



Inspection Report on

Achieve together Ltd - DSS Powys

**Suite 6
Tredomen Gateway Building
Ystrad Mynach
Hengoed
CF82 7EH**

Date Inspection Completed

02/10/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Achieve together Ltd - DSS Powys

Type of care provided	Domiciliary Support Service
Registered Provider	Achieve together Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	20 March 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This is a small specialist deaf service, that provides support to people in their own homes. The manager and most support staff are deaf and have a good understanding of deaf culture. All support staff are proficient in British Sign Language (BSL) and use this along with individually adapted communication methods to suit each person.

The service supports people to gain confidence and independence. Personal plans are developed with people to identify how they would like to be supported to achieve their goals. Plans contain information on each person's background are regularly reviewed to ensure they are up to date.

Support staff are safely recruited and feel well supported by the management team. Support staff receive training in key areas, but not all of this training is up to date. The Responsible Individual (RI) has good oversight of the service and effective governance arrangements are in place.

Well-being

People are encouraged and supported to have control over their day-to-day lives, to engage in education and training, and to contribute to society. Support staff are positive role models for the people they support and advocate for them to receive services in their first language. People are supported to attend appointments, manage correspondence, and engage in activities of their choice, such as gardening, socialising, and playing board games. People are reassured they can contact support staff or the office for advice at any time.

People are protected from harm or abuse. Support staff are trained in the safeguarding of adults at risk of abuse and know how to report concerns or suspected abuse. The service has a safeguarding policy which is aligned to current guidance on keeping adults at risk safe from harm.

Care and Support

Personal plans are clearly written in good detail to inform care staff of how best to support each person in the areas they require. Plans have a focus on the person's strengths and what they would like to achieve. Personal plans contain detailed social histories for each person, including their likes and dislikes. People being supported are involved in developing and reviewing their plans to ensure they remain current and relevant.

The provider has a policy for the safe management of medication within the service. Currently the service does not support anyone with their medication.

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. People are supported to access local and regional Deaf clubs.

Leadership and Management

The provider has effective governance arrangements in place to support the smooth running of the service. The RI carries out regular visits to the service and uses an interpreter to communicate with people receiving support, and support staff to gain their feedback. Quality of care reports are completed twice a year. These reports clearly evidence where the service is doing well, and what areas they are working to improve. The model of care described in service's statement of purpose accurately reflects the actual support provided.

People are supported by a specialist and 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, the files we checked contained the necessary information, including Disclosure and Barring Service checks, references from previous employers, and evidence of registration with Social Care Wales, the workforce regulator. The provider has experienced some difficulties in recruiting new staff. This is managed by only agreeing to take on supporting new people when they have capacity to do so.

Care staff receive training relevant to their roles, however not all staff have completed the courses identified by the provider. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Regular care staff meetings are held to ensure that communication is good between the team. Interpreters are used as required in these meetings for individuals to communicate in their first language. Care staff receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

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
------------	---------	--------

36	Care staff have not all received training in the core areas required for them to carry out their duties confidently and safely	New
----	--	-----

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 03/11/2023