

# Ability Housing Association

## yourAbility Hillingdon

### Inspection report

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17 October 2016

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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

This inspection took place on 12 and 17 October 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The last inspection of the service was in May 2014 when we found the provider was meeting all of the standards we inspected.

YourAbility Hillingdon provides personal care to people with learning disabilities living in a supported living environment. People who use this service live in their own homes. At the time of this inspection, 13 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider operated systems to keep people safe and staff understood and followed these. There were enough staff to meet people's care and support needs and the provider carried out checks on staff before they worked with people using the service.

Staff supported people to access to the health care services they needed and made sure people received the medicines they needed safely.

The provider and staff in the service obtained people's consent before they provided care and support. Where people lacked the capacity to make decisions about their care, the provider acted appropriately and in people's best interests.

Staff had access to the training and support they needed. They told us they enjoyed working in the service and would be happy if a relative or friend lived there. We saw staff interacted with people in a caring and friendly way and explained the support they gave people to make sure they understood what was happening. People's relatives also told us staff were kind and caring.

Staff understood the care and support needs of people using the service and used the provider's care planning and risk management procedures to ensure they met these. People using the service were involved in the development of their care plan and other records, including risk assessments and risk management plans.

The provider had a policy and procedures for people using the service and others about how to make a complaint. They provided information for people using the service in formats they could understand.

The service had a registered manager and clear arrangements for the day to day management of the service.

The provider had systems to monitor the quality of the service that people received and to make improvements. The provider, managers and staff carried out audits and checks to monitor quality in the service and we saw these were up to date.

## 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.

The provider operated systems to keep people safe and staff understood and followed these.

There were enough staff to meet people's care and support needs and the provider carried out checks on staff before they worked with people using the service.

People received the medicines they needed safely.

### Is the service effective?

Good ●

The service was effective.

The provider and staff in the service obtained people's consent before they provided care and support. Where people lacked the capacity to make decisions about their care, the provider acted appropriately and in people's best interests.

Staff had access to the training and support they needed.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence.

Staff supported people to access to the health care services they needed.

### Is the service caring?

Good ●

The service was caring.

People's relatives told us staff were kind and caring.

Staff told us they enjoyed working in the service and would be happy if a relative or friend lived there.

We saw staff interacted with people in a caring and friendly way and explained the support they gave people to make sure they understood what was happening.

### Is the service responsive?

Good ●

The service was responsive.

People using the service were involved in the development of their care plan and other records, including risk assessments and risk management plans.

Staff understood the care and support needs of people using the service and used the provider's care planning and risk management procedures to ensure they met these.

The provider had a policy and procedures for people using the service and others about how to make a complaint. They provided information for people using the service in formats they could understand.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager and clear arrangements for the day to day management of the service.

The provider had systems to monitor the quality of the service that people received and to make improvements.

The provider, managers and staff carried out audits and checks to monitor quality in the service and we saw these were up to date.

# yourAbility Hillingdon

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 17 October 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider sent us about incidents affecting people who used the service. Before the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people using the service, the registered manager, a team leader, senior support worker and three support workers. We also contacted 11 health and social care professionals for their views on the care and support people using the service received. We looked at care records for two people, medicines management records for five people, four staff recruitment and training records and other records the provider kept regarding the day to day running of the service. This included checks and audits the provider, registered manager and staff carried out to monitor quality and identify where improvements were needed.

Following the inspection we spoke with the relatives of six people using the service to get their views on the care and support people received.

# Is the service safe?

## Our findings

People using the service, their relatives and friends told us people were cared for safely. One person said, "I like it here, it's my home." Relatives' comments included, "I know my [relative] is safe and I don't have to worry," "It is a safe place, we have no concerns," "It is a very safe place to live, the staff make sure people are not at risk in any way" and "My [relative] is safe, the staff have put in measures to keep him safe."

The provider had systems in place to identify the possibility of and protect people using the service from abuse. They reviewed and updated their safeguarding policy and procedures in July 2016 and staff in the service had access to these and a copy of the pan-London safeguarding adults guidance. Staff training records showed support staff had completed safeguarding adults training so they had the knowledge they needed to support people safely.

Support staff we spoke with demonstrated a good awareness of the possibility of abuse. They were able to tell us about different types of abuse, how they protected people from these and the actions they would take if they had any concerns. Their comments included, "We had training and we know that we must report any concerns," "The first thing I would do is make sure the person was safe and then report to my manager" and "If I was worried about anyone here I would speak to a colleague or the manager."

The provider informed the local authority and the Care Quality Commission (CQC) of possible safeguarding concerns. The service's team leader confirmed that all safeguarding concerns they had raised with the local authority, with one exception, had been investigated and closed. In one case, the provider was monitoring the actions agreed at a safeguarding meeting and the local authority continued to monitor these.

Staff in the service completed records of accidents and incidents affecting people using the service. The reports were well completed and showed that, in most cases, the provider took appropriate action in response. In one case we noted that the provider had not notified the local authority of an incident involving two people using the service which may have been a safeguarding concern. We discussed this with the service's team leader who agreed that they should have notified the local authority and told us they would make sure they did this.

We recommend that the provider ensures staff follow the safeguarding adults procedure and report all possible safeguarding incidents to the local authority.

The provider ensured people were supported by staff who were suitable to work in the service. Staff records included application forms, references from previous employers, proof of the person's identity and right to work in the United Kingdom and Disclosure and Barring Service (DBS) criminal records checks.

There were enough staff to meet the care and support needs of people using the service. People's care records included a breakdown of the care and support hours they needed each week. Staff rotas showed there was a minimum of two staff on duty at any time with additional staff provided when people's care needs assessments showed they needed support. During the inspection we saw staff planned each shift to

ensure people using the service received the care and support they needed. We did not see any people waiting for support. The provider told us that at night, two waking staff were on duty in the service to support people when necessary.

People received the medicines they needed safely, although we identified some issues with the way staff recorded this. We saw people had a lockable space in their flats to store medicines and support staff told us they either prompted people to take their medicines or administered them to the person. In all cases, staff signed a Medication Administration Record (MAR) sheet when they supported people with their medicines. The MAR sheets we checked include some information that was confusing for staff. For example, when medicines were for PRN ('as required') administration, this was not always clear on the MAR sheet and staff were told to administer them at specific times each day. As a result, some people were receiving PRN medicines daily, rather than as required. Support staff also used codes on the MAR sheet to record when people did not receive their medicines. In some cases, there was no explanation of the reason why people did not receive their medicines. On other MAR sheets, support staff recorded when they gave a person their PRN medicines but they did not record the reason why the person needed this medicine.

On the second day of this inspection we saw the provider had worked with the service's supplying pharmacist to redesign the MAR sheets they used. They had developed a separate MAR sheet for PRN medicines which clearly showed these should be given 'as required' and not at regular intervals. The new MAR sheet also included a section for recording the reason why staff had administered PRN medicines. The provider also confirmed that they would remind staff to record a reason when a person did not receive their medicines.

The provider carried out a number of checks to make sure they delivered services safely. This included regular audits of people's personal finances, support plans and medicines. The provider confirmed that health and safety checks they carried out included checks on window restrictors and the records we saw confirmed this. Each person had a personal emergency evacuation plan (PEEP) to make sure they received the support they needed to stay safe in the event of a fire or other emergency. The PEEPs we saw had all been reviewed and updated by support staff in 2016.



# Is the service effective?

## Our findings

People's relatives told us staff were well trained and knew how to support people using the service. Their comments included, "I don't know about training but the staff are very skilled at what they do. The work must be challenging sometimes but they cope with things very well" and "The staff are first class, very good. They all seem to know what they are doing."

Staff told us they could access the training they needed to support people using the service and said they found this training helpful. Their comments included, "The training is good, even if you think you know what you are doing, there is always something new to learn," "I've really enjoyed the training, it has really helped me" and "The induction training was very good, it gave me time to really understand the basics." Training records showed staff had completed training in risk assessment, epilepsy, safeguarding, the Mental Capacity Act 2005, health and safety and medicines management.

Staff also told us they felt well supported by the provider and managers in the service. They told us they received regular supervision that gave them an opportunity to discuss their work, training needs and personal development. Staff records showed staff had supervision with a senior member of staff at least three times a year and all permanent staff had an annual appraisal in April 2016.

The Mental Capacity Act (MCA) 2005 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.

We checked whether the service was working within the principles of the MCA and found the provider understood their responsibilities and took appropriate actions. For example, managers and support staff understood the importance of allowing people to make decisions for themselves where they were able, and also of acting in a person's best interest. The provider had completed capacity assessments with regard to the support people needed to access the local community. Where a person was assessed as not having capacity, a risk assessment and action plan were in place to minimise any risks.

Risk assessments for any possible restrictions on people's liberty were also in place. Where required, people's records included assessments of the risks involved if the person left the premises without staff to support them. People were able to enter and exit their flats and people were able to exit the building if they so wished, accompanied by staff where this had been identified as necessary for their own safety. The provider had recognised that this could be seen as continuous supervision and control and wanted to make sure that where people might have been deprived of their liberty that this was being done lawfully.

The registered manager and team leader were aware that any applications to deprive people of their liberty in a supported living setting needed to be made to the Court of Protection and they had started this process

with the local authority. The registered manager told us they would contact the local authority to follow this up.

People's care records included assessments of their nutritional needs and people had personalised weekly meal planners in place. People were involved in planning their weekly menu and support staff were able to tell us about individual's likes, dislikes and preferences. Care records showed staff had noticed one person was losing weight. We saw they had referred the person to the Speech and Language Therapy (SALT) service and the SALT had provided training and guidelines for support staff. As a result, the care records showed the person had since started to regain the weight they had lost.

People's relatives and friends commented positively about the food people ate. One relative said, "They [the staff] keep an eye on what he's eating and try and encouraged healthy options." Another relative told us, "My [relative] always has a good variety of food. He goes shopping with the staff and they help with shopping lists and his menu."

People's care records included information about their healthcare needs. Staff told us if they had any concerns about a person's health they would take action to get people the healthcare input they required, for example, arranging a GP appointment. During the inspection one person had a hospital appointment early in the morning and we saw managers ensured there was staff support to enable them to attend. People had 'hospital passports' in their care records, in case they needed to go to hospital. These contained comprehensive information about the person including their diagnoses, health and care needs and other information to help hospital staff care for and understand their needs.

## Is the service caring?

### Our findings

People's friends and relatives told us that staff support people were kind and caring. Their comments included, "The staff are very good, very kind," "The staff are very good, they always spend time chatting with my [relative]," "The staff are very kind and my [relative] is very fond of his key worker" and "A lot of the staff seem to be very young but they really do care about people and they are very kind."

A social care professional told us, "Over the years I have witnessed many interactions between staff and the service users. I am pleased to say that I have always observed a mutual respect and people are supported in a kind, caring way."

When we asked staff what they enjoyed about their work they told us, "The people we work with. They deserve the best support we can give them," "It's very satisfying to see someone you work with enjoying themselves, especially when you help them to do something they've never done before" and "My job is to give people the best possible quality of life and opportunities to do the things they want to do." Staff also spoke about the importance of respecting people's privacy and dignity. They said, "This is the person's home and if they want privacy in their flats, that's fine" and "It's important to respect people, we offer choices as much as we can and respect the choices people make."

During the inspection we saw staff communicated with people in a cheerful and friendly way. They listened to people and provided advice and support appropriately. There was a relaxed atmosphere and staff took the time people needed to support them. When one person became anxious, managers and staff took time to reassure them and made sure they supported them until they were able to carry on with their planned activities.

## Is the service responsive?

### Our findings

People's relatives felt staff understood their family member's needs and adapted care and support if these needs changed over time. One relative said, "Staff do try to understand [person's name]. His needs can change and staff do make sure they keep meeting his needs." A second relative told us, "Communication is pretty good. The staff tell us about important things and any changes we need to be aware of." Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs and progress were monitored.

Comments from health and social care professionals included, "When [the service] first opened, two or three of the users were very unpredictable and could be quite challenging. However, I have noted significant improvements in their social skills and behaviour" and "I would say for the most part the quality of care is excellent. Between my visits I have witnessed marked improvements in service users."

Staff supported people to follow their interests and take part in social activities, education and work opportunities. One person said they were able to do things they enjoyed. They said, "I go out a lot and I'm going on holiday." People's relatives also told us their family members had opportunities to take part in meaningful activities. Their comments included, "My [family member] goes out a lot, watches TV and goes to social clubs. He's very happy with the things he does" and "They [people using the service] do have opportunities to do things. They have been to west end shows and outings and staff support people to go on holiday."

Staff supported and encouraged people to develop their interests or try new things. Support plans included information about people's interests and activities they enjoyed. Care records staff completed showed people went shopping, went to pubs, for walks, visited places of interest, had day trips, went on holiday and to social clubs. One staff member told us, "One of the best things about this job is people can decide what they want to do and then we help them to do it."

The provider assessed people's care and support needs before they moved to the service. They sought information from the person, their relatives and health and social care professionals involved in their care. Support staff used the information from these assessments to develop and agreed care and support plan. People's plans included their routines, interests, likes and dislikes, communication and personal care needs. People's support plans were detailed; they described individual's aims and objectives, the way they communicated, the levels of support they needed and identified any risks. All of records were kept up to date and reflected people's current needs. Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This helped the provider to review the effectiveness of each person's plan.

People had person centred plans that included their goals and aspirations and the support they needed to achieve them. For example, support plans included specific goals for the next six months and these included, support with personal finances and budgeting, menu planning addressing health care issues and daily living skills, including shopping, cooking and meal preparation. People's care records showed that

staff supported people to address the goals and aspirations they included in their plans. We also saw the provider produced people's plans in an easy read format to make the information easier for them to understand.

One of the support plans we reviewed included specific goals to enable the person to meet their cultural and faith needs. The plan included clear guidance and information for support staff on the important aspects of the person's culture and faith and how they should meet these in the service. The records showed the provider had worked with the person's family members to ensure they identified and met these important support needs.

Staff encouraged and supported people to develop and maintain relationships with people that mattered to them and avoid social isolation. People's support plans included information about how they kept in touch with their friends and family members. People using the service and their relatives were involved in developing their care and support plans. People participated in planning their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted. One relative said, "They do talk to us as we know our [relative] so well. I have read through his care plans and I have made comments on them. I have checked the right support is in place."

The provider regularly discussed and reviewed people's care and support to make sure their needs were met. People told us the name of their keyworker, but were unable to tell us if they could choose the member of staff they wanted to be their key worker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. These staff also reviewed people's care plans and updated them when necessary. The person, their relatives, a social worker and staff attended care review meetings and person centred planning meetings. People shared their views. We read two people's review notes, which were very positive about the care and support provided by staff and the service overall.

The provider took complaints and concerns seriously and used these as an opportunity to improve the service. People were given an 'easy read' guide to the service so they knew what quality of service they could expect and there was 'easy read' information displayed for people using the service explaining how to complain and who to complain to. There had been no formal complaints since our last inspection.

People's relatives told us they had received information by the provider about how to raise concerns or complaints with the service and external organisations such as the local authority and the Care Quality Commission. One relative said, "I would raise issues if I had them. I would speak to staff but I will speak to [the registered manager] if I need to. The issues are always sorted out." A second relative told us, "I've never made a formal complaint. There have been one or two minor issues but I've spoken with staff in the service and they have sorted things out."

## Is the service well-led?

### Our findings

People's relatives told us they felt the service was well managed. They knew the name of the registered manager and senior staff in the service and the provider organisation. Their comments included, "Ability seem to provide good services, we are very happy with [the Hillingdon service]" and "Communication needed to improve and it has so I think they listen to people."

A social care professional told us, "[The service] has a good staff team in place. [The managers] are very knowledgeable and I have always found them to be open, transparent and they appear to appropriately lead and support the staff team."

A second professional commented, "I meet regularly with the Assistant Director of Ability, and also the Team Leader. During these meetings, I have always found the Ability team to be extremely professional, proactive and forward thinking in terms of the services provided. The organisation has been very receptive to the local authority's proposals and have shown a high level of commitment to Hillingdon service users and their families. At a recent meeting with Ability, I was informed that the organisation had been nominated for a Customer Engagement Award as a result of their inclusion of service users in auditing similar services, again highlighting the strategies which the Local Authority very much wish to encourage. I believe we have fostered a very good working relationship with Ability both in terms of their Learning Disability and Mental Health provision in Hillingdon."

The managers and staff team in the service engaged positively with our inspection visit. They provided the information we needed and made sure we had access to records. They also spent time talking with us about their roles and arranged for us to speak with people using the service.

The Care Quality Commission (CQC) registered the service and the manager in September 2013. At that time, the service was already operating under the YourAbility Slough registration and the provider applied to register YourAbility Hillingdon as a separate location.

The registered manager had 30 years' experience of working in and managing adult social care services in local authorities and the independent sector. They told us they also managed other locations and we saw the provider had appropriate arrangements in place for the day to day management of the service and staff understood these. During the inspection, the provider received information alleging poor standards of care in the service. The registered manager and provider responded immediately, discussed the concerns with the local authority's safeguarding team and informed CQC. This showed the registered manager and provider took appropriate action to protect people using the service and investigate any concerns.

The provider had systems to monitor the quality of the service that people received and to make improvements. They met with people to review their care and supported and developed staff through regular training opportunities and supervision. Senior staff told us they recorded any incidents and accidents and used these to review and make changes to the care and support people received. For example, staff in the service had reviewed and updated generic risk assessments for all people using the

service. Staff also told us they discussed incidents and complaints at their team meetings and looked for ways to improve the service. The registered manager also reviewed any safeguarding alerts, medicine management concerns and complaints.

The provider had also arranged for people using other services to spend time at YourAbility Hillingdon to carry out a quality audit. The review team produced an easy read report for people using the service and the registered manager told us the service had implemented all the recommendations contained in the report. This included supporting people to choose the format of their support plans and providing more information about outings, activities and holidays.

The provider, managers and staff carried out audits and checks to monitor quality in the service and we saw these were up to date. For example, the provider carried out an annual monitoring visit that looked at two of their procedures. The last visit took place in September 2016 when the provider reviewed the service's emergency procedures and the assessment of people's mental capacity. The provider sent a written report to the service following the visit and the registered manager told us they had implemented all of the recommendations made. This included updating the service's business continuity plan to ensure staff had up to date guidance on the actions they should take in the event of an emergency. Senior staff in the service also completed a monthly audit of people's personal finances and a weekly audit of the Medication Administration Record (MAR) sheets for each person using the service. The registered manager also completed monthly checks of people's support plan audits and reported the outcomes to the provider's head of care and support. This indicated the registered manager and provider monitored standards in the service and identified areas for improvement.