Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Achieve together Ltd - DSS North Wales

Cerrig Cornel
Tywyn
LL36 9SA

Date Inspection Completed

25/03/2025

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About Achieve together Ltd - DSS North Wales

Type of care provided	Domiciliary Support Service
Registered Provider	Achieve together Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	15/11/2024
Does this service promote Welsh language and culture?	The service provider anticipates, identifies, and meets the Welsh language and cultural needs of people.

Summary

People receive individualised, person-centred care, to live independently in their own homes. People told us they are very happy with the support they receive and have control over their own lives. People achieve their personal outcomes and do the things which matter to them. The service excels at co-production where people take charge of the creation and review of their care records.

The service ensures a sufficient number of suitably trained and very well supported care staff are employed, providing continuity of care, and fostering positive relationships. Significant improvements have been made to the environment which people told us they are happy about.

Improvements to the service oversight and communication at all levels of the organisation means senior managers are aware of what is happening within the service provision. Any actions are reported and addressed in a timely way. This means people receive a service which is well organised by a team who are committed to supporting excellent care delivery.

Well-being

People are as independent as they can be. They make their own choices and take charge of their care and support. People live in their own homes, supported by familiar and experienced care staff. People choose who supports them and when, which is flexible, depending on their plans and how they feel. Care workers know people extremely well and have built trusting relationships with the people they support. This has resulted in many people trying new things, gaining confidence, and overcoming personal challenges. Support staff work collaboratively with internal clinical teams and external health and social care professionals to ensure all aspects of people's health and wellbeing are met so people can continue to live independently in their own homes. Part of the review process involves discussing with people what they would like to achieve. We saw evidence of people engaging in this process and then achieving the goals they had set. People are extremely proud of their achievements, which are recorded in "WOW" books so people can share their success and look back. Support staff are proactive and dynamic in sourcing and arranging meaningful activities and experiences for people. They want people to thrive, travelling and amending their working hours to facilitate day trips, overnight stays, holidays, and some very late nights! The provider has a social media platform where good news stories and achievements can be shared and celebrated. People are confident in raising their concerns when they are not happy. We saw evidence of people raising concerns in relation to their own wellbeing and how this was managed by the organisation. On the day of inspection, a person wanted to make a complaint. Support staff responded to this quickly and sensitively ensuring the person was listened to. People told us who they would speak to if they were not happy. They are familiar with the wider regional management team and responsible individual who visits the setting to speak with people. Information about how to raise a concern is available digitally or in hard copy, in easy read format and bilingually.

People spend time with those who are important to them. They visit family, friends, and partners to catch up, mark important events and go on dates. Feedback from family members included, *"we can't thank you for all your hard work in supporting (person),"* and *"You are so kind, thoughtful and caring, we can never thank you enough."* We saw people learn new skills such as gardening, DIY, animal care and meditation. People are part of their local community, accessing this independently or with support to engage in community events and work in local businesses. One person said they have their "dream job."

People told us they love their homes. We were invited to look around some cottages and people told us about how they had been supported to decorate and furnish them how they wanted. Adaptations are made so the environment supports people to meet their outcomes. We saw adapted bathing facilities, lowered counters, and accessible outdoor spaces so people can be as independent as possible. A person said, "*I am very happy living at Cerrig Cornel and hope to live here for many more years."*

Care and Support

People's care and support meets their individual needs and supports them to achieve their personal outcomes. Most people actively engage with support workers to create care records which are person centred and document what they want to achieve and how they can be supported with this. People set their own boundaries and express what they do and do not want support with. One person wrote "*I am in control of my own life and do not like being told what to do."* Where people choose not to or are unable to engage in all aspects of care planning, the manager works with families, representatives, and other professionals to ensure care and support is in people's best interests and upholds their rights. We looked at care records and found the information within to be very detailed and reflective of what we were told by care staff and people we spoke with. People are asked about their communication and language preferences as well as any cultural and spiritual wishes. We heard care staff speaking Welsh with people and saw photos of important cultural days being celebrated. Information is available to people bilingually. The provider offers training in specialist communication, such as Makaton and use of assistive technology should this be needed to support people in the future. People are protected from abuse and supported to be as safe as they can be. Comprehensive risk assessments are in place to help mitigate risks to people whilst ensuring their rights are not restricted. Support staff complete safeguarding training and detailed policies are in place to support best practice. We discussed safeguarding procedures with the manager who is knowledgeable and confident in making referrals where needed. Detailed records of accidents and incidents are created which helps to identify any patterns and trends so action can be taken. We saw evidence of thorough oversight for all incidents, accidents, and safeguarding occurrences to ensure they have been reported appropriately and responded to in a timely way.

We looked at medication practice during the last full inspection of the service and found it to be managed safely. We did not look at medication management as part of this inspection. Significant improvements have been made to the environment which means appropriate infection prevention and control measures can be carried out. People are supported and encouraged to engage in daily living tasks and maintain their living space. Where needed, support staff have access to personal protective equipment (PPE).

Leadership and Management

We have not considered this theme in full. People receive continuity of care because they are supported by suitably qualified and trained care staff who are committed to providing the best possible care. Many of the staff team have worked at the service for a long time

which indicates a stable and supportive work environment, and benefits care staff and the people they support. The management team encourage and facilitate care staff to complete qualifications to further their personal development. Completion of service specific training has improved since the last inspection. The manager told us, where care workers are not meeting their expected development goals, this is managed through supervisions and learning development plans. The provider invests in training team members to deliver training courses so this can be accessed quickly, helping to keep people safe. All staff we spoke with were highly complementary of the support they get from the management team and regional manager.

Improvements have been made to the oversight and communication between management teams and wider supporting departments within the organisation. At the last inspection issues were identified where environmental concerns had not been escalated and responded to appropriately. This meant not all people lived in an environment which supported their personal outcomes. We were told there had been many discussions since the last inspection and reflection on what had gone wrong. The provider told us lessons had been learned, and subsequently, internal processes had been strengthened to ensure issues are responded to in a timely way. The Responsible Individual (RI) told us quality monitoring procedures were more accurate and that their own monitoring ensured areas of service provision are thoroughly looked at during their visits. We looked at the most recent quality monitoring audit and found it to be an accurate reflection of areas we considered as part of this inspection. We saw where actions had been set from the quality process, the service manager and staff team quickly addressed these.

We looked at the most recent report by the RI following a visit conducted as part of their role. The report documents which areas they have looked at, including safeguarding, training, and care planning. The RI records conversations with people supported their families and care workers. We saw evidence of discussion with the manager about actions for the service and what support was required. The manager told us the changes since the last inspection have been positive and is confident, they will be sustained.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

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