

Achieve With Us Ltd

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Inspection report

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Date of inspection visit:
20 March 2017

Date of publication:
24 April 2017

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

The inspection took place on 20 March 2017 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office providing care. We needed to be sure they would be in.

Achieve with Us is a home care agency that supports adults who live with a learning disability, autism or mental health issues. At the time of our inspection one person used the service. The service also runs activity centres at five locations in the Hinckley area. These are used by people receiving home care, but they are outside the scope of the Care Quality Commission's regulatory powers.

The provider had procedures for supporting people to be safe. The person using the service was supported by staff that were knowledgeable about their needs. Staff consistently supported the person to lead the life they wanted and to achieve their objectives. The provider's recruitment procedures ensured only staff with the required competences and values were employed.

The provider assessed the risks associated with activities the person wanted to participate in. The person was not discouraged from activities that carried a risk. They were supported to manage risks in order to achieve what was important to them.

Staff were trained in the safe management of medicines should the need arise for them to support people to take their medicines.

Staff had training and support to ensure that they understood the needs of people who used the service. They put their training into practice and consistently provided care that met the person's needs. The person experienced care and support that improved the quality of their life and taught them new and exciting skills.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. They had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff advised the person about healthy eating. They also supported them to access health services when they needed them.

Staff were caring and knowledgeable about the person's needs. They were consistently supported by the same staff which was important to them and their relative.

Staff communicated effectively with the person and involved them in decisions about their care and support. This resulted in them consistently experiencing care that met their needs.

The provider actively promoted values of compassion and kindness in the service.

The person contributed to the assessment of their needs and to reviews of their care plans. Their care plan was focused on their needs and objectives they wanted to achieve. Staff supported them to maintain their interests and hobbies and to learn new skills. This supported people to be active participants in their community.

The person and their relative knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

The provider had effective arrangements for monitoring the quality of the service. These arrangements placed a high value to people's feedback which was acted upon. The quality assurance procedures were used to continually improve the service.

The service was well known and highly regarded in the local community through its work at the activity centres and its involvement in raising awareness of the challenges faced by people living with learning disabilities.

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.

People were protected from harm and abuse.

Staff underwent a recruitment process that assessed their suitability and ensured as far as possible that only people who met the provider's high expectations were recruited.

Staff who were trained in safe management of medicines should the need for that support arise.

Is the service effective?

Good ●

The service was effective.

Staff were supported through supervision, appraisal and training. Care and support was provided only if the person consented to it.

Staff advised the person about healthy eating. They also supported them to access health services when they needed them.

Is the service caring?

Good ●

The service was caring.

The service had a strong person centred culture that put people's needs at the heart of decision making and support.

Staff had caring relationships with the people they supported.

Staff were kind and compassionate.

Is the service responsive?

Good ●

The service was responsive.

The service provided support that was centred on a person's individual needs.

The service's support enabled people to maintain their interests and hobbies and to learn new skills which enhanced their lives.

People's views were valued by the service and were used to drive improvement.

Is the service well-led?

Good ●

The service was well led.

The provider was committed to continual improvement.
People's needs were at the centre of decision making.

The provider had arrangements for monitoring the quality of the service that were used to drive continual improvement. □

Achieve With Us Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 20 March 2017 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the provider is often out of the office providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector.

On the day of the inspection we spoke with the provider, the registered manager, the person using the service and their relative. We looked at the person's care plan and associated records. We looked at information about the support staff received through training and appraisal. We looked at a staff recruitment file to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Is the service safe?

Our findings

The person who used the service was safe when they were supported with care routines and when they participated in a wide range of activities. A relative told us there were lots of reasons why they felt the service was safe. They told us, "The carer comes on time, we have the same carer and [person] is able to do lots of things that he likes because of the support he gets."

All staff had received training in safeguarding people from abuse or avoidable harm. The provider had procedures for staff to report any safeguarding concerns. Staff who worked at the day service locations were supported by a 'safeguarding lead' that specialised in the subject. This meant that there were safeguarding procedures in place to protect people who used the home care service when they attended the day services.

The aim of the service was to support people to be as independent as they wanted to be. The service did this by supporting people in their home, at the day service locations and anywhere that staff supported people to visit. At all those venues, people were supported to maintain existing skills, develop new skills and to increase their confidence. This was done by supporting the person with a wide range of activities. Those activities were risked assessed and staff supported the person to participate in those activities whilst managing the risk of harm or injury. However, the service was not risk averse as some activities, for example gardening and woodwork, involved the use of machinery and tools. People were therefore supported to take risks and to experience greater levels of independence. A relative told us of the person who used the service, "He does so much more for himself because of the support he gets and is more confident than ever."

A contributing factor to people being safe was that the provider ensured that the person was supported by the registered manager. They were qualified and had many years of experience of working in adult social care. They had an in-depth knowledge of the conditions the person they supported lived with which meant they had insight into the person's needs. This was particularly important because the registered manager had raised awareness of people in the community to about what it meant to live with learning disabilities. By doing this they protected people who used the service from discrimination. They had, for example, successfully worked with owners of two venues in the local community to overcome fears and prejudices about people who lived with learning disabilities. As a result those venues welcomed people to use their facilities rather than being anxious about doing so.

The provider operated recruitment procedures that ensured as far as possible that only people with the right skills, temperament and commitment were employed. Newly recruited staff were not allowed to start work until all the required pre-employment checks were satisfactorily completed. This included two satisfactory references and a Disclosure Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce.

The person who used the service did not require support from the service with their medicines. However, the provider had a policy for the safe management of medicines. They also had training material and access to

specialist medicines administration trainers should circumstances change.

Is the service effective?

Our findings

A relative told us they felt that staff had the right skills and knowledge to meet the needs of the person they supported. They said, "I'm really pleased with the support [person] gets. I don't know how he or I would have managed without Achieve with Us."

The person was supported by the registered manager who had insight into the needs of the person. We saw this in how a person and carer engaged with each other, showing mutual respect and enjoying each other's company. The registered manager communicated in ways that suited the person. They used words, signs, gestures and pictures when communicating with the person. They sought to support the person to be more confident with their own communication skills. They were successful with that aim. A relative told us, "[Person] speaks more now than they have ever done."

Although the person who used the service was supported by the registered manager, other staff had training and support to be ready to carry out home care visits. These staff knew the person well because they worked at the day services the person visited. This meant they already knew a lot about the person and they were familiar with the staff. The person told us they enjoyed going to the day services.

The training staff had included training about conditions people lived with, for example learning disabilities. The training methods included classroom training, 'e-learning', and completing the Care Certificate. The Care Certificate is a set of 15 standards that apply to health and social care. Some of the training is provided by an accredited training organisation specialising in training on how to support people who live with learning disabilities and who may sometimes present behaviours that others find challenging. We saw from training certificates staff had achieved that they had extensive training covering a wide spectrum of topics relevant to caring for adults. The provider told us that their staff training was an essential part of the service's infrastructure.

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 Act 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. They periodically reviewed people's mental capacity to make a range of decisions affecting their lives. This meant that they were alert to the possibility that situations may arise when decisions would have to be made in a person's best interests and knew what to do to protect people's human rights. For example, the person who was supported had capacity to understand most aspects of their care and support but only intermittent understanding of the benefits of attending health care appointments. The registered manager explained the benefits of those appointments and with the support of a relative who had Lasting Power of Attorney, they made decisions

that were in the best interests of the person. A relative told us, [Person's] health is so much better now, he is doing things he enjoys now that he hasn't done for a long time. He is sleeping so much better too." The person had therefore been supported to access health services when they needed them and when it was in their best interests to do so.

Staff supported people to understand the benefits of health eating. They had little involvement in preparing meals because a relative did that, though they sometimes assisted the person's relative.

Is the service caring?

Our findings

The provider promoted a caring and compassionate culture within the service. This began during the recruitment process for new staff. This caring culture was reinforced during induction training and post-induction training that staff received. All staff received training about supporting people with respect. This was under-pinned by the policies and procedures that all staff had access to.

The person who used the service and registered manager had a caring relationship. The person and their relative appreciated this because it helped them feel that they mattered. The relative told us, "The service is all about what [person] wants."

The person was cared for and supported by the registered manager apart from when they were away. They told us this helped to forge a caring relationship. They told us, "I know [person] well. I've supported him for several years. We get on well." That was evident when we saw how they and the person they supported engaged with each other. The person laughed a lot and they enthusiastically told us how much they enjoyed the support of the carer.

The relative told us they believed the person's life had transformed because of the support they received. They told us, "[Person] is so much happier now." We found that the quality of life the person experienced was enhanced because of the caring and compassionate nature of the support they received. The person had grown in confidence because of the support they received and consequently engaged with people in the community and visited places they would otherwise not have visited.

The trust the person and their relative had in the service meant that they had the confidence to be more involved in making decisions about their care and support. We saw from the person's records that they were supported to develop their communication skills to be able to be more involved. The relative told us that staff communicated in ways that suited the person and made them feel involved, especially with regard to how they spent their time and the activities they participated in. The relative told us, "[Person] has started to use a lounge [at home] they hadn't used for a long time and that's made such a difference to him." We saw the person enjoying activities with the carer in that room.

The provider promoted treating people with dignity and respect through their policies and staff training. Information about the person was treated with confidentiality. For example, the registered manager asked the person if we could see his care plan and an album of photographs of the person participating in activities. The care plan was kept by the person in their home which meant only they and the carer could see it unless the person gave permission for others to see it.

The person who used the service was supported to be as independent as they wanted to be. They chose how often they wanted to be supported to attend the day services locations. They were not bound to a schedule. Some weeks they attended day services up to five days a week, other weeks they did not attend at all. The service respected the person's choice. They learnt practical and social skills at the day services that increased their independence at home. Their relative told us, "[Person] does so much more for himself

because of the support he has had."

We observed that staff treated the person with dignity and respect. They showed excellent empathy which the person reciprocated.

Is the service responsive?

Our findings

The person received care and support that was centred on their needs, preferences and personal ambitions. That happened because they and their relative contributed to the assessments of their needs and the planning of their care. The relative told us, "[The service] has done everything we asked for. The carer comes at times [person] wants. He gets taken to the day service whenever he wants."

The person's relative told us that the support the person received had a positive impact on his and their life. They said this was because the support the person received made them much more confident and independent at home and amongst other people. The person was more active and evidently enjoyed what they were doing. They took great pleasure when showing us a photograph album of activities they had participated in.

The person's care plan contained detailed assessments of their needs and information about how people wanted to be supported. It contained information about what the person liked and disliked, what made them feel happy, their hobbies and interests and things they wanted to achieve.

The service supported the person to do things that were of interest to them at home and elsewhere. They used the skills they were taught at the day centre for the benefit of people living in the local community. For example, they cut people's lawns and tidied their gardens. Through this work they belonged to a gardening group. A school where the person did gardening wrote to the service, 'The members of the gardening group and supporting staff work really hard to provide an efficient and effective service.' The service supported the person to participate in activities run by a local church for the benefit of the general population. These included coffee mornings and festive occasions. A church representative provided feedback that 'We are very happy and very privileged to be able to work with the staff and clients of Achieve with Us'.

The activities supported the person to play an active role in the community and to meet many different people. Staff celebrated the person's achievements with them through feedback. When we spoke to the person about all the things they had done and achieved they expressed great delight. The person told us, "I'm happy. I've made friends."

Staff made written records each day of the support they provided. We looked at notes covering a period of several weeks. These recorded that person was supported to lead an active life; doing things they wanted to do. Those records and what the person and their relative told us about the care and support provided strong evidence about the responsiveness and quality of care people experienced.

The person's care plan was reviewed every month by the registered manager and a managing director. The person using the service and their relative were involved in the reviews. The reviews were used to assess how much progress the person made towards achieving their ambitions and discussions about new things they wanted to try.

The provider had a complaints procedure. This was made available to all people who used their services.

The relative of the person was aware of the procedure, though they told us they had not had any reason to make a complaint. They knew they could raise any concerns or issues. The complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

Is the service well-led?

Our findings

The provider was an active participant in a network of other providers of adult social care and other organisations, for example churches, colleges and sports clubs, in the Leicestershire area. They also provided guest speakers at various events where they spoke about what living with learning disabilities meant to people and their relatives. They did this to raise the profile of the challenges people faced to lead independent lives and also to raise awareness of the experience of people who lived with learning disabilities. In that sense the provider was a leader in the local community.

The person who used the service was supported to participate in a variety of community based projects led by the provider. We saw testimonials from two other organisations where the person had participated. One wrote of an event in a village; 'The response from the shoppers was very positive and many people enjoyed the biscuits. It was good to see three very different groups working very happily together and giving something away for the enjoyment of other people.' Another wrote, 'Achieve with Us have been working at [organisation] for over a year providing gardening services at our main sites, ranging from lawn mowing to hedge pruning and a whole host of gardening tasks in between.' The person's involvement showed they made a contribution to the development of the service.

The needs of the person who used the service were very well known to the registered manager. They carried out an assessment of the person's needs before they began to use the service and were involved in monthly reviews of their care. They had a clear vision about what person centred support meant for the person using the service.

The service had an open and transparent culture, with clear values and vision. All staff were given a 'code of conduct' which set out how they must treat people with respect and dignity, offer freedom of choice and control over what happened in their home, at the day services they were supported to attend and their lives. This was communicated through policies and procedures, training, supervision meetings and daily dialogue with the registered manager.

The provider had effective arrangements for monitoring the quality of the service the person experienced. The registered manager had daily dialogue with the person and their relative and staff who worked at the day services.

Other monitoring and quality assurance activity included audits of the care plan and care records by the provider. They also regularly spoke with the person who used the service. They did this to monitor and assess the quality of support provided to the person by the registered manager.

The relative told us they felt the service was very well run and that the registered manager was both supportive and accessible. One said, "I am very pleased with the service."

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

We found that the service was well led and focused on providing the best possible support for the person using the service and employees as a foundation for gradually increasing the size of the service.