

Ability Associates Limited

# Ability Associates Limited - 77 The Street

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Ability Associates Limited – 77 The Street is a care home which provides accommodation and personal care for up to two people with learning disabilities. At the time of our inspection one person was living at the home.

This inspection took place on 28 July 2016 and was announced. We gave the provider short notice of our inspection the day before the visit. This was to ensure we visited the service at a time when people were at home.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The registered manager had not reported notifiable incidents to the Care Quality Commission. This meant information about risks in the service and the action that was taken to keep people safe had not been shared with the regulator.

The registered manager had taken action to make an application for an authorisation under the Deprivation of Liberty Safeguards (DoLS). However, details of mental capacity assessments and restrictions on the person were not included in their support plans.

The person using the service was positive about the support they received, commenting " I feel safe here. There is a staff member on duty at all times and someone sleeping in overnight. I get on well with the staff".

Medicines were safely managed. There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the person they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider assessed and monitored the quality of care and took action to address shortfalls that were identified.

We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Information about who made decisions when people did not have capacity to consent was not recorded in support plans.

Staff received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their support.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and supported people to develop and maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

### **Is the service well-led?**

The service was not always well-led.

The registered manager had not made notifications to the Care Quality Commission about important events in the service.

The registered manager demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

**Requires Improvement** ●

# Ability Associates Limited - 77 The Street

## **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 28 July 2016 and was announced. We gave the provider short notice of our inspection the day before the visit. This was to ensure we inspected the service at a time when people were at home.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. The provider 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 visit we spoke with the person who uses the service, the registered manager and a support worker. We spent time observing the way staff interacted with the person who uses the service and looked at the records relating to support and decision making for the person. We also looked at records about the management of the service.

## Is the service safe?

### Our findings

The person who lived at the service told us they felt safe and staff were kind to them. They said, "I feel safe here. There is a staff member on duty at all times and someone sleeping in overnight. I get on well with the staff".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Records showed staff had reported safeguarding concerns to Wiltshire Council and had worked with the investigation team to ensure action was taken to keep people safe.

Risk assessments were in place to support the person to be as independent as possible, balancing protecting them with supporting them to maintain their freedom. We saw assessments about how to support the person to manage risks to their safety. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep the person safe.

Medicines held by the home were securely stored and the person was supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines the person had been supported to take, a record of any medicines that had been refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist.

Effective recruitment procedures ensured the person was supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Records of these checks were held at one of the provider's other services. The registered manager sent us written confirmation after the inspection that these checks had been completed for the most recent member of staff employed by the service.

Sufficient staff were available to support the person. The person told us they had a member of staff available to support them with activities throughout the day. Staff were also confident there were enough of them to be able to provide the care and support the person needed. Staff said when another person moves into the home staffing levels will be planned to ensure people still receive one to one support at times.

## Is the service effective?

### Our findings

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 legally authorised under the MCA. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The service had been working with social care professionals and as a result, the registered manager had made an application under DoLS to Wiltshire Council. The application was in the process of being assessed at the time of the inspection. Although the registered manager had taken action to make this application for an authorisation under DoLS, details of the mental capacity assessments and restrictions on the person were not included in their support plans. The person's care file did not contain any reference to an assessment of their capacity to make decisions about their care and treatment. There was no information about decisions that had been made on the person's behalf and who was involved in the decision making process. We discussed these issues with the registered manager, who said they would take action to complete these assessments.

The person told us staff understood their needs and provided the support they needed, adding, "Staff have helped me to lose weight".

Staff told us they had regular meetings with the registered manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and there were scheduled regular one to one meetings for staff throughout the year. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

Staff told us the provider had introduced a new training programme, which they felt was an improvement. Staff said they received regular face to face training to give them the skills to meet people's needs. A support worker told us "I would like to do more in depth training on autism. I feel confident in the work I do, but would like more detail". The support worker said they were working with the registered manager to find a suitable course.

During the visit the person was supported to make their lunch. Staff supported the person to make choices and prepare the meal. There was a planned menu that had been developed with the person based on their likes and dislikes. Staff said they had alternative food available if the person changed their mind.

People were able to see health professionals where necessary, such as their GP or community nurse. The person's support plan described the support they needed to manage their health needs and there were records of regular health appointments.

## Is the service caring?

### Our findings

The person told us they were well treated by staff who were kind. They told us they were happy living in the home and got on well with staff. We observed staff interacting with the person in ways that were friendly and respectful. Staff respected the person's choices and privacy and responded to requests for support.

Staff had recorded important information about the person including personal history and important relationships. The person's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to the person and how they liked their support to be provided. This included the person's preferences for the way staff supported them with their personal care and the activities they liked to participate in. This information was used to ensure the person received support in their preferred way.

We observed staff supporting the person in ways that maintained their privacy and dignity. For example staff were discreet when discussing the person's care needs with them and ensured that support was provided in private. Staff supported the person to maximise their independence, including support to cook meals and complete household cleaning tasks.



## Is the service responsive?

### Our findings

The person told us they were able to keep in contact with friends and take part in activities they enjoyed. They said they enjoyed a range of activities, including swimming, visiting the gym, attending a social club and attending sessions at college. The person told us they had been attending a local session to support people to lose weight and were proud of their achievements. They said they had decorated their bedroom and enjoyed going to a local car boot sale at the weekend. Staff supported the person to prepare a cooked breakfast at the weekend, which the person said they enjoyed doing.

The person had a support plan which was personal to them. The plan included information on maintaining their health, their daily routines and support they needed with personal care. The support plan set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with the person's individual wishes and preferences. We noted that the plans had not been formally reviewed for two years, and therefore did not reflect changes in who the person shared the home with. Despite the lack of reviews of support plans, staff demonstrated a good understanding of the person and daily records demonstrated staff provided support to the person in a consistent way. The registered manager said they would review the plans with the person during August 2016.

The person was confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. They said they knew how to complain and would speak to staff if there was anything they were not happy about. The registered manager told us the service had a complaints procedure, which was provided to people when they moved in and was displayed in the home. We saw that the person was asked whether they had any concerns or complaints as part of the regular 'service user meetings' with their keyworker. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them.

## Is the service well-led?

### Our findings

The registered manager had not ensured important events in the service were notified to the Care Quality Commission. We saw records of incidents between people who use the service. The registered manager told us one person felt they were being bullied by another person. Records of the incidents showed incidents of verbal abuse and threats of physical harm. Staff had taken suitable action to keep people safe and had reported the incidents to Wiltshire Council under the safeguarding procedures. One person had also made allegations of abuse against a member of staff. This allegation had been reported to Wiltshire Council and the police. Following investigations it was found that this allegation was unsubstantiated. As a result of the incidents the registered manager assessed they were not able to meet the needs of one person and supported them to move to a different service. Although the registered manager and staff had taken action to keep people safe, they had not reported the incidents to the Care Quality Commission. This meant information about risks in the service and the action that was taken to keep people safe had not been shared with the regulator.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service had a registered manager who was also a director of the provider company. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Staff told us they were able to contact the registered manager when they needed to.

The registered manager and deputy manager completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The deputy manager completed unannounced visits of the service to ensure staff were working in line with the policies and procedures of the service. Feedback from people who use the service was obtained through individual meetings. The audits were used to address any shortfalls and plan improvements to the service.

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
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had not ensured they notified the Care Quality Commission of allegations of abuse and incidents reported to the police.  Regulation 18 (2) (e) and (f).