

Achieve Together Limited

# Domiciliary Care Agency Kent and Sussex

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Domiciliary Care Agency Kent and Sussex is a service that provides personal care and support to adults living in 'supported living' settings, so that they can live as independently as possible. This supported living service meets the needs of people with a learning disability and autistic people, people with mental health needs, and people who have a physical disability. Not everybody using the service received the Regulated activity of personal care. At the time of this inspection there were twenty people receiving personal care at eight different homes. The service is run from an office in Rochester in Kent.

### 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.

### Rights Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. For example, people were supported to go out to work and one person told us they loved going to work. Staff supported people to achieve their aspirations and goals. One person told us how they were supported to pursue their goal of being a DJ. Staff supported people to take part in activities, pursue their interests in their local area and to interact online with people who had shared interests. Staff enabled people to access specialist health and social care support in the community.

### 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. During inspection we observed staff to be kind and compassionate to people, taking a genuine interest in what they liked doing and the support they needed. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Information would be given in a format that people needed such as picture cards and easy read posters. An easy read poster with the inspector's picture on was given prior to visiting peoples' homes. People had help to access easy read information to help people understand about this inspection. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

### Right Culture

People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. For example, one person was supported to go on holiday this year and they were able to pick what they wanted to do which best suited them. People received good quality care, support and treatment

because trained staff and specialists could meet their needs and wishes. Staff we spoke to were able to tell us people's needs and preferences in relation to their care, support and aspirations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was good (published 05 July 2018)

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

# Domiciliary Care Agency Kent and Sussex

## **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 two inspectors.

#### Service and service type

This service provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 four people's houses and spoke to five people who lived there about their experience of the care provided. We also spoke to one relative. We spoke with ten members of staff including the registered manager, home managers and support staff.

We reviewed a range of records including three people's care and support plans and medication records. We also reviewed a number of documents relating to the running of the service, this included audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us, "I never want to leave, I love it here."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "If I have any concerns, I go straight to the home manager, or registered manager."
- Safeguarding incidents were reported to the local authority and CQC when required. The registered manager understood their responsibility when reporting safeguarding concerns. The safeguarding outcomes were shared with staff in team meetings.

Assessing risk, safety monitoring and management

- People's individual health risks were monitored and managed well to keep people safe. The service helped keep people safe through formal and informal sharing of information about risks. For example, people who lived with epilepsy had detailed care plans to guide staff on how to support them. This included if they needed emergency medicine to help with seizures and when to administer it.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, one person that lived with epilepsy was being supported to become more independent in the kitchen and develop life skills where this previously was not always possible.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. People's care records stored on an electronic system which ensured updates to people's care and support plans were easily accessible to staff.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Staff had received training regarding DoLS

and MCA and they understood the principles to ensure people had choice in everyday life. People who lacked the capacity to make complex decisions, for example regarding their medicines, had been involved in best interest meetings to ensure the appropriate support was given.

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One person had recently been supported to go on holiday for a week. The person told us they had the best time and could not wait to go back on holiday.
- The number and skills of staff matched the needs of people using the service. We observed staff supporting people how they wanted to be supported. Staff told us, "We have no need for agency staff, the staffing levels are good here, all the staff are really supportive."
- Staff had completed specific training to support the people they looked after. This included training in learning disabilities, autism and Makaton. Staff told us some people have adapted Makaton signs and symbols to suit them and staff said they have been able to learn these symbols to ensure they are supporting people to express themselves the way they choose.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principle of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicine were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff had clear guidance to support people who needed 'as required' medicines. For example, staff knew when to give an 'as required' epilepsy medicine.
- People received support from staff to make their own decisions about medicines wherever possible. For example, we observed staff asking a person if they were ready for the medicines yet.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic. For example, cleaning rotas were in place and people were supported by staff to clean their rooms.
- Staff used personal protective equipment (PPE) effectively and safely. We observed staff to be wearing their PPE correctly.
- The service tested for infection in people using the service and staff. Staff told us they carry out lateral flow tests to ensure they are COVID19 negative. The registered manager kept a record of staff testing.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The registered manager kept a log of lessons learnt and action taken from incidents. For example, one person had become anxious due to not being familiar with an allocated staff member. The registered manager put into place a staff picture board and ensured staff prepared the person by using visual picture boards and verbal communication tools.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff told us they knew how to record and report incidents and felt assured the home manager and the registered manager would take action where appropriate.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People told us how much they loved living in their homes. One person also told us how they were being supported and encouraged to pursue their hobby and goal of being a DJ.
- Staff felt respected, supported and valued by senior staff which supported a positive culture amongst the team. One staff member told us, "I think the management is effective, they have an 'open door' policy." We observed the manager engaging with staff in a positive manner which was reciprocated by staff.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "I know I can go to them with any concerns."
- The registered manager facilitated a 'closed culture' questionnaire for staff which highlighted areas they wanted to raise and to ensure there was not a closed culture within the service. A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The questionnaire highlighted staff's views on areas such as training and what other training they would like to do to ensure they had all the skills and knowledge needed to support people how they wished.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protected people's rights and provided good quality care and support. The registered manager had audits in place for areas such as medication. The audits allowed the registered manager to pick up on any trends or highlight actions needed. For example, if there was a missed medicine, the staff would be supported to carry out further training and observations.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff were able to tell us people's routines, likes and dislikes, for example, one staff member told us, "[person] loves their DJ set, they are very good at it and we support [person] to go to a local venue and DJ."
- Staff delivered good quality support consistently. We observed good quality care and support from staff in all four homes we visited. For example, staff were kind and patient with people when they were communicating their needs or wishes. People and their relatives told us they were happy with the support

they received from staff. One person told us, "They [staff] always do everything to help me, I don't know what I would do without them."

- The service apologised to people, and those important to them, when things went wrong.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. People were able to join house meetings where they could discuss issues regarding their homes. For example, one house meeting they spoke about needing a new gardener and a shed, this was bought and staff helped with this process.
- The registered manager sought feedback from families through a questionnaire. However, they were in the process of facilitating another method where families can feedback their views via an app, which would be a more streamlined and quicker method.
- Staff encouraged people to be involved in the development of the service. In one home we visited people had picked a theme they liked for each floor and then were supported by staff to decorate. People were also supported by staff to find other ways to inform families and relatives what they do on a day-to-day basis. The staff in homes have supported people to create a newsletter with pictures to be sent to families and relatives.

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service. The provider had ensured that up to date national COVID19 guidance was distributed to people and staff.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. For example, people were supported to attend health care appointments including GP, dentist and opticians but also refer people to services such as psychiatry and epilepsy specialist.
- The service worked closely with housing organisations and people to ensure their houses were a suitable environment for them to live in. For example, the registered manager has a good working relationship to ensure the safety of people in their homes and if any maintenance is needed then this is reported and escalated until it has been actioned.