

Ability Housing Association

Ability Housing Prospect Lane

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 4 January 2017 and was announced. We gave the provider notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

At the last inspection on 6 and 11 December 2013 we found the service was meeting the regulations we assessed at that time.

Ability Housing Prospect Lane is a domiciliary care agency which provides care services to people in their own homes. When we visited the office the registered manager told us 19 people were receiving a personal care service, 15 of whom lived in supported living accommodation and four in their own homes in the community. The agency provides a service to adults with learning disabilities.

The service has a registered manager who has been in post since 2012. 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.

People told us they were happy with the support they received and said they liked the staff. Our discussion with people who used the service, staff and review of care records showed people received person-centred care. Staff were kind, caring, knew people well and how they liked their support delivered. Care records were personalised, although some were not as detailed as others.

Staff enabled people to be as independent as possible and supported them in accessing work and recreational pursuits.

People told us there were enough staff and they were available when they needed them. This was confirmed in the staff rotas we reviewed. Staff who had been directly recruited by the service had been properly checked. However, some of the staff who had transferred their employment from the previous provider had not. The registered manager was taking steps to address this.

New staff were given induction to their role and there was a training programme to support staff in their roles. However, after induction we found staff did not consistently receive the training and support they should have to carry out their duties effectively.

Risks to people's health, safety and welfare were identified and managed, which enabled people to live as full a life as possible whilst keeping them safe. There were inconsistencies in staff understanding what constituted abuse which had resulted in some safeguarding incidents not being dealt with appropriately or reported to the local authority safeguarding team.

Safe medicine systems were in place which meant people received their medicines when they needed them.

Although, we were not assured appropriate action had been taken when two people had missed their medicines.

People received the support they needed to ensure their nutritional needs were met and that they had sufficient to eat and drink. People had access to the full range of NHS services and were supported by staff to ensure their health needs were met.

The home was working in accordance with the requirements of the Mental Capacity Act. People were asked for consent and their wishes were respected. When people lacked capacity decisions made in their best interests were recorded.

There was a complaints procedure in place which was available in an easy read version. There were no complaints recorded and people we spoke with raised no concerns.

Staff were complimentary about the management team and leadership of the service. People's views about the service were sought and acted upon. We found the provider did not have consistent governance systems in place to enable them to monitor, assess and improve the quality of the services provided.

We found the provider was in breach of two regulations. These were Regulation 13 (Safeguarding) and Regulation 17 (Good governance). You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Systems were in place to make sure medicines were managed safely. Staff told us action had been taken when medicines had been missed but this was not always reflected in the records

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment processes were not always robust as action had not been taken to ensure all recruitment checks had been completed.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were not always recognised, dealt with or reported appropriately.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not always received the up to date training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA).

People's nutritional needs were met.

People's healthcare needs were met as staff supported people in accessing NHS services.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they liked the staff. We observed staff were kind and caring and people's privacy and dignity was respected and maintained by staff.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People received individualised care and support. Care records were person-centred and reflected people's preferences.

People were supported to pursue work and recreational opportunities of their choosing.

Systems were in place to record, investigate and respond to complaints, although no complaints had been received.

Is the service well-led?

The service was not always well-led.

Staff praised the management team who were described as supportive. Some quality assurance systems were in place, however these were not always effective in assessing, monitoring and improving the quality of the service.

Requires Improvement 

Ability Housing Prospect Lane

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 3 and 4 January 2017 and was announced. On the first day four inspectors visited people in the supported living accommodation. On the second day two inspectors attended the agency office.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and contact with the local authority commissioning and safeguarding teams.

We asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with five people who used the service, four support staff, three managers and the registered manager.

We looked at four people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service.

Is the service safe?

Our findings

We found inconsistencies in the way safeguarding incidents were managed and found appropriate action had not always been taken to protect people from harm. This was because there was no evidence to show safeguarding referrals had been made. For example, when reviewing accident and incident records we saw two separate incidents had occurred where one person had been verbally abusive to another person and on a third occasion the same person had hit another person. The registered manager told us safeguarding incidents were reported to the local authority by telephone but said they did not know if these incidents had been reported and confirmed there was no record to show they had been. Another person's care records showed incidents of verbal and physical abuse between people living at the same supported living accommodation. We asked a member of the management team if safeguarding alerts had been made in relation to these incidents and they told us they had not. Following the inspection we were provided with evidence which confirmed one of these incidents had been reported to the local authority safeguarding team.

Staff we spoke with were able to tell us about different types of abuse and said they would not hesitate to report their concerns if they thought someone they supported was subject to any form of abuse. However, our discussions with the registered manager and a senior staff member showed a lack of understanding of what constituted abuse and the procedures to follow when abuse was suspected or had occurred. Although we were subsequently provided with evidence to show one of the incidents described above had been referred to safeguarding, the other incidents had not. This showed safeguarding incidents were not always recognised, although the service's safeguarding policy, and information pack provided to people who used the service, clearly showed shouting, swearing and hitting were forms of abuse. The training matrix showed ten of the 23 staff listed who worked with people in the supported living accommodation and community had not received safeguarding training. This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had taken over the personal care contract for the supported living services from another provider in April 2015 which also included the transfer of staff they employed. We asked to see the recruitment file for one of the members of staff who had transferred from the other provider. The registered manager told us they were aware not all of the required documentation to ensure staff were safe and suitable to work at the service was in place for all of the transferred staff. The registered manager provided us with a list showing when criminal record checks had been obtained for these staff from the Disclosure and Barring Service (DBS). The list showed the DBS check for 11 of the 16 staff listed had expired. We also found 13 staff had no application forms or references in their files. The registered manager showed us correspondence which identified the lack of recruitment records had been highlighted by CQC inspectors at another of the organisation's services in November 2016 and as a result of this staff had been asked to bring in their DBS certificates and complete new application forms but acknowledged this had not been completed. The day after the inspection the registered manager sent us information to show action had been taken to ensure all staff had an up to date DBS. However, we were concerned this had not been addressed sooner and concluded this was due to a lack of robust auditing systems. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at files for two staff who had been directly employed by the service and found safe recruitment processes had been followed and necessary checks had been completed.

We found there were sufficient staff to meet people's needs. People who lived in the supported living accommodation told us staff were always available and rotas showed a staff presence in each of the houses over a twenty four hour period. The registered manager told us staffing was arranged in accordance with the contracted care hours for each person with additional core support hours. Staff rotas for people receiving support in their own homes clearly defined the hours staff spent with each individual and indicated time for the staff member to travel between calls. A member of the management team told us if agency staff were needed to provide cover they were supplied through the same agency. They added wherever possible the same member of agency staff had been used to promote consistency of care. We saw procedures were in place to confirm agency staff had been subject to safe recruitment procedures.

We found risks to people had been assessed and management plans were in place to mitigate those risks. We saw incidents had occurred where people had displayed behaviour that had challenged staff and other people who used the service. Risk assessments provided clear guidance for staff to follow and we saw from records staff had adhered to these instructions. Staff told us they had received appropriate training in de-escalation techniques to help people manage their anxieties and frustration. They explained they employed these techniques to help keep people safe and to try to reduce the risks of people violating their tenancy agreement. People we spoke with told us they felt safe. One person told us about an incident involving a fellow tenant and the action that had been taken to help them feel safe when the incident occurred. When we asked another person what made them feel safe they replied, "The staff, they are always here when I need them."

People told us they were supported with their medicines. One person told us staff supported them appropriately and they always received their medicines on time. We noted one person was prescribed a medicine to be taken 'as and when required' (PRN). We asked staff if there was a protocol in place so they would know when the administration of this medicine was necessary. They explained this was not required as the person was able to inform staff when they felt they needed their medicine and this would be respected. We saw PRN protocols were in place for other people.

We checked the medicine administration records for one person and checked the stocks of medicine remaining for this person. We saw these corresponded which meant medicines had been given as prescribed and recorded accurately. Another person was supported to take their medicines independently, however, the support plan relating to this needed updating to provide clarity about where the person's medicines were stored and exactly what support the person required. Care records showed one person had missed two doses of one medicine, although staff explained the action taken this was not reflected in the records.

We saw detailed information provided for staff about the support one person required in managing their diabetes. Records showed the person was supported to manage their own insulin injections and monitor their blood sugar levels. We saw the insulin was stored appropriately, safely and securely.

Is the service effective?

Our findings

A member of the management team told us all new staff completed a four day induction at the service's head office and a further short induction to the part of the service they would be working within. Staff we spoke with confirmed they then shadowed a more experienced staff member before they worked alone. The registered manager told us following induction; all new staff went on to complete the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support.

The training matrix provided by the registered manager showed several staff had not received training which the provider had identified as core training. This included areas such as safeguarding, equality and diversity, health and safety and learning disability. The registered manager told us they were aware of these gaps and had organised three days training in February 2017 for staff who worked in the supported living accommodation. We looked at the training record for one staff member which showed they had only received one training update in the previous three years. Although we noted this staff member had not worked for the service for approximately one year, there had not been any return to work training updates on their return. We raised this with the registered manager who told us this would be addressed.

Staff records showed those working in the community received regular, six weekly supervision from their manager. The registered manager told us there had been some slippage in the supervision programme for staff working in the supported living accommodation but was taking steps to address this. They said they were confident staff could speak with their line manager at any time if they needed support. This was confirmed by staff we spoke with during our inspection.

The Mental Capacity Act 2005 (MCA) 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. In the case of Domiciliary Care applications must be made to the Court of Protection.

Staff had a good understanding of the MCA, including how this applied to people in supported living accommodation. One staff member told us some people's kitchen doors had to be locked because of the risks the equipment posed to people. We saw these decisions had been made with input from the local authority adult social care team. We saw one person had an alarm on their front door which alerted staff when they opened their door. The registered manager told us this was used during the night to alert the sleeping in staff when the person opened their door. Whilst we saw paperwork to show best interests meetings had been held relating to other aspects of this person's support, we did not see anything in relation to the door alarm. Following the inspection the registered manager advised arrangements had been made to carry out a mental capacity assessment in relation to this specific decision to determine if an application was required to be made to the Court of Protection.

People told us they were able to make decisions about how they lived their lives and that staff respected this. We saw people who used the service signed their care records to evidence their consent. We spoke with one person who explained they were supported with their medicines although they felt they could do this independently. This person confirmed they had been consulted as part of a risk management process to support them to manage their medicines safely. We saw records confirmed their involvement in the decision making process.

We saw people were supported by staff to ensure their nutritional needs were met. In the supported living accommodation we saw staff assisting people with their meal choice and preparation. One person told us staff supported them to choose meals which would assist them to lose weight. Another person said staff helped them to eat a more varied diet as when they first moved in they were only eating frozen meals and takeaways. We saw another person was being supported with a soft diet following advice from the speech and language therapy (SALT) team. Staff were keeping a food diary to monitor their food and fluid intake and ensure they were eating a varied diet and having enough to drink.

People's care records showed staff supported them to access NHS services. One person said staff helped them attend GP and dental appointments. They also told us how a particular condition they had had improved because staff had ensured it was treated every day. We saw people's care records included a 'grab and run sheet' that was used in the event of a person requiring urgent medical attention or hospital admission. This meant information would be made available to health professionals without delay in the event of a medical emergency.

Is the service caring?

Our findings

People we met during the inspection praised the staff and the support they received. One person said, "I like the relaxed atmosphere. The staff are good and I can do what I want to do." Another person told us, "It's nice here, I like it. Staff are good and help me."

We saw people were actively involved in drawing up their care and support plans. One person showed us their care plan and was clearly familiar with each section as they showed it to us. They said they were happy with their care plan and the support they received.

We saw in another person's care plan they had written their own comments at the end. For example, one entry read, "I don't like staff to do my laundry, I will do it."

We found staff promoted people's independence. One person told us they had become more independent since being supported by Ability Housing. They said they were now able to look after their own medicines and showed us the medicine administration sheets they signed when they had taken each medicine.

Staff we spoke with demonstrated a caring and supportive attitude to people. We found staff knew people really well and were familiar with their particular support needs. Staff spoke affectionately about the people they supported. People we spoke with told us they liked the staff and had no concerns. We observed staff interacting with people in a kind and patient manner.

People told us staff were respectful of their privacy and we saw this when we visited the supported living accommodation. Staff treated people with respect and provided support in an unobtrusive way and in response to people's preferences. For example, we saw staff supporting one person in making their evening meal and made sure this support was provided in a timely fashion so the person would be able to watch a favourite television programme. This person's support plan showed one of the things they did not like was being rushed.

Another person's bedroom door was closed and they did not respond when the staff member knocked and asked if they could come in although we could hear the person moving around in their room. The staff member did not enter and explained this person's privacy was very important to them and, unless there was a valid reason to do so, they would not enter the room without the person agreeing they could do so.

Is the service responsive?

Our findings

People received person-centred care tailored to meet their individual requirements and care records we reviewed generally reflected the support people needed. For example, one person told us they liked having their own flat and enjoyed living near the shops and going to the garden centre and café with staff. Staff told us this person made a list before going out shopping. We saw in the person's support plan the person had written, "I like writing lists it makes me happy."

Another person's support plan provided detailed information in pictures and words which showed their preferred daily routine. This focussed on what the person could do for themselves and how they wanted staff to support them. We looked at the care records for a third person who lived in their own home in the community. These records were very detailed and provided step-by-step guidance for staff about how they wanted to be supported with personal care tasks such as showering.

The registered manager told us they recognised some support plans were not as person-centred as others and said they were working to make sure all care records reflected this approach.

People we spoke with told us they were involved in their care planning and said their key workers went through their care plans with them. We saw people had signed their agreement to their care plans. One person told us, "They ask me what I want and like and put it in my care plan."

Staff explained people would normally be introduced to a shared house over a period of time to allow them and their housemates to develop relationships. Where people did not always consent to completing household tasks and personal care we saw care plans provided clear information about how to engage people in these tasks. Staff we spoke with explained some of the approaches they used to enable people in managing their daily lives by first engaging them in the tasks they enjoyed.

People were supported to work and pursue preferred activities and interests. We spoke with one person who told us they went out to work four days a week and described the other activities they enjoyed doing which included being part of a drama group and attending a Friday club and disco. This was reflected in their support plan. We saw people were supported to maintain relationship with people who mattered to them. For example, two people had been to stay with relatives over Christmas. One person who lived in the community had a detailed timetable which showed the daily events they attended and the support they required from staff to do so.

There was a detailed complaints procedure in place which was available to people who used the service in an easy read version. The registered manager told us people were able to raise a complaint in any format and all staff were aware of the reporting systems in place. People we spoke with raised no concerns. When we asked one person what they would do if they were unhappy about anything they said, "I'd tell the staff. They'd sort it." The registered manager told us no complaints had been received.

Is the service well-led?

Our findings

The registered manager told us about the quality assurance systems the organisation had in place to monitor the quality of the service. These included a quality team comprised of people who used the service who visited other people in the service to gain their feedback. We saw a report of one of these visits carried out with people in one of the supported living houses in May 2015. We also saw a quality audit report completed by one of the organisation's senior managers in October 2016. This was detailed and provided a list of actions with timescales for completion.

However, we found inconsistencies in how the quality of the service was monitored and assessed at a local level. There were different systems in place at the various locations and the registered manager did not always have access to these systems or oversight of what was happening in each area. For example, the registered manager told us another manager who worked in the supported living accommodation reviewed and actioned all the accident, incident and safeguarding reports which related to these services. However, when we asked to see these review records the registered manager told us they did not have computer access to this information.

We looked at some incident reports and found appropriate action had not been taken in response to these incidents. For example, one incident report dated October 2016 showed one person had missed three doses of medication and it was recommended that a review was carried out to assess if this person should still be self-medicating. We checked with the registered manager who confirmed no review had been completed. We saw another incident report dated September 2016 for the same person which showed they had fallen and had sustained an injury to their leg. When we reviewed the care records with the registered manager there was no reference to the incident and no information about the injury and their risk assessment had not been updated.

Another person's records showed on two occasions in the past year the person had missed their medicine. However, there were no records available to explain why this had happened or what actions had been taken as a result of the person not receiving their medicine as prescribed. Following the inspection the registered manager sent us a copy of the person's daily records; however, this did not provide a full explanation.

There was no overall analysis of accidents and incidents to identify themes or trends and look at lessons learnt. A manager from the supported living service showed us an annual review of incidents which they had completed in December 2015 and 2016. However, this consisted of one sentence and did not provide any detail of the incidents, when or where they had occurred or who they had involved.

Although we had been notified as required about some events that had occurred in the service, we found five incident reports where the police had been involved which had not been notified to us. The registered manager acknowledged this had been an oversight and assured us systems would be put in place to ensure this did not re-occur.

The registered manager told us they regularly visited the supported living accommodation to check care

records and speak with staff and service users. Similarly, the manager of the team providing support to people in their own homes told us they made visits to people's homes to check if staff were meeting their needs and to check staff competencies. However, both told us they did not make record of these visits. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who had been in post since December 2012. Staff we met spoke positively about the management team. One staff member said they had seen improvements in the service over the past 12 months. Another staff member told us their immediate manager was, "A brilliant, enthusiastic manager and a good communicator." They said they also knew the registered manager of the service and found them to be very approachable.

Staff we spoke with told us they enjoyed working at the service and felt well supported. They said they would recommend the service to people who needed support and also as a place to work.

The manager of the team providing support to people in their own homes showed us a profile which staff had completed about themselves. They had recently introduced this to help people get to know the type of person the staff member was and to help in matching the right staff to the right people.

A member of the management team told us satisfaction surveys were sent out to people approximately every three months. They told us five or six people were included in this each time and they made sure different people were included. They told us they reviewed responses to see if there were any common issues which could be addressed. Results of surveys were included in the providers' quarterly 'Windows' magazine sent to people in a 'You said – We did' type format.

Staff meetings were held on a regular basis and the minutes we saw showed staff were asked for their contribution to these meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and operated effectively to prevent abuse of service users. Regulation 13 (1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)