



Inspection Report on

Achieve Together Ltd - DSS West Glamorgan

**6 Tredomen Gateway
Tredomen Business Park
Ystrad Myncah
Hengoed
CF82 7EH**

Date Inspection Completed

07/12/2023

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About Achieve Together Ltd - DSS West Glamorgan

Type of care provided	Domiciliary Support Service
Registered Provider	Achieve Together Ltd
Registered places	0
Language of the service	English and British Sign Language (BSL)
Previous Care Inspectorate Wales inspection	12 May 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Achieve Together provides domiciliary support in supported living settings to people with needs arising from a learning disability, autism and / or mental health needs. The service also provides a specialist Deaf outreach support service to people in their own homes for Deaf British Sign Language (BSL) users and deaf or hard of hearing people. The staff team of the Deaf service are BSL users, several of whom are Deaf.

People's well-being is promoted by being supported to achieve their goals and live in the community. They are supported to be as healthy as they can by getting the right care at the right time. People are protected from abuse and neglect. Care staff have very good relationships with people and provide good quality care. Care staff have up-to-date knowledge of people's needs. Good infection control measures ensure people remain as well as they can. There are systems in place to support people with their medication. People are supported by care staff who are recruited safely. Improvements are needed around staff training. Care staff feel supported in their role and are happy working for the service. Systems are in place to support the running of the service. The service provides good information to the public.

Well-being

People's well-being is promoted by being supported to achieve their goals and live in the community. People are supported to develop their independence and make their own choices about their day-to-day lives. The service engages with advocacy services when needed. People take part in activities of their choosing and regularly access the community to do this. The risk of social isolation is significantly reduced because of the support provided to people. Personal plans consider people's needs, interests, and preferences. Staff know people well. Detailed risk assessments promote positive risk taking. Care and support is person-centred, with people treated with dignity and respect. Systems are in place for staff to record care delivery, which are used to monitor people's well-being. Where people have tenancies, they are supported to maintain these and to have a pleasant living environment.

People are supported to be as healthy as they can by getting the right care at the right time. The service works with external health professionals to refer any concerns and follows appropriate guidance. There is evidence of ongoing work with other professionals, with personal plans being updated and reflecting direction given. Detailed behavioural support plans are produced by the service in partnership with people, their families, and their health and social care workers.

People are protected from abuse and neglect. The service is proactive in identifying potential risks to people or employees and how to manage these. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff feel confident if they raised an issue with the manager, it would be responded to. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Pre-recruitment checks are in place and regular supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service in response. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed.

The service does not provide a service to people in Welsh and could not currently facilitate this if it were needed.

Care and Support

Care staff have very good relationships with people and provide good quality care. Interactions between care staff and people are respectful and helpful. People told us “*the staff are nice*”, “*I feel safe*”, and “*I like where I live*”. Care staff use various skills and methods to support people’s communication, which promotes inclusion and aids their well-being. People have communication passports, which detail how they communicate. Staff for the Deaf outreach service communicate using BSL, which in many instances for the people they support is their first, and sometimes only, language.

Care staff have up-to-date knowledge of people’s needs. Personal plans are person-centred, detailed, and give direction to care staff around how best to support people. Personal plans use an ‘easy read’ format and focus on strengths and the positive aspects about people. Risk assessments direct care staff to help people stay safe. Plans are produced in partnership with people and their representatives and are reviewed regularly with them. Daily recordings and monitoring charts give important information about people’s progress and help identify changes in care needs. There are appropriate and timely referrals to other professionals, with recommendations and direction acted upon by the service. We discussed with the RI where it may appear a person is being deprived of their liberty, the service highlights this to the relevant commissioning authorities so the appropriate measures are taken.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE and use this as needed, such as when supporting with personal care tasks. There is an infection control policy in place which staff are aware of and understand their responsibilities. People are supported to maintain their homes where needed and keep them clean and tidy.

There are systems in place to support people with their medication. Medication administration records give care staff instructions on how to administer in line with the prescriber’s directions. Care staff receive training on how to manage and administer medication. A medication policy is in place. People’s medications are audited by the service.

Leadership and Management

People are supported by care staff who are recruited safely. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records do not confirm care staff have up to date training in core areas of care. We advised this is an area for improvement and we expect the provider to take timely action to address this.

Care staff feel supported in their role and are happy working for the service. They told us working for the service is “*amazing*”, managers are “*really, really good*” and are “*always available and there to talk to*”, team morale is “*fabulous*” and “*you won’t find a better team*”, and “*everyone’s very positive*”. The managers for the supported living schemes were newly appointed this year and have provided positive leadership and have made significant improvements. Several of the staff have worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and a yearly appraisal to reflect on their performance, identify support they might require, look at how to develop their practice, and discuss any issues. Team meetings take place regularly.

Systems are in place to support the running of the service. The service has governance, auditing, and quality assurance arrangements. These help to self-evaluate and identify where improvements are needed. The RI has oversight of the service. The RI undertakes the legally required three-monthly visits and six-monthly quality of care reviews. We discussed with the RI the restructuring of the governance arrangements for the Deaf outreach service and how the changes may impact in supporting the service. The service is open and transparent, identifying and acting to resolve issues and making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for complaints, whistleblowing, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them how to raise an issue via the whistleblowing procedures. Procedures are in place to deal with complaints.

The service provides good information to the public. The Statement of Purpose details the service and how it is provided, is kept under review, and accurately reflects what is in place. A written guide is available for people who use the service and their representatives. This contains practical information such as what people can expect from the service, and the complaints procedure.

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
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36	Core and specialist refresher training has not been provided to all staff.	New
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Date Published 31/01/2024