



Inspection Report on

Achieve together Ltd - DSS Cardiff & Vale

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Ystrad Mynach
Hengoed
CF82 7EH**

Date Inspection Completed

15/09/2023

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About Achieve together Ltd - DSS Cardiff & Vale

| | |
|---|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Achieve together Ltd |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 09 December 2021 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

This service provides care and support to people within three specific provisions. People are supported in shared 'supported living' homes where each person has their own tenancy agreement with a third-party landlord. Others receive 'outreach' support in their own homes, and thirdly people with hearing loss are supported in their own homes by a specialist deaf service. All three of these provisions have been considered as part of this inspection for the provider which operates in the Cardiff and Vale of Glamorgan area.

The provider has a robust and effective management structure. The Responsible Individual (RI) visits all services regularly and has a good oversight of the running of the service as a whole. The RI is supported by regional managers and service managers who are experienced in their specific fields. The specialist deaf service manager communicates in British Sign Language (BSL) and has a good understanding of deaf culture.

People are treated with compassion and dignity by care staff who know them well. Personal plans describe each person's background, their likes and dislikes, their strengths, as well as how they would like to be supported. The service uses a 'wheel of engagement' tool to encourage people to engage in a variety of activities which are meaningful to them.

Care staff are safely recruited and well supported by the management team. Regular supervisions and team meetings are carried out within each service area. Care staff receive training according to people's specific needs. Overall training compliance is good, but improvements are required within the specialist deaf service.

Well-being

Supported Living

People have control over their day-to-day lives. People's right to choose who they live with and who supports them are respected by the provider. People receiving support have tenancy agreements with landlords in shared houses. People told us they are supported to be as independent as they can be, to make their own choices and spend their time doing the things they want to. Care staff work with people to arrange day-to-day activities and support them as required. We saw that people have choice about how and where they spend their time, with activities readily available. Personal plans highlight what people are able to do for themselves and care staff encourage people to be as independent as they can be. Care staff encourage people to improve their independence with household tasks such as cooking, cleaning and laundry. People are supported to maintain their personal appearance and all residents are well cared for. Care staff support people with dignity and good humour. During the visit, we saw care staff sitting with residents, engaging them in conversation, encouraging them to join in with activities, and supporting them in the local community.

Specialist Deaf service

The manager and most of the care staff are deaf, all care staff are competent in communicating in BSL. People are supported in the way they choose and communicated with in their preferred first language. People are encouraged to engage in their local deaf communities and to contribute to society in ways that are meaningful to them. Care staff are positive role models and have lived experience of deaf culture.

Overall

The individual circumstances of people are considered. People's individual plans are person-centred, detailed and clearly written for care staff to follow. People have autonomy over their own lives and staff know what they like and dislike. This ensures that care staff can support people accordingly. Detailed risk assessments are in place and people are supported to be as independent as possible whilst maintaining their safety.

People are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with kindness and compassion. People are encouraged to achieve individual goals that help to develop their skills and independence. People receive appropriate support with their medication, if required, which helps to maintain their health.

People are protected from harm or abuse. Support staff are trained in the safeguarding of adults at risk of abuse and understand how to report suspected abuse. A safeguarding policy is in place and reflects current guidance on keeping adults at risk safe from harm.

Care and Support

Supported Living

People receive personalised care and support as and when required. We observed care workers to be attentive, kind, encouraging, and supportive to people. People are relaxed and comfortable around care staff. Throughout the visit, we saw there were sufficient care staff on duty to support people. People were complimentary about the support provided and told us that they get on well with the care staff.

Robust medication procedures are followed; we found that all medication, which had been administered, was accurately recorded on the person's medication records. The effectiveness of 'as required' medication was not recorded, however. The manager assured us that this would be addressed. People are supported to manage their finances, as required and accurate records are maintained of transactions. Managers carry out regular audits of financial records.

People have choice and autonomy. During the inspection, we were able to see that staff understand people's needs and preferences. Some people chose to engage in activities while others chose to spend time doing other things of their choice, including chatting to care staff, or watching TV. The service encourages people to be as independent as they can be. Activities are arranged in the local community to compliment those in the home.

Specialist Deaf service

People receive support to access appropriate health services in their own language. Support is also provided when required, to access and receive information in BSL from specialist mental health services for Deaf people. People have 'hospital passports' which is a document with key information about them, which accompanies them to hospital if they need to be admitted. This ensures that hospital staff are aware of the person's needs, including their communication preferences. A number of people are supported to access local and regional Deaf clubs.

Overall

People's files contain information including risk assessments and personal plans. The care and support needs and preferences of each person are clearly documented in their personal plans. The level of detail in the plans is good, there is a focus on what people can do for themselves, as well as how to support them in the areas required. People and their relatives are involved in preparing the plans which include information about their background and people who are important to them in their lives. This allows care staff to get to know each person for who they are and encourages care and support to be

individualised. Referrals are made to external health and social care professionals as required. Guidance and information from professionals is reflected within personal plans and followed correctly.

Leadership and Management

The provider has effective governance arrangements in place to support the smooth running of the service. The RI visits the service regularly and produces regular reports which evidence they have good oversight of the running of the service. The RI reports clearly evidence where the service is doing well and which areas they are working to improve. The statement of purpose for the service accurately describes how the service is delivered. The provider keeps the statement of purpose under review and submits any changes to the regulator in a timely manner.

Sufficient staffing levels are in place to meet the needs of people. Care staff told us they have enough time to support people without being rushed in their duties. People are supported by care staff who are knowledgeable, competent and fit to care for people living in the service. Staff told us they enjoy their jobs, feel valued and well supported by the management team.

In the specialist deaf service people are supported by a skilled team of Deaf and hearing staff, all of whom are able to communicate to a high level in BSL and have a good understanding of Deaf culture. Deaf staff within the team are positive role models for people they support. The manager is well supported by the head of service who reports directly to the RI.

Care staff are safely recruited, we viewed staff personnel files and saw they contained the required information, including Disclosure and Barring Service (DBS) checks, references from previous employers and evidence of care staff being registered with Social Care Wales, the workforce regulator. Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Care staff within the specialist deaf service have not all completed the training courses identified as required by the provider. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Effective communication is evident within the teams. Care workers receive regular supervision with their line manager. One to one, formal, supervisions provide the opportunity for staff to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance. Regular team meetings are held to ensure that communication is good between the team. Interpreters are used as required in the specialist deaf service team meetings for individuals to communicate in their first language.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|---|--------------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 36 | Support staff in the specialist deaf service have not received all received specific training which is required or completed mandatory training refresher courses at the agreed intervals | Not Achieved |
| 80 | A quality of care report had not been completed. Ensure that a quality of care report is completed at least every six months | Achieved |

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