staff wore their PPE at all times as required. However, in one local service, some staff did not always wear a face mask, increasing the risk of transmission of COVID-19.
- In line with national policy, the provider had introduced additional checks on visitors to reduce the risk of COVID-19 entering the premises. In six of the seven local services we visited, staff implemented these check-in procedures as required. However, in one local service, staff failed to ask our inspector for proof of a recent COVID-19 test, increasing risks to people and staff.
- The registered manager apologised for these lapses and took prompt action to try to avoid a reoccurrence.
- Effective systems were in place to test for infection in people using the service and staff, in line with national policy requirements.
- Premises were generally clean and the provider promoted safety through staff's hygiene practices.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely, in line with their needs and preferences. These were clearly documented in each person's care record.
- The provider had established comprehensive systems to support staff to administer, record and store medicines safely, when people were unable to do this for themselves. These were generally well-implemented although, following feedback from our inspectors, the registered manager took action to improve medicine stock control checks in response to an issue we identified in one local service.
- The provider ensured staff did not respond to people's expression of their needs and wishes through excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). One staff member told us, "[Name] can [become very distressed] and has [a sedative prescribed for occasional use]. We are very proud as a team that [name] hasn't needed it for several years. [Instead], we have been able to talk her through her anxieties."
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing. One staff member told us, "[Name] has [a long-term medical condition]. The GP contacts us quite regularly for updates. [Name] had a medication change at the end of last year and [as a result] we have seen a huge improvement in their condition."

Staffing and recruitment

- The registered manager told us of the proactive measures she was taking to recruit and retain staff despite the very significant challenges presented by the COVID-19 pandemic and other workforce pressures in the care sector.
- Recruitment was in hand to address continuing shortfalls in permanent staffing in some local services. In the meantime, the combination of overtime working; senior staff 'acting down' to cover shifts and the use of regular agency personnel, meant there were sufficient staff to meet people's support needs and to enable them to access facilities in the local community. One staff member told us, "We are recruiting to two full-time vacancies at the moment. However, we are always able to cover the shifts. Staffing is never unsafe [and] we still find a way of getting people out and about."
- Staff recruitment promoted safety. We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure the staff employed were suitable to work with the people who used the service.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and understood how to promote their wellbeing and protect them from the risk of abuse. One person's relative told us, "[Name] feels safe. He is the kind of person who would tell you if [he didn't]. He's well-looked after and happy."
- Staff had training on how to recognise and report abuse and generally knew how to apply it. In response to feedback from one of our inspectors, the registered manager took action to provide additional guidance on local safeguarding arrangements to one newly appointed member of the management team.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, some people were provided with 2:1 staff support to allow them to enjoy local facilities whilst minimising any risk to themselves or others.
- The provider's approach to care planning and individual risk assessment was comprehensive and well-organised. People's care records helped them get the support they needed, as they were easy for staff to access and contained detailed information on each person's individual needs and wishes. For example, one person's skin integrity support plan provided staff with guidance on how to support the person to wash themselves effectively. Commenting on their involvement in the care planning process, a relative told us, "I mentioned that [name] doesn't like showers and prefers baths. That's respected now."
- Staff considered less restrictive options before limiting people's freedom; and any restrictions which were in place were based only on people's individual needs and in line with the law. Any decisions taken in a person's best interests, such as restricting their access to food to promote their health and wellbeing, were clearly documented in their care record and reviewed regularly by senior staff.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. One staff member said, "It's [important] to spend time to get to know people, learning from any situation which could arise. People communicate their wishes in different ways. It's all about learning their signs and being patient."
- Staff received training in the use of restraint and were confident in their ability to deploy this training as a last resort and for the shortest time possible, if anyone using the service was a risk to themselves or others. At the time of our inspection, there was no one using the service for whom the use of restraint had been identified as necessary.

Learning lessons when things go wrong

- Staff recognised and reported any incidents and near misses and this helped keep people safe. Senior staff reviewed any significant events and shared lessons learned. For example, following an unsuccessful

placement in one local service, the registered manager had reviewed admissions protocols, to reduce the risk of something similar happening again.

- Describing her own personal commitment to organisational learning as a key component of continuous service development, the registered manager said, "When mistakes are made we need to be brave and honest [and] reflect on what has happened. There is always room for improvement."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's privacy and dignity. In one local service, whilst showing our inspector round the premises, a member of staff knocked on a person's closed bedroom door before entering. However, the staff member then walked into the room without waiting for a response, to find the person was getting dressed after a shower, compromising their privacy.
- In the same local service, another member of staff used the disrespectful term 'boys', to describe two adult men who used the service.
- The registered manager apologised for both of these isolated lapses and told us she would take action to ensure staff maintained absolute respect for people's privacy and dignity at all times.
- More positively, staff worked creatively to provide people with opportunities to try new experiences, develop new skills and gain independence, where this was relevant. For example, staff told us of one person who had previously refused to go out on their own. As a result of patient, systematic support from staff over several months, the person now participated in regular food-shopping excursions to their local supermarket.
- Talking of another person, a relative said, "[Name] goes sailing. For the first six months he wouldn't leave the jetty and get into the boat. Now he doesn't want to get out the boat, he loves the water so much!"
- Despite the restrictions caused by the COVID-19 pandemic, staff also sought opportunities for people to undertake paid or voluntary work; attend college; enjoy leisure activities and widen their social circle. For example, one person told us their great pleasure in life was plane spotting and that staff provided support to enable them to enjoy this hobby regularly. Another person commented, "I go out most days except Wednesday. I go to college and do yoga, which makes me feel relaxed. I have a friend [name] at college. Sometimes I go shopping to Westfield and have lunch or cake out."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff showed warmth and compassion when interacting with people. For example, when one person became distressed, we watched a member of staff help to calm them, by gently stroking their arm and speaking to them in a soft voice. One person told us, "I like it here." Another person's relative said, "[The staff] are lovely. I can't ask for a better place."
- Staff showed a genuine interest in people's well-being and, at times, went 'above and beyond' to promote people's quality of life. For example, talking of one person they supported, a staff member said, "[Name] loves using a shredding machine. There is only so much paper [in the house] to shred. So, when I go to Tesco I get catalogues for [name] to shred. I have often come out of Tesco with two bags of catalogues!"
- Staff respected people's choices and, wherever possible, accommodated their wishes, including those

relevant to protected characteristics such as cultural or religious preferences. For example, staff supported people to enjoy music and food which reflected their cultural heritage and to celebrate religious festivals that were important to them.

- In response to feedback from one of our inspectors, the registered manager told us she would take action to ensure staff gave greater consideration to identifying people's sexual needs and preferences, as this area was generally under-documented in people's individual support plans.

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

- Staff valued and listened to the people they supported. For example, talking of one person, a staff member said, "[Name] loves company. So when we do our [paperwork] we sit on a beanbag in [name]'s room. They love the company." Talking of another person, a member of staff told us, "I know when [name] is getting anxious as she uses [certain] phrases."

- Staff supported people to express their views using their preferred method of communication and took the time to understand people's individual communication styles and develop a rapport with them. For example, one staff member told us, "[Name] is not [verbally] communicative but can use his hands [and] we have the most amazing conversations." Talking of another person, a relative said, "Staff had several attempts to teach [name] Makaton [but] he's devised his own system. He's determined about getting his desires across [and] they understand what he means."

- People generally took part in making decisions and planning of their care and risk assessments. For example, a relative told us, "[Staff] know more about [name]'s likes and dislikes than I do!"

- Staff supported people to maintain links with those that were important to them. For example, a staff member told us, "[Name]'s mum moved out of the country and communication reduced. We ... did a lot of work to locate mum [and] we have set up weekly video chats. It's nice to see; laughing, smiling and singing."

- People were supported to access independent advocacy services, whenever this was necessary.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had failed to establish a wholly consistent culture of care across the service. As described in the Caring section of this report, in one of the local services we visited, one staff member referred to people in a disrespectful way; and another staff member did not fully uphold a person's right to privacy.
- The provider had developed sophisticated quality assurance systems to audit and monitor service delivery. However, despite this investment, organisational governance was not consistently effective across the service and people did not always receive safe care and support. As described in the Safe section of this report, in two of the local services we visited, staff did not always comply with measures designed to reduce the risk of COVID-19 spreading within the service.
- Senior staff were visible in the service and worked directly with people who used the service, to support their teams and to model and reinforce good practice. Talking of their local manager, a staff member told us, "I find [name] very approachable. [Name]'s always there if I want to talk about anything and has a handle on issues. I [like to think] I don't work for [name], I work with [them]." Describing the registered manager, one of her management colleagues said, "[Name]'s knowledge of every service and every person we support is something ... I aspire to."
- Senior staff set a culture which valued reflection, learning and improvement. For example, throughout our inspection, the registered manager displayed a commendably candid approach and responded positively to the various concerns we identified. Describing the registered manager's leadership style, one member of staff said, "[Name] is very transparent and approachable. She is very open to acknowledging and recognising when something is not right and looking at ways to make it better."
- Senior staff also took a genuine interest in what people, staff, family, advocates and other professionals had to say, and took action in response to queries or concerns. A relative commented, "[Name of local manager] is lovely. She's on the ball and when I have mentioned things she's got onto it the same day and fed back. I have her work mobile number if I need to contact her."
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements, including the need to notify CQC and other organisations of any significant events in the service.

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

- The provider invested in the service to maintain and develop service quality. Reflecting this commitment, premises and equipment were generally well-maintained. However, in two of the local services we visited, some aspects of the premises were 'tired' and in need of refurbishment. The registered manager told us both projects were in hand.
- People and those important to them, worked with managers and staff to develop and improve the service. For example, the provider organised an annual quality assurance survey to give people an opportunity to provide feedback on service delivery and contribute ideas for service improvement. We reviewed the results of the 2021 survey and noted that 91% of respondents had indicated they were happy with the support they received.
- Looking ahead to the progressive lifting of COVID-19 restrictions, the registered manager told us plans were in place to enable people who used the service to get involved in staff recruitment, as they had done before the pandemic.
- Similarly, following a successful local pilot, the registered manager said she had plans to roll out monthly 'forums' across the service, as a formal means of giving people and their families an opportunity to share their views and discuss issues with staff.

Working in partnership with others

- The service worked in partnership with other health and social care organisations, including advocacy organisations, GPs and therapists which helped give people using the service a voice and maintained and improved their health and wellbeing.
- The registered manager was aware of the local care provider organisation in the county where the service was registered. Looking ahead, she told us she planned to get more involved in this and other local networks, to improve care and support for people using the service and the wider health and social care system.