

Ability Housing Association

Ability Housing Prospect Lane

Inspection report

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Tel: 02392475384

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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 announced inspection took place on 5 June 2018.

At our last inspection in January 2017 we had found the provider had been in breach of Regulation 13 - Safeguarding service users from abuse and improper treatment, and Regulation 17 - good governance. The service had been rated 'Requires Improvement' at that time.

We had identified inconsistencies in the way safeguarding incidents had been managed. We had also found appropriate action had not always been taken to protect people from harm. Quality assurance systems had not always been effective in assessing, monitoring and improving the quality of the service. Following that inspection, the registered manager had sent in an action plan stating what action would be taken to address the breach of the regulations. At this inspection we found sufficient action had been taken in relation to the concerns identified at the previous inspection.

Ability Housing Prospect Lane is a domiciliary care agency which provides care services to people in their own homes. At the time of the inspection 19 people were receiving a personal care service, 15 of whom lived in supported living accommodation and 4 in their own homes in the community. The agency provides a service to adults with learning disabilities.

There was a registered manager in post. 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 received safe care from staff who had been trained to protect people and identify signs of abuse. Risk assessments were implemented and reflected the current level of risk to people. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing.

Medicines were administered as prescribed by appropriately trained staff who were aware of the potential risks involved in medicine management.

The service followed safe recruitment procedures to make sure that only suitable staff were employed at the agency.

Some relatives of people and staff told us that due to the turnover of staff and extensive use of agency staff, people did not always receive appropriate care. The manager presented evidence that once concerns about agency staff had been acknowledged, the staff members in question were not employed to work with people any more.

Staff received a wide range of training that matched people's needs. Staff were encouraged and supported to develop their skills and knowledge, which improved people's experience of care.

Staff were provided with supervision meetings regularly and they felt supported by the management to perform their roles.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). Records showed that people and their families were involved in the process of planning people's care. People made their own decisions about their care and support. Staff understood they could only care for and support people who consented to receive care.

People were provided with sufficient amounts of food and drink. Staff supported people to access a range of health care services which ensured people's health was monitored and maintained.

People were treated with kindness and their privacy and dignity were always respected. People were encouraged to voice their opinions on how their care should be provided and their feedback was taken into consideration. Care plans were agreed upon with each person or their close relative if appropriate, with people's rights and independence taken into account.

The registered provider had a compliments and complaints policy and a relevant procedure following the policy. People told us that complaints were responded to and resolved in a timely manner. Staff assured us they knew how to complain and that they were confident any complaints would be listened to and acted on.

Quality checks took place regularly and identified actions needed to be taken to enhance the service. The registered manager was devoted to providing people with such care so that they were able to live as independently as possible. The manager involved staff in promoting an open and positive culture. Staff knew how to put the aims and values of the service into practice so people received personalised care. Staff, relatives and other professionals spoke positively about the registered manager.

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.

Staff understood their responsibilities to protect people from the risk of harm.

Risks to people's health and well-being were assessed and actions agreed on to minimise the risks.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People were cared for by staff who had received relevant training and had the skills to meet their needs.

All staff were supported in their role through regular supervisions and discussions with their manager.

People's nutritional and healthcare needs were met and people had access to a wide range of healthcare professionals when they needed them.

Is the service caring?

Good 

The service was caring.

People were positive about the care they received and felt staff always treated them with kindness and respect.

Positive relationships had developed between staff and people.

People were involved in making decisions that affected their lives as well as care and support needs, and staff respected peoples' right to make decisions.

Is the service responsive?

Good 

The service was responsive.

Care plans were personalised, up-to-date and included specific information about people's backgrounds, events and persons important to people.

If people's needs changed, the service responded appropriately.

People and their relatives were aware of the complaints procedure and were able to raise their concerns with the management and staff.

Is the service well-led?

The service was well-led.

Staff understood the vision and values of the service and knew how to put these into practice. People benefitted from being supported by staff who felt valued and were motivated to provide them with individualised care.

The registered manager led by example. They understood the needs of the people who used the service.

There were systems in place to monitor the quality of the service provided and to promote best practice.

Good ●

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 5 June 2018 and was announced. We gave the service 48 hours' notice in advance because the location provides a domiciliary care service. We needed to be sure that members of staff and members of the management would be available in the office to assist us with the inspection.

The inspection site visit activity started on 5 June 2018 and ended on 7 June 2018. It included reviewing records kept in the office and telephone interviews with people using the service. We visited the office location on 5 June 2018 to interview the manager and office staff; and to review care records as well as policies and procedures.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and other professionals if they had any information to share with us about the services provided. Local authorities are responsible for monitoring the quality and funding for people who use the service.

We spoke with three people and six relatives over a phone and we visited three people at their homes. We spoke to the registered manager, the senior member of staff and one carer. Following our inspection on 7 June 2018 we contacted 16 members of staff

We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

At our previous comprehensive inspection in January 2017 we identified a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes had not been established and operated effectively to prevent abuse of service users.

At this inspection we found the provider had taken appropriate actions to implement the required improvements. There were policies and procedures in place for safeguarding adults from abuse and for whistle-blowing. Policies were followed and the service manager submitted safeguarding notifications in a timely manner. Staff had received training in safeguarding adults from abuse, and they knew what constituted abuse and what action they would need to take to protect people from harm. A member of staff told us, "There are different types of abuse. For example, financial with money going missing, large unexplained transactions, a service user not having any money or food, being unhappy and quiet. There is also emotional abuse. We can see mood changes, person being quiet, isolating themselves. Finally there is physical abuse. We can see unusual marks and bruising, the person isolating themselves and their mood changing". Another member of staff told us, "I would report this to the manager. If this was the manager [the perpetrator of the abuse], I would go further".

People and their relatives told us they were treated well by staff and felt safe with them. One person said, "I am happy with my support, staff are friendly and cheerful". Another person told us, "I feel safe here". One person's relative complimented staff on the care they were providing, "The staff look after him very well. I don't have to think about it, I know he is perfectly safe, someone is keeping an eye on him, he is safe and happy".

Care plans included environment risk assessments and personal risk assessments relevant to people's needs and abilities. These included the risks involved in self-administration of medicines, self-neglect and the risk of a fire while cooking a meal. The risk assessments were regularly reviewed and updated when people's needs changed.

Where risks had been identified, the management had come up with means to mitigate these risks and discussed them with the person. For example, we saw that one person had been identified as being at risk of failing to take their medicines. This could lead to further complications in the person's health. It was clearly recorded in the person's care plan that staff were to encourage the person to take their medicines, monitor side effects and document any refusals. Staff assured us they were following the risk assessment for the person, and the records confirmed it.

A thorough recruitment policy and procedure were in place. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

Some staff and some relatives of people told us that sometimes people did not receive appropriate care due to external agency staff's failure to meet people's needs. One person's relative said, "There are a lot of agency staff and the support is not consistent. He gets on with some staff and they try to encourage him, but they don't know him well enough". We spoke to the manager about this problem. They provided us with evidence that when such issues had been raised, those of external staff who had been unable to deliver satisfactory care were not used again.

People's medicines were safely managed and given as prescribed. People were supported to take their medicines as needed. There were clear policies and procedures in safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were managed safely. People's level of support was assessed and clearly described in their care plans and risk assessments.

We reviewed the incident and accident log and noted that all incidents had been appropriately documented. The registered manager reviewed the logs to identify any regular patterns of incidents or accidents. As a result, the risk of a recurrence of an incident was significantly reduced. For example, one person had been referred to an occupational therapist who had re-assessed the person which had helped to reduce the number of the person's falls.

People were protected from the risk of infection. All members of staff had received training in infection control. Staff told us that personal protective equipment (PPE), such as gloves or aprons, was always available to them.

The provider had an on-call system which operated 24 hours a day. Robust contingency plans and systems were in place to ensure the service ran smoothly outside of the office hours and in the event of untoward emergencies such as adverse weather.

Is the service effective?

Our findings

People and their relatives described staff as knowledgeable about how to meet people's needs and appropriately skilled. One person told us, "I think they know what they are doing". One person's relative said, "The staff are very good with my son, they are very approachable".

All staff had received an induction when they had first started working for the service. All staff had completed the company induction, including the care certificate. The care certificate is a set of standards that health and social care workers complete to make sure that all staff has the same introductory skills, knowledge, and behaviours to provide care and support. One staff member told us, "I have only worked for this company for a short time. I have already attended training sessions on first aid and safeguarding. Soon I am attending a two day training session on Health and Safety, after which I have dates to attend three days of induction training. I have also completed my care certificate online, and have completed all the e-learning programmes requested of me".

All of the staff members we contacted told us, and records confirmed, that staff had received on-going training to enable them to provide people with effective care. This included training in a number of different areas, such as safeguarding, first aid, administration of medicines, diabetes and autism. We asked the staff members if they felt they were provided with sufficient training and support, and their feedback was definitely positive. A member of staff told us, "The training is absolutely brilliant. We were provided with person-specific training on mental disorder and diabetes".

Records showed that staff received regular supervision sessions and staff confirmed this while talking to us. The supervision sessions enabled staff to discuss their personal development objectives and goals. A member of staff told us, "I have regular supervision, however, I would not wait for a meeting if I had an issue. I would go to the manager straight away and she would listen to me".

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. They were aware of the process to assess capacity and the fact that it is decision specific. Staff demonstrated a good awareness of the MCA's code of practice and confirmed they had received training in these areas. They assured us they understood the procedures needed to be followed if people's liberty was to be restricted for their safety. A member of staff told us, "The person may have capacity in some areas but not all or they may not have capacity at all but never assume this will always be the case as it can change. When a person makes a choice or a decision, it very well may be a bad choice or decision but does not mean they do not have capacity, it is just a bad choice or decision".

The registered manager assessed people's needs before they started to deliver care. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met. People's preferences were recorded so that staff could learn about them. This included people's preferred names, and also their life stories.

Where appropriate, details of people's dietary needs and eating and drinking requirements were recorded in their care plans. These care plans indicated people's nutritional preferences and the support they needed. For example, one person enjoyed cooking themselves, however, they required the supervision of staff. One person told us, "I make my own tea and can choose what I want to eat".

People's care records showed relevant health and social care professionals, such as GPs, dentists or opticians, were involved in people's care. However, one person's relative told us messages about health care appointments might not always be passed on due to the inconsistency of staff. According to the relative, the use of agency staff had sometimes resulted in missed appointments. We spoke to the manager and staff. The registered manager told us this issue had been raised with the agency staff and with the senior staff member. As a result, the service had re-arranged the support provided to the person and changed the staff delivering care to the person. Additional measures had been put up in place as a precaution. These included weekly spot checks by a senior member of staff, information being recorded in a new communication book, daily notes and the person's calendar.

A member of staff said, "People are always supported to speak to or make appointments with their GP and always supported to attend any GP or hospital appointments. All other health professional appointments like dentists, chiropodists, opticians are also recorded and people are always supported to these appointments. All appointments are recorded in Health Appointment Records (even conversation) and saved online into the customer's folder. Staff are informed verbally at the beginning of their shift and also appropriate message is added to the handover which is completed every evening".

Is the service caring?

Our findings

People and relatives we spoke with were all positive about the staff whom they described as kind and caring. All people we spoke with told us they had developed positive relationships with staff. One person said, "They are very nice. I'm happy living here". One person's relative told us, "They are good the staff and on the whole, he is looked after".

Staff were aware that all people who use the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the door if needed. A member of staff told us, "People are always treated with the utmost respect and whilst supporting with personal care, it is vital that their privacy and dignity are maintained to the highest level of our ability".

We saw from the care records and people confirmed that when they had started using the service, people had been involved in the initial assessment of the care they required. People's preferred names were recorded. We were told by the registered manager that care plans were drawn up to ensure each person was encouraged to maintain as much of their independence as possible.

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like personal care or dressing themselves. This helped to maintain or develop people's independence and self-esteem. A member of staff told us, "People are involved in writing their care plans. From these, their goals are identified and they are supported to achieve them. It is our aim to promote independence by encouraging people to develop and maintain their skills".

People were supported to have their personal, cultural and religious needs met. People's diversity was respected as part of the strong culture of individualised care. The care plans specified people's communication needs so that appropriately skilled and trained staff member could be allocated to meet the person's needs. For example, one person was using Makaton and the staff members supporting the person communicated with them this way. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

People's diverse needs were respected. Our interviews with the provider and staff showed that they respected people's differences and diverse needs. There was an equality policy in place. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. Records showed staff had received training in equal opportunities and diversity.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidentiality to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they were always trying to ensure staff knew how to access and how to share any personal information safely at

all times.

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. One person told us, "They helped me when my (relative) passed away. They were helping me to get through it". One person's relative said, "My sister told me she was unhappy with her keyworker, and now this has changed and she is happy now".

People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and was provided with care that was relevant to their needs. A member of staff told us, "People receive individual care and support to meet their needs because we do support plans, risk assessments and 'My Goals' with them and we assess them on a regular basis to ensure their needs are met".

People's diverse needs were respected. Our interview with the registered manager showed that the service respected people's differences and ensured people were treated equally. The provider's equality and diversity policy supported this culture.

People's preferences were recorded so that staff knew them thoroughly. This included people's preferred names, and also their life stories. A member of staff told us, "People's needs are different and we support them in different ways. Either with bank support, shopping support, going to places of interest to them, going to clubs with support and supported to work".

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as an easy-to-read format, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and using a communication board. We saw staff used signs and other specialised communication methods throughout the day. People understood staff and staff understood them.

People and relatives were aware of how to make a complaint. Each person had access to information on the complaints policy provided in an easy-to-read format. People told us they felt able to raise any concerns and were sure these would be quickly responded to. One person said, "I can complain by going to the top to get hold of the registered manager or higher up. I complained a long time ago as staff did not want to listen to me. They are listening to me now". Staff told us they supported people in raising official complaints, which was confirmed by relevant records. A member of staff said, "One of our service users had made a complaint about another service user's noise level, and banging on their door, demanding their money, which had already been given in the morning. I put my concerns across to [registered manager] and [senior member of staff]. They helped our service user write up a formal complaint. Upon speaking to the service user to see if he was happy with the response and results, they agreed they were". There were six complaints recorded since the beginning of the year. All of them had been responded to accordingly to the provider's policy.

At the time of our inspection, no one was receiving end of life care. However, people had appropriate end of life care plans in place. These included preferred place of burial or cremation, information about people to

be informed in case of death and funeral arrangements details.

Is the service well-led?

Our findings

At our previous comprehensive inspection in January 2017 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not had an effective system in place to monitor the quality and safety within the service.

At this inspection in June 2018 we found the provider had responded to our recommendations and made the required improvements. We found regular audits were completed by the service which related to incidents and accidents, training and care files. The medication audit was completed by an external pharmacy. Any issues identified through audits were acted upon and the experience gained was used to improve the service. For example, staff had been reminded about proper record keeping. People, their relatives and health care professionals had an opportunity to comment on the quality of care provided by the service via a regular survey. We saw the outcomes of the survey were positive and did not contain any negative comments. The registered manager told us that the purpose of the survey was to obtain information which would be analysed and form part of the organisation's future business development plans.

People knew the registered manager well and were confident to report any issue to them. One person told us, "I know [the registered manager]. She is managing the agency really well. She visits me sometimes".

Staff told us they felt confident to report any issue or to whistle-blow to the registered manager. A member of staff said, "My manager is very approachable and can be approached with any concerns. I do not have worries about raising a concern or whistle blowing, our customers safety is paramount. Fortunately, I have never had a concern where I have been worried about people as the staff that I work with are very professional and excel in their job role".

There was a clear company structure with well-defined areas of responsibility. Regular staff responsible for the provision of care were supported by senior staff and administration staff. A member of staff told us, "My roles and responsibilities are to keep the people safe, to promote people's independence, to support them according to their choices and to prompt and administer medications".

Staff told us they were aware of the provider's vision of the service. A member of staff said, "Our culture is transparent honesty and accountability, we welcome feedback in order to improve the service".

Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. They found the registered manager and the provider to be very supportive in their work and also to them as individuals. A member of staff told us, "I feel very satisfied with the support I have received from the management. All the staff are approachable and more than happy to help and support with any problems, queries or issues I have had".

The registered manager ensured staff meetings were undertaken on a regular basis to provide forums for staff to discuss their personal development needs and any issues relating to service provision. The process

also encouraged staff to highlight good practice and discuss areas in which improvements could be made. For example, we saw that at the most recent team meeting staff had discussed General Data Protection Regulation.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities, particularly in regard to the CQC registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service, for example, serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from the CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.