

Ability Housing Association

Rosedene and Your Ability Surrey

Inspection report

30 Claremont Avenue
Woking
GU22 7SG

Tel: 01483724404

Date of inspection visit:
14 January 2022
21 January 2022

Date of publication:
15 February 2022

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

About the service

Rosedene and Your Ability Surrey is a supported living service which provides support to people in their own homes. The service comprises four supported living properties, two in Woking, one in Staines and one in Dorking, and outreach support.

The service supported 44 people at the time of our inspection, five of whom received support with personal care. CQC only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People felt safe at the service and with the staff who supported them.

Staff focused on people's strengths and supported people to enjoy fulfilling and meaningful lives.

People were encouraged to be as independent as possible. Staff supported people to identify and achieve their goals and aspirations.

People were involved in planning their care and had opportunities to give feedback about the service. The views of people's families were sought and listened to.

Staff managed risks well to keep people safe while promoting their independence. Staff supported people to take their medicines safely and to access healthcare services when they needed them.

Right care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood their responsibilities in protecting people from abuse and were confident any concerns they raised would be acted upon. The provider's recruitment procedures helped ensure only suitable staff were employed.

People had access to staff support when they needed it. This included allocated one-to-one support hours, which people could choose how they used.

People had opportunities to take part in activities they enjoyed and to pursue their interests. Staff worked flexibly to support people in the way they wished.

Right culture:

Staff valued people's individuality, protected their rights and enabled them to lead confident, empowered lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had held workshops to ensure people had access to important information in ways they understood.

The registered manager was skilled and experienced and led by example in their attitudes and behaviours. Staff felt valued for the work they did and were well-supported in their roles.

The provider's governance arrangements were effective in keeping people safe and ensuring good quality care and support.

The registered manager and staff had established effective relationships with other professionals to ensure people received the care and treatment they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at its previous address was Good, published on 14 March 2017.

Why we inspected

This was a planned inspection based on the date of the service's registration at its current address.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rosedene and Your Ability Surrey

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in four 'supported living' settings so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant incidents. We sought feedback from professionals who had worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We talked to three people who used the service and two relatives to hear their views about the care their family members received. We spoke with the registered manager, a senior support worker and two support workers. We checked two people's care records, including their risk assessments and support plans, and the arrangements for managing medicines.

After the inspection

We reviewed information sent to us by the registered manager, including recruitment records for three staff, records of accidents and incidents and actions taken in response, audits, minutes of staff meetings and the results of satisfaction surveys completed by people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the service has been registered at this address. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on each shift to keep people safe and meet their needs. People received the one-to-one support hours that were commissioned as part of their package of care. People told us staff were available when they needed them and we observed this to be the case.
- There were vacancies on the permanent staff team at the time of our inspection and the provider was actively recruiting to these posts. These vacancies had not affected the quality or consistency of care people received.
- Vacant shifts were managed through permanent staff working overtime and one member of agency staff who worked solely at the service. Staff from the provider's other registered services were available to support the service if necessary.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider made appropriate pre-employment checks before appointing staff, which included obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff had organised a workshop to help people understand what abuse was and how to raise concerns if they felt they were being mistreated. People told us they had found this workshop useful and said they would feel confident to speak up if they had concerns about abuse.
- One person said they had spoken to the registered manager when they were unhappy with how a member of staff had treated them several years ago. The person told us, "[Registered manager] listened to me and sorted it out. She was on the case."
- Staff understood how to recognise abuse and how to report any concerns they had. They were confident any concerns they raised would be listened to and acted upon. One member of staff told us, "I would report any abuse to the manager in the first instance and I would make sure the vulnerable adult was protected."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had distributed a satisfaction survey to people who used the service in September 2021 and collated the results. The results of the survey confirmed that people felt staff supported them to stay safe in their home.
- Risk assessments had been carried out to identify and mitigate any risks to people who used the service. Staff were aware of measures to reduce risks to people and implemented these to keep people safe.
- Staff managed the safety of the environment and equipment well through checks and actions to minimise

risk.

- Lessons were learned from incidents and learning shared among the staff team.
- The provider had developed a business contingency plan to ensure people's care would not be disrupted in the event of an emergency.

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and the registered manager or senior support worker carried out assessments to check their competency. Medicines competency assessments were reviewed annually.
- People had been given information about the medicines they took in a way they could understand.
- When people were prescribed medicines 'as required' (PRN), guidance was provided for staff regarding how, when and why this should be administered. There were also protocols for staff to follow in the event that a person declined to take their medication.
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines were audited each month and were checked as part of the provider's quality monitoring systems.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) while on duty and had received training in how to use it.
- The provider had an infection prevention and control (IPC) policy and had carried out COVID-19 risk assessments for people who lived at the home and staff. Standards of IPC at the service were audited regularly.
- There were appropriate procedures in place for visitors to the service. Visitors were required to take a LFD test, to answer COVID-19 screening questions and to wear PPE.
- Staff took a weekly PCR test and a LFD test twice a week. People who lived at the service were encouraged to take a PCR test each month and had been supported to have COVID-19 vaccinations.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the service has been registered at this address. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to carry out their roles. This included training in areas relevant to the people they supported. Staff could describe how their training enabled them to provide support that met the needs of people using the service.
- All staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. Agency staff also had an induction, which ensured they were familiar with the needs and preferences of people living at the home.
- Staff met regularly with their managers for one-to-one supervision. This provided opportunities to discuss training, professional development and any changes to the support people required. A member of staff told us, "We have regular one-to-ones. I have mine with [senior support worker] or [registered manager]. They are very supportive. We set goals and talk about any training we need."
- A senior member of staff who provided supervision for colleagues said, "We talk about risk assessments and support plans, training. Anything that they want to talk about."
- Staff said there was a good sense of teamwork at the service and that they supported one another well. One member of staff told us, "We help each other out a lot. We come to each other for advice." Another member of staff said, "We have all got strengths and weaknesses. I know I could go to [colleague] for example and say, 'I need some help with this', and I know he would feel able to do the same."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved in to ensure the service was suitable for them.
- People's support plans were personalised, holistic and reflected their individual needs and strengths. Support plans contained clear pathways to achieve future goals and promoted strategies to enhance independence.
- The provider information return set out the approach underpinning the support people received, stating, 'Our service's culture is person-centred, where the customer is regarded as an individual with focus on their abilities not the disability. Each individual's unique abilities, interests, preferences and needs are incorporated into their support delivery to enhance their life.'
- People, their families and staff reviewed support plans together. People told us staff encouraged them to be involved in planning their care. Relatives said staff involved them when their family members' support was being planned. One relative told us, "They do consult us. We have regular meetings with them. They involve us as much as possible." Another relative said, "We meet with [family member's] keyworker, [senior support worker] and [registered manager], who is very knowledgeable."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health. People told us staff supported them to make an appointment with a healthcare professional if they felt unwell.
- People were encouraged to have an annual health check and staff had developed a hospital passport for people in the event that they needed admission to hospital.
- Relatives told us staff monitored their family members' health and supported them to access medical treatment if needed. One relative said, "They monitor [family member's] health, they are on the ball with that, and they take her to appointments."
- Staff communicated with healthcare professionals when necessary to ensure people had access to the care and treatment they needed. For example, staff had arranged an assessment with an occupational therapist for one person, following which adaptations were made to the person's flat to make it safer and more accessible for them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to make choices about what they ate and were encouraged to be involved in food shopping and cooking. Staff had arranged a workshop to give people information about healthy eating and supported people to plan weekly menus which promoted these principles.
- No one at the service had needs in relation to eating or drinking and all were able to eat a regular diet. When people had developed needs relating to eating and drinking in the past, staff had arranged a speech and language therapy (SaLT) assessment, following which guidelines to support the person to eat and drink safely had been put in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. All the people using the service had capacity to make decisions about their care. People also had a relative to act as Power of Attorney if necessary if they became unable to make informed decisions.
- Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this. There were no restrictions involved in people's care.
- Staff had worked with people to help them understand consent and their right to refuse care and treatment if they wished.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the service has been registered at this address. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff treated people as equals and created a warm and inclusive atmosphere.
- People said they enjoyed living at the service. They told us they got on well with the staff who supported them and enjoyed their company. One person said of the staff, "I like them all. We always have a good laugh." Another person told us, "I love living here."
- Relatives told us their family members had established positive relationships with their housemates and staff. They said their family members felt at home at the service. One relative told us, "It's very suitable for [family member]. She gets on with the other people there and she gets on well with the staff." Another relative said, "I am pleased with it and [family member] is very settled there. She always says she doesn't want to go anywhere else."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were able to be involved in planning their care. People met regularly with their keyworkers to set and review goals and to plan the week ahead. Relatives told us they were able to contribute to their family member's support plans.
- People who returned satisfaction surveys in September 2021 confirmed staff listened to them and that they felt able to discuss and plan their support with staff.
- People told us staff respected their decisions about their care and provided support in the way they preferred. One person told staff they wanted the opportunity to form a relationship. Staff supported the person to understand different types of relationships and accompanied them to social events where they could meet people and socialise.
- Staff understood the objectives of the service in terms of empowering people to make choices about their care. When we asked what the service did well for people, one member of staff told us, "We give them choices. They make choices and we support them." Another member of staff said, "We empower them as individuals."
- Staff encouraged people to be independent and to develop new skills, such as menu planning and cooking. One person told us they could do more for themselves since moving to the service. A relative said of their family member, "They encourage her to be independent. She wanted to go shopping on her own and they supported her with that."
- Staff were committed to the service's ethos of promoting independence. One member of staff told us, "We support them to live independently as much as possible. It's good to see their achievements and it gives

them a sense of satisfaction too."

- People told us they could have privacy when they wanted it. They said staff respected their right to spend time alone and not to be disturbed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the service has been registered at this address. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned to meet their individual needs and preferences. Each person had a number of allocated one-to-one support hours each week and could choose how they used these hours.
- People who responded to the satisfaction survey distributed in September 2021 confirmed the support they received was flexible enough to change if they did not want to stick to a fixed plan.
- Staff were committed to supporting people in a way that focused on their quality of life outcomes. They spent time with people understanding how their goals and wishes could be achieved. One member of staff told us, "We design their schedules with them. They can choose how they use their [support] hours." Another member of staff said, "They have individual support plans and goals. We ask them, 'What do you want to do?' And we try and support that."
- Staff worked flexibly to support people in the way they wished. For example one member of staff told us they had changed their working pattern to support people to go to the theatre.
- People had opportunities to take part in activities they enjoyed. They told us staff supported them to plan and attend activities of their choice. We saw evidence that staff had helped people plan trips to places they wanted to visit.
- One person said, "We do a lot of things. I go out to [partner's home]. We go out for walks, to the leisure centre, to the café." Another person said, "Sometimes we do a plan. I love going to the cinema and the theatre."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were discussed and recorded during their initial assessment. Any needs identified were documented in people's support plans.
- Staff ensured information was available to people in ways they could understand. For example, staff had used resources from organisations including Mencap and the British Institute for Learning Disabilities (BILD) to make information available in an easy-read format. This enabled people to understand access important information about their rights and specific situations when these have arisen, such as medical procedures.

Improving care quality in response to complaints or concerns

- Staff had organised a workshop to support people to understand how to make a complaint if they were dissatisfied, either about the support they received at the service or in other areas of their lives, such as

shops and other services.

- Information about how to complain was provided in ways people could understand. No complaints had been made recently but we saw that, when complaints had been made in the past, people's concerns were listened to and action taken to put things right.
- Staff supported people to make complaints where they had received poor care from other health and social care providers. For example, one person had been supported to complain about the treatment they received in hospital. The person received an apology and the hospital took action to improve things for the future.

End of life care and support

- No one at the service was receiving end of life care, although people had been given opportunities to express their preferences about the care they would like to receive towards the end of their lives.
- Staff had arranged a workshop to help people understand information about end of life care. Some people chose not to participate, other people chose to attend the workshop and express their preferences about the care they would like to receive.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since the service has been registered at this address. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had instilled a culture in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A member of staff told us, "I really enjoy working here because I love interacting with the customers and supporting them to have the best life possible." Another member of staff said, "I love it here. You get to see how people's lives change."
- The registered manager was visible in the service, approachable and took a genuine interest in what people, relatives, staff and other professionals had to say.
- Relatives told us the service was well-managed and that the registered manager provided good leadership by example. One relative said, "We are very satisfied with [registered manager] and [senior support worker] and their efforts." Another relative told us, "The managers are very good. [Registered manager] is lovely. She tries really hard."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear oversight of the services they managed. One member of staff said of the registered manager, "She has got a wealth of knowledge behind her. She will steer anybody in the right direction if they go to her."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The provider's values and commitments were set out in a document called Ability Positive. These commitments formed the basis of one-to-one conversations with staff and were discussed at team meetings.
- Governance processes were effective and helped to keep people safe, protect their rights and ensure good quality care and support. Key areas of the service, such as medicines management and IPC, were audited regularly.
- Staff were committed to reviewing people's care and support on a regular basis as people's needs and wishes changed over time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local

authority and CQC, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had opportunities to give feedback about the service. House meetings took place regularly, supported by staff, at which people were encouraged to give their views about their support and how the service was run.
- Staff felt respected, supported and valued by the registered manager and senior staff which supported a positive and inclusive culture. One member of staff told us the registered manager and senior support worker were, "Always approachable; they are always willing to help." Another member of staff said, "The support here is excellent. If I had a problem, I know that I could go to either of them and they would support me."
- Staff were supported to progress in their roles and to develop their skills and experience. One member of staff told us, "I could not ask for a better management team than [registered manager] and [senior support worker]. They have supported me to get my NVQ level 3. They have helped me develop."
- The provider had achieved accreditation with Investors In People. This accreditation demonstrates that employers promote the health, wellbeing and development of staff.

Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was obtained when needed to ensure people received the support they required.
- A professional told us, "I found [registered manager] extremely experienced and supportive with regards to an issue where a service user required support." Another professional said, "In my experience, [registered manager] is very proactive and communicates effectively."