

Achieve Together Limited

DCA Thornton Gate

Inspection report

9 Thornton Gate
Thornton-cleveleys
FY5 1JN

Tel: 01253869292

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10 January 2024

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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

DCA Thornton Gate is a domiciliary care agency. It provides support with personal care to younger adults who may be living with a sensory impairment, learning disability and/or mental health challenges. At the time of the inspection there were 8 people living in private flats. 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. The office is situated within the same building as the flats. The service is staffed on a 24 hour basis with sleep in facilities for staff.

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.

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

Right Support: 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. Staff enabled effective communication that met individual needs, and supported people to live independent and individual lives that met their preferences and aspirations. Staff supported relationships that were important to an individual, and staff support was available to meet interests and past times. Medicines were managed safely.

Right Care: Staff were kind and compassionate and had completed relevant training to enable them to maintain their skills. Staff knew individual care and support needs and delivered care to meet those needs. This included ensuring other professionals were involved in care and support decisions when this was required. Staff understood their obligation to prevent incidents of avoidable harm and poor care and abuse, and were aware of reporting procedures available to them if these were needed.

Right Culture: Staff supported an individual to live an inclusive lives and promoted their strengths and wishes. Staff were aware of individual human rights and sought to protect these. Staff had access and understood best practice guidance regarding the support of people with learning disabilities and sensory challenges. The management team and staff encouraged an open and transparent culture in which people were respected and valued. The provider had a formal and informal range of systems to monitor the quality of the service and drive improvements.

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

Rating at last inspection The last rating for the service under the previous provider was good published on 13 June 2018.

Why we inspected

This inspection was carried out as the service had not previously been inspected since the new provider had been responsible for providing the regulated activity.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'All inspection reports and timeline' link for RNID Action on Hearing Loss Thornton Gate 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 was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led

DCA Thornton Gate

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats.

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.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 January 2024 and ended on 16 January 2024. We visited the location's office on 10 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including information from the public. We sought feedback from the local authority. 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

We spent time with a person who used the service and carried out discreet observations of support provided. We reviewed one care record, four personnel records and a range of documentation relating to the running of the service. We spoke with a relative, three staff, the registered manager and the regional manager. We also spoke with a health professional who visited the service and a relative whose family member received personal care and support.

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 under the current provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff completed training in how to recognise, respond to and report allegations of abuse and were confident they could use the reporting systems to share any concerns.
- A policy to guide staff on safeguarding issues was available and provided in a format people could understand.
- Information on 'whistleblowing' was available and understood by staff. Staff were confident any concerns raised would be addressed

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff and relevant external agencies carried out checks on equipment used to help ensure its safety. Plans were in place which identified the help a person needed to evacuate the building in an emergency.
- Risk assessments were carried out to identify and minimise risks. Care records contained detailed plans of how safety could be promoted, whilst enabling positive risk taking.
- The provider had a system to record accidents and incidents. These were analysed to identify if changes could be made to minimise the risk of recurrence. Staff confirmed outcomes were shared with them.

Staffing and recruitment

- The provider ensured appropriate recruitment checks were carried out prior to staff starting to work at the service. This included criminal record checks completed by the Disclosure and Barring Service. 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.
- Staffing was arranged so help and support was available when this was needed. One staff member said there was a consistent staff team at the service. They commented, "It's been so stable for so long." A relative shared their family member was supported by a consistent staff team.

Using medicines safely

- The provider had policies and processes to ensure medicines were managed safely.
- Staff had received training in the safe management of medicines and their competency was checked.
- Medicines were stored safely. We noted staff had not completed the daily running total of medicines administered on individual medicine records in line with the providers medicines policy. This had been identified by the registered manager through an informal audit, and was being actioned.

Preventing and controlling infection

- Staff had completed training in infection prevention and control and were confident sufficient stocks of

personal protective equipment and infection control gels were available.

- Hand cleaning and sanitising products were available at the service and accessible by staff.

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 under the current provider. This key question has been rated good. This meant the effectiveness of people's care, treatment and support was consistently good and people achieved good outcomes.

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

- Staff assessed individual needs and care was designed to meet these. Care records contained detailed and person-centred plans to guide staff on how people wished to be supported to achieve their goals.
- Staff knew the help a person needed to keep them safe, promote their wishes and independence and used this knowledge to support their wellbeing. A staff member said of the care they delivered, "I want to make sure [person] is happy, safe and has choice."

Staff support: induction, training, skills and experience

- The provider ensured staff had access to an induction programme on starting work with the service. Regular training was provided so staff could maintain and update their skills.
- Staff said they felt the training was sufficient to help them maintain their knowledge and skills and they would like more face to face training in a key area. The registered manager confirmed this was being planned following feedback from staff.
- Staff told us they had regular supervisions and appraisals where they could discuss any concerns, training needs and receive feedback on their performance. They shared these were supportive and helpful in maintaining their knowledge and planning future goals.

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

- Individual dietary needs were identified. A person was supported to choose what they wanted to eat and drink and their preferences and needs were recorded in care records.
- Staff monitored individual food intake and told us they would refer any concerns to relevant health professionals if the need arose.

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

- Staff made referrals to health professionals if the need arose. Records of health professional guidance was recorded in care records.
- Staff helped a person to attend healthcare appointments. We noted an annual health check had not been arranged and attended on one occasion. The registered manager investigated and actioned this prior to the inspection concluding.

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.

- Restrictions were lawfully made. Staff had received training in this area and had access to policies and information to inform their practice.
- Staff demonstrated their understanding of best interests and MCA, and how to support people in the least restrictive way.
- Care records included mental capacity assessments and Court of Protection documentation which informed care planning.

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

- Observations of interactions showed a person liked being in the presence of staff. We observed warm and respectful interactions and staff were patient and supported a person to express their views and emotions.
- Staff were caring. We saw a person's apartment had been decorated in a style of their choosing. This had been done by staff at the service in their own time. This demonstrated staff were caring in their approach.

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

- Staff could explain how they supported a person to make decisions about their care and a relative confirmed care had been discussed with them.
- Pictorial documentation was available to help people express their views.
- The registered manager said advocacy support would be offered if this was required. There was information available on advocacy services available.

Respecting and promoting people's privacy, dignity and independence

- Staff gained consent before they entered private accommodation and were respectful and considerate in their approach.
- Staff supported individual independence. A person was encouraged to decide their goals and care plans were designed to support these. One staff member commented, "Every moment is about trying to help [person] live their life their way."
- Care records were stored securely to help ensure sensitive and private information remained confidential.

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 under the current provider. 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

- Staff completed assessments of individual needs and these were person centred and up to date.
- One care file did not contain a care plan for a specific health need. However, staff were aware of a person's needs and delivered care to meet those needs. The registered manager ensured a care plan was developed and available for staff before the inspection concluded.
- Records evidenced involvement of other relevant persons in relation to decision making around care.

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 recorded individual communication needs in care records and these were available to inform staff of the help and support needed.
- Pictorial information was available and used by staff to support effective communication.

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

- Individual pursuits and interests were supported and encouraged. These were person centred and reflected individual preferences and hobbies. A staff member said they supported a person to take part in their chosen activities. They commented, "My aim is to give {person} the best quality of life."
- Staff minimised the risk of social isolation by enabling contact with family members. For example, documentation showed visits to family were arranged and supported.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to guide on the process followed if a complaint was made.
- Records of complaints were kept and reviewed to identify any themes or trends.
- A person was supported by staff to understand the complaints procedure and how to use it.

End of life care and support

- The provider had a policy in place to support staff to deliver end of life care and support.
- The registered manager told us training in this area would be arranged if this was required.

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 under the current provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke passionately about their commitment to deliver person centred and inclusive care.
- The provider and registered manager recognised staff contributions and the impact staff had on people's lives. There was an "Employee of the Month" award in place. This was given to staff in recognition of the difference they had made and the work they had done. A staff member commented, "It's nice to be recognised that you've done a bit more."
- The regional manager and registered manager understood their responsibilities in relation to duty of candour. Documentation showed apologies were offered if things could have been done differently.

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

- The registered manager completed a range of formal and informal audits. In addition, the regional manager completed audits to help the provider maintain oversight of the service and drive improvement. For example, an audit had identified that a home guide would be useful for people living at the service. This had been designed and implemented.
- The registered manager understood their responsibilities to report certain events to the CQC.

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

- Meetings with people were held to empower them and gain their views. For example, we saw a meeting had been held and people had been supported to understand how to use the complaints procedure.
- Surveys were provided to gain people's views. Staff told us they would help people complete these or obtain advocacy support if this was required.
- Team meetings were available and attended by staff. Staff shared these were useful as they were able to discuss any concerns, gain information and plan any changes.

Continuous learning and improving care

- The registered manager shared how they sought to drive improvement so people could live their "best lives." They attended internal and external learning events and meetings so best practice could be shared with staff and implemented.
- Staff told us up to date best practice information was shared with them. For example, staff were provided

with support to understand the CQC key lines of enquiry, and reflect on how the service met these on a day to day basis.

Working in partnership with others

- The service worked in partnership with others. Documentation showed other health professionals were involved in care to help support optimum health.