

Achieve With Us Ltd

# Achieve With Us Ltd

## Inspection report

5A Regent Court  
Hinckley  
Leicestershire  
LE10 0AD

Tel: 01455890494

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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

### About the service

Achieve With Us Ltd is a domiciliary care service providing personal care to younger adults and older people with a learning disability or autistic spectrum disorder, mental health needs or a sensory impairment.

The service also runs a group of day service bases at several locations in the Hinckley area. These are used by people receiving home care, however they are outside the scope of the Care Quality Commission's regulatory powers. At the time of our inspection one person was receiving personal care.

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

The person was supported by staff that knew how to recognise abuse and raise concerns. Staff had been safely recruited. Staff had a good knowledge of risks associated with providing the person's care. Staff had received adequate training to meet the person's individual care needs.

The person received care from staff that were kind, caring and compassionate. The person, their family and staff had built a positive relationship together and enjoyed spending time together. The person's privacy and dignity was respected.

The person was supported by staff that took time to find out about their hobbies and interests and supported them to engage in these. Easy read complaints information was available. There had been no complaints since the last inspection. Staff knew the person's likes and dislikes and ensured they had enough to eat and drink.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

The service sought feedback about the person's care experience to make improvements. The registered manager had a good oversight of the service. Quality assurance systems and processes enabled them to identify areas for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 22 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Achieve With Us Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

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

Inspection activity started on 01 October 2019 and ended on 02 October 2019. We visited the office location and undertook a home visit on the 01 October 2019, this included speaking with staff supporting the person and the person's relative. We made a phone call to a staff member on the 02 October 2019.

#### 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, commissioners, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the home of the person receiving personal care and observed a staff member interacting with them. We spoke with the person's relative, the registered manager, and two care staff.

We reviewed a range of records. This included the person's care records. We looked at two staff files in relation to recruitment and staff supervision.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect the person from the risk of abuse. Staff we spoke with had received training and knew how to recognise signs of abuse and how to report safeguarding concerns.
- The registered manager was aware of their responsibilities for reporting concerns to CQC and staff were confident safeguarding concerns would be investigated and addressed by the management team. There had been no safeguarding concerns since the last inspection.
- Easy read safeguarding information was available.

Assessing risk, safety monitoring and management

- Processes were in place to protect the person from avoidable harm. Risk assessments contained enough detail and were reviewed regularly.
- Staff knew the person's individual risks and how to keep them safe, they demonstrated they were passionate about minimising risks to ensure the person had a positive care experience.
- A personal emergency evacuation plan (PEEP) was in place that instructed staff how to support the person to leave their home safely in the event of an emergency.

Staffing and recruitment

- The person was supported by a consistent team of staff that knew them well. Planned staffing levels were achieved and the person received personalised care at the time they needed it.
- Safe recruitment checks were undertaken to ensure staff were suitable to work with people receiving care.
- There were contingency plans in place to cover short notice staff absence, which included the person's family.

Using medicines safely

- At the time of the inspection staff were not administering medicines. However, systems and processes were in place for the administration of medicines and there was a medicines policy.
- Staff had received medicines training and knew how to safely administer medicines should the person's needs change.
- The registered manager told us that should staff be required to administer medicines, they would undertake regular audits of Medicines Administration Records (MAR) records.

Preventing and controlling infection

- Staff had received infection control training and demonstrated good knowledge of infection control procedures.

- Systems and processes were in place to ensure infections were prevented and controlled. Personal protective equipment (PPE), such as gloves and aprons, were provided for staff to use.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. There had been no accidents or incidents since the last inspection. The registered manager told us that should accidents or incidents occur these would be recorded by staff and reviewed by the registered manager to identify trends, patterns and learning.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the persons outcomes were consistently good, feedback confirmed this.

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

- Systems and processes were in place to ensure people's physical, social and wellbeing needs were holistically assessed before receiving care from the service. This ensured information relating to the person's culture, religion, likes, dislikes and preferences was included in their care plan.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The person received care and support from competent and skilled staff. Training for staff to refresh their skills had been undertaken. New staff undertook an induction that included shadowing regular staff to get to know the person's needs.
- The service had recognised the need to equip staff with additional skills to enable them to meet the needs of people that may receive care in the future. They had provided additional training in areas such as diabetes, epilepsy, autism and positive behaviour support.

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

- Care plans documented the person's likes and dislikes and how they liked their food and drink to be prepared and presented. We found staff had a comprehensive knowledge of the person's preferences and wishes in relation to their dietary requirements and were passionate about getting this right.
- Staff followed health professionals' advice when supporting the person with their eating and drinking.

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

- Staff worked closely with each other and the person's relative to ensure any changes in their care needs were communicated. Staff knew the person well and recognised healthcare support was needed.
- The service had introduced 'grab sheets'. These contained important information about the person to enable them to be supported effectively in the event of an emergency.
- A health action plan was in place and was reviewed regularly. A health action plan states what is needed for a person to remain healthy, including the support they may require.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. The person receiving care was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the person was 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

- The person continued to be supported by staff that were kind, caring and knew them well. We observed the person to be relaxed in staff presence.
- Staff undertook equality and diversity training. This meant they knew how to support people whose needs were protected under the Equality Act 2010.
- The registered manager told us, should people have cultural or religious needs, these would be detailed in their care plans and that the service would support them with their beliefs.
- Staff went out of their way to ensure the person had a positive care experience and to minimise any distress they may experience. They told us they enjoyed their job and spending time with the person.

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

- Everyone we spoke with told us the person receiving care was offered choices about all aspects of their care.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The registered manager told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed how the person liked their privacy and dignity to be respected. Staff told us how they respected the person's privacy and dignity.
- Staff recognised the importance of confidentiality.
- The person's goals were recorded in their care plans and staff worked tirelessly to help the person achieve these. They were passionate about promoting the person's independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the person'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

- Care plans were reviewed regularly and as the person's needs changed. They reflected the person's likes, dislikes, hobbies and interests and how staff could best support them.
- A one-page profile was in place for the person receiving care. This included information such as what was important to the person and a photograph. These were also developed for staff. The registered manager told us these would help new people and staff get to know each other.
- The person, relative and staff had built positive relationships together and enjoyed spending time with each other. Staff told us they took great pleasure in finding items of interest for the person receiving care, often in their own time.
- Person centred care was embedded in practice. Every aspect of the person's care had been tailored to reflect their preferences and wishes and they were in control of how their support was provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A communication passport contained important information staff needed to know to communicate with the person receiving care. This also enabled the staff to identify what the person's non-verbal communication meant, so they could respond appropriately.
- Staff told us how they planned to introduce photographs of activities, so the person could choose from a wider variety of activities.

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

- The service recognised the importance of maintaining relationships. Staff supported the person to maintain their relationship with their family.
- Staff were committed to increasing the person's opportunities for socialisation and accessing new activities and had supported the person to go to new places and try new activities.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was available in an easy read format. The easy read information did not contain contact details for the Local Government and Social Care Ombudsman (LGSCO). The LGSCO consider complaints about providers that

have not been resolved to the complainant's satisfaction. The registered manger told us, they would amend the complaints information to include this.

- There had been no complaints since the last inspection.

#### End of life care and support

- The registered manager told us that end of life preferences would be discussed with people and their families at an appropriate time. Information had been sought about people's preferences and wishes in the case of a medical emergency.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager ensured the person was involved with their care and staff understood the need to treat the person as an individual and respect their wishes. The registered manager was committed to ensuring the person received person centred care.
- Care planning documentation included the person's hopes and dreams, and the support they needed to achieve their goals.
- Everyone we spoke with told us how the care delivered to the person was person centred. Staff told us they loved their jobs.

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 provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The service was compliant in these areas.
- Staff were clear about their roles and responsibilities towards the person they supported. Records showed staff performance was reviewed during supervisions and their development discussed.
- There were effective systems in place to monitor the quality and standard of the service. The registered manager was aware of the need for these to develop further as and when the number of people receiving care increased.

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

- Feedback on the person's care experience was sought monthly during care plan reviews. An annual survey was due to be sent out. We saw feedback from the previous year that recorded all aspects of care as being, 'Very good'.
- Regular staff meetings took place. Records showed these were used to discuss, for example, whistle-blowing, changes in policies and procedures and accident and incident reporting. The registered manager

told us new standardised agendas were being introduced which would provide a more consistent and structured approach to staff meetings.

#### Continuous learning and improving care

- The registered manager told us they were continually striving to improve people's care experience.
- The registered manager empowered staff to introduce new opportunities to the person. Because of this, the person's independence had increased, and they were less socially isolated.
- The registered manager had identified through staff feedback that changes in the management of the service had impacted on staff morale. They had arranged a staff meeting to identify areas that needed improvement.

#### Working in partnership with others

- Staff and the management team worked in partnership with community groups.
- The registered manager gave us examples of the professionals they would work with, dependent on people's needs, to ensure people received continuity of care.