

Able 2 Achieve Limited

able2achieve Office

Inspection report

23-25 Princes Street
Yeovil
Somerset
BA20 1EN

Date of inspection visit:
22 May 2023
24 May 2023

Date of publication:
26 June 2023

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

Able2achieve is a domiciliary care agency and supported living service. It provides personal care to people with learning disabilities and/or autistic people living in their own homes in the community. It also provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. At the time of the inspection, the service was supporting 15 people with their personal care needs in Somerset.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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:

The service supported people to have choice, control and independence. The service had plans and guidance to support people with identified risks. Staff communicated with people in ways that met their needs. Care was person centred and promoted choice and independence. People were supported to achieve positive outcomes. People were supported by staff who received an induction and ongoing training. People were happy with the support they received.

Right Care:

People felt safe. Risks to people were assessed and mitigated. Systems, processes and practices safeguarded people from abuse and avoidable harm. People were protected by the prevention and control of infection measures in place. Lessons were learned and improvements were made when things went wrong. Staff were recruited in a safe way. People were treated with kindness and respect. People's privacy and dignity was respected. Staff were kind and caring.

Right Culture:

The registered manager listened to concerns and promoted a positive culture that was person-centred, open and inclusive. Concerns and complaints were listened and responded to. Staff support, teamwork and staff morale was generally good. Staff were positive about their work and clear about the aims of the service. There were effective quality monitoring systems in place. Feedback from people and their relatives was good.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 6 August 2019) and there were breaches of Regulation 19 (Fit and proper persons employed) and Regulation 18 Registrations (Notification of other incidents). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for able2achieve 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?

Good ●

The service is safe.

Details of our findings are in the report below.

Is the service well-led?

Good ●

The service was well-led.

Details of our findings are in the report below.

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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 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 is a domiciliary care agency. It provides personal care and support to people living in their own homes and 'supported living' accommodation so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of the Inspection

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.

Inspection activity started on 22nd May 2023 and ended on 24th May 2023. We visited the location's office on 22nd May 2023.

What we did before the 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 spoke with 6 members of staff which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 people who use the service and 5 relatives. We reviewed a range of records. This included 4 care records and several medicine records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection published in August 2019 the provider had failed to ensure that staff were recruited in line with legislation. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- The provider had improved the recruitment process since the last inspection, the service was now operating a safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed feedback about staffing. A relative told us, "Staffing, this is one of the things it doesn't seem to have the same staff week to week. It can be a real range from week to week he doesn't get a consistent carer they start but then they leave and I don't mentally know how this affects him." Another relative said. "Staff are consistent they use agency especially in June holidays but it tends to be the same ones but some are less skilled and they don't speak English as a first language I worry about how he manages when people can't really understand and verbally it is difficult for him."
- The service was actively recruiting for vacant positions. Different methods of advertising were being used to attract new staff. People were being encouraged to be involved in the interview process where possible.
- The service used agency staff to cover shifts where they had vacancies and could not fill with their existing staff. The service worked closely with one agency to promote consistency with the people it supported. The provider maintained agency profiles of the agency staff it used to ensure the staff had the rights skills and training to meet the needs of the people it supported.

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. . A person told us they, "Felt safe," where they lived. A relative told us, "Yes he is absolutely safe, he has lived here years it's been going well with no incidents." People were observed being comfortable in the presence of staff.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to recognise signs of abuse in people who were unable to communicate because they knew people well.
- The provider reported safeguarding concerns to the local authority and Care Quality Commission as required. The provider kept an overview of safeguarding concerns and monitored agreed actions and

outcomes.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify and manage individual risks. For example, in areas such as, health conditions, going out into the community, the environment and particular activities.
- There was positive feedback from relatives. A relative told us, "The risks are well managed he gets to do things that he wouldn't normally be able to do like using a lawnmower they've got him an electric battery one so he can move along without any danger to himself." Another relative said, "Yes, the risks are well managed lots of information on his behaviours and issues were shared and lots of problems that we knew about our in his care plan we've seen it."
- People's care records helped them get the support they needed to reduce risks because they were detailed and person centred. This was further supported by strong communication channels between staff that enabled them to share up to date information.
- Guidance directed staff how to manage and reduce risk whilst promoting people's independence. Strategies were in place for when people became anxious or distressed. Staff we spoke with who worked consistently with people knew procedures well.
- There was business continuity plan in place to guide in unforeseen circumstances .

Using medicines safely

- Medicines were managed and administered safely. Staff competency in medicine administration was observed and assessed.
- Medicines were given as prescribed. Protocols were in place for as required medicines (PRN). A relative told us, "Medication, I'm happy with the support they have, all the protocols are in place."
- Daily stock checks and regular audits took place to monitor medicine administration. Where auditing of medicines had identified concerns the registered manager had acted to reduce and mitigate further risks.

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date. Staff had received training in infection prevention and control.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff we spoke with and observed were clear on procedures to follow.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- People's homes we visited during the inspection were clean. A relative said, "Yes the house is clean."

Learning lessons when things go wrong

- Accidents and incidents and concerns were reported, recorded and reviewed to ensure actions were taken where necessary to reduce reoccurrence. For example, the service had identified issues with the management and administration of medicines with agency workers supporting people. The provider set up a meeting with the agency to address the issue and improve communication between the two services. The provider was arranging for agency staff to have access to the same electronic communication systems and training as permanent staff.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection published date August 2019 procedures were not being followed to ensure that statutory notifications were made as required. This was a breach of Regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 18 (Notifications).

- The Registered manager was submitting statutory notifications as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, and provide good quality care and support. There was a service plan in place which was driven by people's needs and quality of life.
- Regular audits were conducted by senior staff and the provider to monitor and assess the quality of the service. The provider sought feedback from staff and people who use the service and where there were lessons learnt they acted on these or included in their service plan.
- The organisational structure had been altered to better support the oversight, improvement and embedding organisational values. Positive steps were being made in relation to recruiting and retaining staff in various roles.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.

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

- Staff felt respected, supported and valued by senior staff which ensured a positive and improvement driven culture. A service plan was overseen by the registered manager and nominated individual recognising improvements that were required plus what was going well.
- The registered manager promoted equality and diversity in all aspects of the running of the service. They

saw the people and staff as individuals with different needs and wishes.

- The provider and the registered manager were visible in the service, approachable and took an interest in what people, staff, families, and other professionals had to say.
- Communication systems and the structure of the organisation supported staff to focus on the people they supported. Meetings provided the opportunity for discussion that reinforced the values of the organisation.
- Professionals spoke highly of the organisation and described it as achieving good outcomes for people. A professional told us, "I have observed that the managers work hard at trying to maintain a consistent team of support staff around the service user. I understand this is not an easy task in the current social care environment where recruitment is difficult."
- Staff delivered good quality support. We saw this reflected during our observations.

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

- The provider supported people to progress their careers at the service, there were staff incentives available. A staff member told us, "I feel proud to work for the company and they put the people first." Another staff member said, "It's a good organisation to work for, very supportive compared to where I have previously worked."
- People took part in monthly house meetings with staff where they could discuss what they would like to happen in their home and activities they would like to do. In a recent meeting 1 resident had asked for an air fryer in the kitchen so they could be more independent with cooking and another had asked to try a new local gym. Both of which were being facilitated by the service.
- People and their relatives raised any issues through surveys, meetings and key workers. This fed back to the senior team for action. For example, where a person raised with the service they could not choose if they had a male or female to support them. The registered manager had recently introduced a new process to ensure people were involved in recruiting the staff who supported them.
- People were involved in making decisions about their care. A person had recently moved from shared accommodation to independent living. The person was thriving in their new environment and was working towards their next goal of walking to the day centre independently. The person told us they, "Liked living in their new flat."
- Staff told us they were able to share concerns and ideas, and we saw staff meeting minutes reflected discussions about a range of issues relevant to people and staff.
- The service worked well in partnership with other health and social care organisations, which helped to improve people's well being and outcomes.

Continuous learning and improving care

- The service had introduced new ways of communicating electronically between staff and people. The service used a teams channel, this allowed people to contact staff in other ways than face to face or by the phone.
- One professional who had recently visited the service commented that the service had used, "Their CQC rating experience and the challenges of Covid-19 to really look at how they work and how they could improve, both organisationally and in enhancing people's experience and quality of life."
- The senior team were proud of the staff and the people they supported. They described staff commitment to people and reflected on people's achievements throughout our inspection.
- Staff understood their roles and responsibilities. They understood the importance of their work and they felt able to suggest improvements and solutions that would support people to live the lives they wanted.

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 and provider understood the duty of candour legislation. This is the services duty to be open and honest when something had gone wrong.