

Achieve Together Limited

Domiciliary Care Agency Kent & Sussex

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

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 47 people receiving personal care across 15 homes. 8 homes were situated in Kent and 7 were situated in Sussex. The service is run from an office in Margate in Kent.

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

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.

Right Support: People had not always been supported to feel safe in their own home. The concerns were being addressed by the registered manager. People who had been prescribed 'as required' medicines were not always well managed. For example, one person was regularly being administered a sedative which was an 'as required' medicine. One of the supported living homes did not always have enough staff to support people in line with their care and support plans. The registered manager was reviewing the staffing levels at this home. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. 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.

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. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People and their relatives told us that staff were kind. During the inspection we observed caring interactions between people and staff. Staff were patient with people when they were communicating.

Right Culture: Staff had not always received the relevant training to support people. For example, a number of staff had not completed positive behaviour support training to support people who could display anxious and distressed behaviours, where this was an identified need. However, we spoke to staff who knew how to support people in line with their care plan. 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.

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

Rating at last inspection

This is a new rating for this service due to change of address and merge of services. The last rating for the service at the previous premises was Good, published on (published 23 August 2022). The merged Sussex services were previously rated Inadequate (published 24 February 2023).

Why we inspected

The inspection was prompted in part due to information we held about the service from the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Domiciliary Care Agency Kent and Sussex' and 'Dyke Road Community support services' on our website at www.cqc.org.uk.

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 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 responsive.

Details are in our responsive findings below

Good ●

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 Kent & 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 team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 15 '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 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 there were two registered managers in post. One registered manager oversaw the Kent services and the other oversaw the Sussex services.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to gain consent from people to visit them in their homes. We also needed to ensure that the provider or registered manager would be in the office to support the inspection.

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 visited 4 houses in Kent and 6 houses in Sussex. We spoke to 12 people who lived there about their experience of the care provided. We also spoke to 7 relatives. We spoke with 21 members of staff including both registered managers, home managers and support staff. We reviewed a range of records including 6 peoples care and support plans and medication records. We also reviewed a range of documents relating to the running of the service, this included audits and 3 staff files.

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.

Systems and processes to safeguard people from the risk of abuse

- People had not always been protected from the risk of abuse. Some people told us they didn't feel safe living in their home due to the dynamics and compatibility of people living there. Incident reports demonstrated people could show high levels of distress, which people told us could upset them. One person told us, 'I feel really unsafe here, I have to go out all the time to get away.'
- Some relatives also told us they felt their loved one was not always safe. One relative told us, 'No they [person] is not safe there is not enough staff.' Another relative told us, '[person] is not safe there, it's the wrong place for [person].'
- The above safeguarding concerns were isolated to a few homes and the registered manager was supporting people to move and find alternative housing where this was requested and reviewing staffing levels in one of the other homes.
- Staff had completed safeguarding training and processes were in place to ensure safeguarding incidents were reported to the local authority.

Staffing and recruitment

- One of the homes did not always have enough staff to ensure people could take part in activities how and when they wanted. One person told us they were not able to go out one day as there was not enough staff. One relative also told us, 'There is not enough staff.'
- Staff from this home felt there was not enough staff sometimes and this impacted on how they could support people. The registered manager was in the process of working with the local authority to review people's care and support hours.
- Other homes had enough staff to support people and had been able to reduce the number of agency staff that were needed.
- The services recruitment process promoted safety for people. The recruitment staff undertook checks of newly recruited staff including a DBS. 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.

Using medicines safely

- People who had been prescribed 'as required' medicines were not always well managed. For example, one person had been prescribed a sedative for when it was required, however staff were administering the medicine every day without explanation and staff did not document its effectiveness. The registered manager told us the person would be having a medicine review with their GP to discuss this and would review staff medicines competencies.

- People's relatives told us their loved one's medication was well managed. One relative told us, 'They [staff] are really good, it's on time and all counted.'
- People's medicines were stored safely in their own rooms. Staff explained that if the medicine cabinet got too warm then they would move the medicines or add an ice block. Staff recorded temperatures of the medicines cabinets daily.
- Staff completed training and undertook competency assessments to ensure they had the knowledge and competence to administer medication.

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 plans for staff to support them.
- People who lived with diabetes had up to date support plans in place within their home. Staff told us how they would support someone with their diabetes and when they would need to seek medical advice.
- Environmental risks had been identified and mitigated. People had PEEPs (personal emergency evacuation plans) to guide staff how people need to be supported out of their homes in the event of an emergency.

Preventing and controlling infection

- People were supported to maintain a clean and hygienic living environment.
- People were supported to access vaccinations to help reduce the risk and spread of infection.
- The provider ensured there was enough personal protective equipment available for people and staff.

Learning lessons when things go wrong

- Staff raised 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 that the registered manager would act where appropriate.
- The registered manager had a central system where incidents and accidents were logged to ensure actions were taken in a timely manner and any trends or patterns could be identified.
- The service recorded any use of restrictions on people's freedom, and managers reviewed the use of restrictions to look for ways to reduce them.

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.

Staff support: induction, training, skills and experience

- People were supported by staff who had not always received relevant training. Staff training compliance was low in areas such as behaviour support. However, when we spoke to staff, they knew people well and how to support them. The registered manager had also booked a number of training sessions for staff to attend.
- The service checked staff competencies to ensure they understood and applied training they had completed and best practices. Competency checks were completed for things such as medication.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. The is also included looking at people's protected characteristics under the Equality Act (2010) such as religion.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People's supports plans clearly detailed their life history, when it was known, their future goals and aspirations and their likes and dislikes. For example, one person's care plan outlined how much they liked sport.

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

- People with complex needs received support to eat and drink in a way that met their personal preference as far as possible. For example, people who needed a modified diet were supported and encouraged to have this.
- People received support to eat and drink enough to maintain a balanced diet. People had their own food storage areas within the communal kitchen which supported their independence.

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

- People were supported to attend annual health checks, screenings and primary care services. This included regular visits to the opticians, chiropodist and dentist. People were also supported to contact their GP if they were feeling unwell.
- People had health action plans which were used by health and social care professionals to support them in the way they needed. The health plans clearly detailed what support the person needed for each of their

health concerns. For example, one person needed a sight test yearly and this was documented when they were supported to attend a sight test.

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

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

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

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

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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 told us staff treated them with respect. One person told us, 'They are very nice to me, I like them [support workers].' Another person told us, 'I like them [staff], I am happy.'
- Staff spoke kindly about people they support. One staff member told us, 'We are like a big family.' Another staff member told us, 'It's a good place to work, people get good care.'
- We observed staff members engaging in positive and meaningful interactions with people and staff showed a genuine interest in their wellbeing.
- Most relatives gave positive feedback about the service such as, 'Staff were extremely caring' and 'The staff are wonderful, when I speak to them, they are caring and helpful.' Although some relatives didn't always feel staff were caring in some of the services. The registered manager was working with the families to address any concerns.

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

- People were supported to express their views and were given time to process information and respond to staff and other professionals. We observed staff being patient with people when they were communicating.
- Staff told us how they ensured people were involved in decision making. For example, one staff member told us, 'It's a good service we involve everyone, including the staff. We've developed a meal planning system where everyone chooses what they want from the pictures. Then we show them pictures of the ingredients and we support them to find the ingredients in the shops from the pictures.'
- One person told us, "They ask us what we would like, and we make the menus together."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us, "I've been cleaning my room, I don't like doing that but I'm proud when I've done it."
- Relatives told us, 'They [staff] encourage [person] to be as independent as they can be. If [person] comes out to the communal dining room, they encourage [person] to lay the table.'
- We observed staff respecting people's dignity and privacy. Some people had their own door keys to their bedrooms and when staff needed to access their rooms for things such as medicines, they asked the persons permission first.
- Relatives also told us, "If they [staff] need to do personal care they close his bedroom door and talk him through what they are going to do."

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; 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's care plans were detailed and person centred. Each care plan was individual to the person and, where it was known, included details such as likes, dislikes and hobbies. One staff member told us, 'The care plans are really good and up to date.'
- People were supported to develop goals and aspirations. Some people we spoke to told us about their workplace and the day centre's they attend. One person took the inspector on a tour around their home and discussed what decoration had been done recently and what their daily routine consisted of.
- People were supported to participate in their chosen social and leisure interests. People told us what they liked to do, for example going to the pub for lunch, being a DJ in their local club and visiting friends and family. One person told us, 'I go to the clubs and the beach.'
- People were supported with their sexual orientation/religious/ethnic/gender identity needs without feeling discriminated against. The service had discussions with people and also their families if they were unable to verbally express their choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had communication care plans in place to detail their preferred method of communication and any guidance for staff to aid with communication. For example, one person's support plan detailed staff should focus on one thing at a time when speaking to them to allow them to focus.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- People and their relatives told us they knew how to make a complaint. One person told us that an agency staff member hadn't turned up to support them so they made a complaint. The registered managers had responded to the complaint in line with their complaints policy.

End of life care and support

- People had end of life care and support plans in place, these care plans were also in an accessible format suited to each person.
- At the time of the inspection the service was not supporting anyone who needed end of life care and support.

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.

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

- Governance processes were not always effective to keep people safe. The registered manager had an auditing system in place, however in some areas it was not always robust enough to highlight the issues identified during inspection. For example, medicines audits had not highlighted the regular use of a 'as required' sedative medicine. The registered manager told us there was a medicine review going to take place with the person's GP so they could discuss this with them and staff competencies and training reviewed where needed.
- The registered manager had not always ensured people felt safe living in their homes. The registered manager was working with families and the local authorities to support people to move where this was appropriate.
- People's care and support plans were not always up to date in the office. For example, one person's who was diabetic did not have information in the care plan to guide staff how to support with their diabetes. However, when we visited the person in their home, the care plan within the home that staff used on a daily basis did contain this information.
- The registered manager had already highlighted areas around staff training that needed improvement and had started to take action to rectify this. The registered manager had booked training courses for the staff.
- The registered manager had an effective system in place to ensure there was oversight and analysis of incidents, accidents, and people's behaviours. Trends and patterns could be identified and actioned where needed.
- The registered manager understood their responsibility and registration requirements to notify the Care Quality Commission of notifiable incidents.

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

- The registered manager had worked hard to instil a culture of care in which staff truly valued and promoted people's individuality and protected their rights. Staff told us, "There have been issues at these services, but we have worked extremely hard to resolve them. I'm really proud of the team and what we have achieved for people. There has been a real change of culture, it is very positive now."
- Management was visible in the homes. Each supported living home had one home manager on site to oversee the day to day running of the home. The registered manager also visited the homes regularly and people knew who they were. One person thanked the registered manager for buying a new lawn mower they

had asked for.

- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The manager told us they felt supported by the provider. They had regular meetings to discuss the service and any outstanding actions that needed to be addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- Relatives told us they were informed about incidents and accidents.

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

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. For example, relatives and people from one home fed back to the registered manager that their garden needed some maintenance. The home managers worked with people and had started work to improve gardens.
- Staff gave positive feedback about the service and the registered manager. In some of the homes, staff felt there had been a lot of changes and improvements to the culture. One staff member told us, "Things have really come on here. It's like a family home now, rather than just a building. It's full of laughter and love." Another staff member told us, "I'm always well supported by management, on call is always available and I'm available to my team. I love working here, I'm well supported by the regional manager."
- The registered manager worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The registered manager supported referrals to health care professionals such as the SALT (speech and language Therapy team), occupational therapists and community nursing teams.