

Achieve Together Limited

Domiciliary Care Staffordshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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 Staffordshire is a supported living service. There were different accommodation types including self-contained flats and a shared house where people had their own bedrooms. The service provides support to adults with learning disabilities, autistic people and people with mental health conditions.

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 people receive such support, we also consider any wider social care provided. At the time of our inspection the service provided personal care to 4 people.

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

Right support

Staff focussed on people's strengths and promoted what they could do so people had a fulfilling and meaningful everyday life. People were supported by staff to follow their own interests. Staff knew how to keep people safe from the risk of harm. People's medicines were safely managed by trained staff. People had access to and input from a range of health and social care organisations in the community to promote their well-being.

Right care

People received kind, compassionate care from consistent care staff. People's care plans were detailed and person-centred. Staff knew people and their care and support needs well. There were enough suitably trained staff to support people and the service was actively recruiting more staff to make sure they could support more people moving into the service.

Right culture

People received good quality care and treatment from staff who were responsive to their needs. People's needs and wishes were always at the centre of everything staff did. Staff involved people and relatives in their care planning and the manager had plans to seek further feedback to drive improvements for people they supported. Lessons were learned from incidents and learning was shared with staff.

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

Rating at last inspection

We registered this service on 27 August 2021 and this was the first inspection.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the management of the service and people's safety. A decision was made for us to inspect and examine those risks.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Domiciliary Care Staffordshire

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 1 inspector who visited 1 of the locations where people were supported. We spoke with relatives over the telephone following the site visit.

Service and service type

This service provides care and support to people living in 2 'supported living' settings. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 no registered manager in post. However, there was a new manager in post who planned to submit their application to register with CQC. This application will be reviewed when received.

Notice of inspection

We gave the service approximately 24 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 it registered with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 6 June 2023 and ended on 19 July 2023. We visited the location's office on 6 June 2023.

We spoke with 1 person living at the service and 3 relatives. We spoke with 5 members of staff including the regional manager, manager, and care staff.

We reviewed a range of records, including 4 people's care records and multiple medicine records. We looked at 4 staff recruitment files in relation to safe recruitment. A variety of records relating to the management of the service, including; audits, policies and procedures were reviewed.

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. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Systems and processes were in place to keep people safe from avoidable harm.
- Relatives felt people were safe. When safeguarding incidents occurred, appropriate actions were taken promptly to keep people safe.
- Staff understood how to keep people safe and how to report their concerns, feeling confident concerns would be acted on.
- The manager made appropriate referrals to the local authority safeguarding team when needed.

Assessing risk, safety monitoring and management

- People had personalised, detailed risk assessments in place to guide staff.
- Staff had specific training around positive behaviour support, which was individualised and tailored to each person living in the supported living service. This meant staff knew how to respond effectively should there be a particular incident. Staff we spoke with told us they received support after incidents to debrief and for any learning that could come from the incident which would then be shared with relevant staff.
- Regular multi-disciplinary team professional meetings were held and attended by the different professionals involved in people's support, including people and their relatives. Meetings were held to review people's care plans and risk assessments, making sure they were up to date.

Staffing and recruitment

- Staff were safely recruited and suitably trained. Enough staff were present to fulfil the care hours.
- The regional manager told us, "We don't use agency staff regularly. We prefer to upskill [staff] and offer incentives such as overtime because of the complex individuals [we support]."
- The manager explained when agency staff were used, they provided their requirements to the agency and only used particular agencies for consistency, familiarity and skills of agency staff who would work alongside permanent staff.
- The manager told us they were currently recruiting more staff in anticipation of a person returning to the service.
- The service carried out pre-employment checks to ensure only staff who were suitable to work with people were employed, this included obtaining references and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough staff to support people and agency staff would only be used if permanent staff could not support.

Using medicines safely

- Medicines were safely managed by trained staff.
- People's medicines were safely stored, administered and recorded in each person's individual medicines records.
- People who had 'as required' medicines had detailed protocols in place to support staff with how and when to administer this medicine and staff understood these.
- Staff told us they felt confident in supporting people with their medicines and they received training before they carried out this task. Training records reflected this.
- Medicines audits were carried out and where issues were identified actions were taken to address these.

Learning lessons when things go wrong

- There was an culture of learning from things that had gone wrong.
- Staff learned from safety incidents and the manager dealt with concerns appropriately to make sure people were kept safe.
- The manager had their own action plan to follow to make improvements to the service. This was in place and being worked towards at the time of the inspection. We will follow up the effectiveness of the plan when we inspect again.
- A complaints policy was in place if needed. Relatives and staff felt able to raise their concerns with the manager.

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 prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service promoted safety through staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

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 of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and detailed person-centred care plans were in place, which included people's choices and preferences.
- People had goals in their care plans which staff supported people to achieve and staff made sure people's care plans were up to date.
- People and relatives were involved in care planning and reviews. One relative told us, "We are always invited to contribute to the care plan. They [Staff] ask us often if they're doing the right thing; they always bounce ideas off us and include us in the decision making; not on the day-to-day decisions but on things [person] would like as we may understand this better."
- A member of staff told us, "Every day is different with people with autism. We try to do different things, but with some people we can't, due to change upsetting them. We do try new things to see if it works."

Staff support, training, skills and experience

- People were supported by staff who had received relevant good quality training.
- A relative told us, "The staff are as 'good as gold'. I have no qualms about them. They look after and help [person] out."
- Staff had completed or were completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also received person-specific training around certain techniques to make sure they could appropriately and safely support people around their behaviours.
- Although some staff refresher training was overdue, the manager was aware and kept a record of what staff had completed and what needed up-dating. The manager told us, "We are trying to tick off as much training as possible over the weeks; there's lots booked in over next 2 months." We saw evidence of staff having been booked on to different training courses.
- Staff told us they felt able to ask for more training. One staff member told us, "You can never have enough training. So, I am having more [specific] training. Knowledge is power; the more training the better you will be. I do all training; whatever they think I need." Another staff member told us, "I had more [specific] training as I needed more confidence with [person's name] and how to support them."
- Staff we spoke to explained they had an induction which included shadowing and e-learning. Staff continued to be supported in their role through regular supervisions, appraisals and team meetings.
- A member of staff told us they felt supported in their role, able to speak to management about any concerns and confident they would be listened to. One member of staff told us, "Management is very

supportive. The job is very mentally draining but as long as you have that support, you're okay."

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

- People were supported to eat and drink enough and staff promoted healthy eating.
- People were supported by staff to be as involved as possible in aspects of preparing and cooking their own meals.
- People had choices around their meals and staff encouraged this. A relative told us, "Staff ask [person] and they will say what they want."
- Staff told us they supported people to make healthy choices. One staff member told us, "We are trying to reduce fat in [person's] diet as the nurse recommended a healthier diet. Staff are trying to [support a more sensible diet] and give the choice at the same time."

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 access support from other agencies and staff worked closely with these agencies.
- Multi- disciplinary team professionals were involved in support plans to improve a person's care.
- Staff supported people to access medical appointments and dental care. Staff made referrals to other agencies when needed.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had been assessed as lacking mental capacity for certain decisions, the manager made sure the relevant Court of Protection applications had been made and provided information as required.
- Staff understood how to support people in line with the MCA and empowered people to make the choices they were able to. Staff would only restrict people to maintain their safety and in line with the person's support plans.

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 of this newly registered service. We have rated this key question 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;

- Staff treated people with dignity and respect, being kind and compassionate and considered people's different needs.
- One person told us, "I like it here. I like this boss [referring to the manager]."
- A relative told us, "Staff are very caring... They [Staff] are a good set of people. It's run in the right way, not like a business." Another relative told us, "Staff know about [person] and what they need. Staff are good with [person]."
- Staff spoke passionately about the job they did and the impact of their role on them and others. One staff member told us, "The satisfaction knowing I have made someone's life and day better and putting a smile on someone's face. They make me smile; they make my day good. It's a two-way thing. Knowing I am making a difference for that person means such a lot to me."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed some space and how to how to respect people's privacy.
- One staff member told us, "After [person] has had shower, when they come out [of the bathroom] we make sure they have a towel around them and that the curtains are closed." Another staff member said, "We close the door while [person] is in the bath to show them respect." People lived in their own flats and their front doors were shut to provide privacy.

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

- People and their relatives were involved in care planning, reviews and multi-disciplinary meetings.
- Staff supported people to express their views using their preferred method of communication. Staff described how they learned each person's individual communication style and worked with them in a way that maximised their communication.
- Staff understood how to support people, and where to access this information if they needed to. One staff member told us, "Care plans are in [person's] flat, so we can read whenever...and [person's] risk assessments [are there too]."

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 of this newly registered service. We have rated this key question 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 and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant to them

- People had personalised care plans developed to ensure their assessed needs were met safely and appropriately and staff supported people in line with their own preferences and beliefs.
- People were supported to participate in activities that interested them. A relative told us, "They take [person] shopping, swimming and to social events."
- People were supported to maintain relationships with their family. A relative told us, "Overall, we couldn't be happier about where [person] is [living]... [person] loves it there."
- One staff member told us "[person] is never restricted to go anywhere or do anything."

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.

- People had individual communication plans that detailed effective and preferred methods of communication.
- Staff had good awareness, skills and understanding of people's individual communication needs. Staff knew how to support communication and when people were trying to tell them something.
- People had their care plans available to them in an easy-read format to aid their understanding.

Improving care quality in response to complaints or concerns

- The manager told us there had been no recent complaints but knew how to respond should they receive any.
- Relatives told us they felt able to raise their concerns and knew who to raise them with. One relative told us, "If I was not happy, I know who to go to complain. [The manager] does listen to what I am telling them and acts on things."
- A complaints procedure was in place and available should this be needed.

End of life care and support

- People were not nearing the end of their life, so this aspect of care and support had not been recorded in people's care plans. Some staff told us they had previously completed training around this area of support. The manager told us this was something they were aware of and had planned to record in people's care folders. We will review if this has been completed when we next inspect.

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 of this newly registered service. We have rated this key question 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; 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

- We identified some occasions where statutory notifications had not been sent to CQC, however, all appropriate actions had been taken by the service to keep people safe. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services. The manager responded swiftly and sent in the required information. The notifications have since been submitted by the manager and the delay was due to them awaiting outcomes from the safeguarding team prior to notifying CQC.
- Quality assurance audits and checks were regularly completed and actions taken to address any concerns identified. For example, medicines audits identified a recording issue. The manager explained this was because of the way in which information needed to be recorded in the medication administration records they used. This was resolved by different medication administration records being implemented. We will review the effectiveness of this on our next Inspection.
- There were appropriate policies and procedures in place in relation to duty of candour which the manager was aware of.

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

- There was a person-centred culture where staff strived to support people to achieve their goals.
- Staff knew about the whistleblowing policy and felt able to raise any concerns to protect the people they were supporting.
- Staff told us they felt management was approachable, fair and supportive. One staff member told us, "[The manager] is amazing. [The manager] does listen and goes that extra to help you."

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

- There was a culture of learning and improvement in the service.
- Most relatives were satisfied with the communication they received from the service. A relative told us, "Since [manager's name] arrived communication has improved."
- The manager told us they were aware of relatives frustrations about communication as this was an issue before the manager started in their post. The manager explained they have provided relatives with contact

information for management and provided reassurances that responses will be provided. A relative told us, "[Manager's name] does email back and will respond. We had a meeting as well."

- Mechanisms were in place to learn from incidents and improve care to people being supported.
- People's needs relating to protected equality characteristics were considered and planned for, such as people's religion or beliefs.
- The manager was passionate about working with the people supported by the service and wanted to improve people's lives. They told us how they were sending out questionnaires to obtain feedback from relatives and how they planned to get feedback from people they supported. The manager said, "[This role is] a challenge for me. That's what drew me to this. It's unique. It's so rewarding as well."

Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped to improve people's wellbeing. People's files had information from different health and social care organisations, and recommendations were incorporated in their care planning information.