

Ability Housing Association

Your Ability - Slough

Inspection report

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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

Your Ability Slough provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support. Your Ability Slough provides a service to adults of all ages with a learning disability, autistic spectrum disorder or mental health conditions.

At the time of the inspection 22 people used the services provided by Your Ability Slough. However, not everyone received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 17 people were receiving the regulated activity.

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

People's experience of using this service:

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People felt safe with the staff who supported them. Staff were trained and knowledgeable in how to protect and safeguard people from abuse. They understood their responsibilities to report concerns and were confident action would be taken promptly when necessary. Medicines were managed safely, staff were trained and assessed as competent to assist people with their medicines. Risks to people and their well-being were assessed. Plans to reduce and mitigate risks without restricting people's freedom were in place. A robust recruitment procedure was followed to ensure as far as possible only suitable staff were employed. There were sufficient staff to meet the needs of people safely. Staff had been trained in infection control and used personal protective equipment appropriately. Accidents and incidents were reported, investigated and monitored to reduce the likelihood of recurrence.

People received effective support from staff who were trained and had demonstrated the necessary skills to fulfil their role. Staff felt well supported by the registered manager and other managers. They were provided with regular supervision meetings as well as opportunities to meet as a team. People were supported to plan and prepare their meals. Staff encouraged people to think about healthy eating options. People's healthcare needs were monitored; staff sought advice promptly from healthcare professionals when necessary and called emergency services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People told us staff were kind and patient. Staff had formed good relationships with people, they knew their individual needs well and demonstrated understanding. Staff protected people's privacy and treated people with respect. People and when appropriate relatives had been involved in making decisions about their care and support. Staff worked hard to encourage people to build and maintain as much independence as they were able to.

The service was responsive to people's individual needs and took account of their personal preferences in relation to culture, beliefs and protected characteristics. Staff knew people very well and paid attention to following their preferred routines. Individual support plans were person-centred and detailed the diverse needs of each person. The service provided flexible support to accommodate people's individual wishes and preferred routines. Complaints were recorded and managed in accordance with the provider's policy; people were aware of how to raise concerns and who to speak to. The Accessible Information Standard was being met. Staff employed a variety of communication methods to ensure people were able to understand information.

The service was well-led, the registered manager and senior managers provided strong leadership. Staff felt supported in their roles and could seek advice when necessary. Records were relevant, complete and reviewed regularly to reflect current information. There was an open and honest culture which supported person-centred and individualised care and support. Staff had received training on and were clear about the values of the service. Feedback was sought from people and stakeholders which was used to monitor the quality of the service. Quality assurance audits were conducted and used to make improvements.

Rating at last inspection:

At the last inspection the service was rated Good. The last inspection report was published on 4 August 2016.

Why we inspected:

This was a planned inspection to confirm that this service remained Good.

Follow up:

We will continue to monitor any information we receive about the service to ensure care and support remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services. However, we may return sooner if any information of concern is received.

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Your Ability - Slough

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

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 the service 48 hours' notice of the inspection visit because people who used the service are often out of their homes and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who use the service. We spoke with six members of staff including the registered manager, the director of care and support, the support services manager and three support workers. We observed staff interacting with people and supporting them to prepare meals. We looked at records relating to the management of the service including four people's support plans and associated records. We reviewed the medicine administration records for four people and inspected three staff files including recruitment records. We checked records of accidents and incidents and looked at handover and communication documentation. We reviewed minutes of meetings and a selection of quality

assurance audits and health and safety records.

Following the inspection, we requested and received feedback from the local authority commissioners and community professionals as well as the local safeguarding authority.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. When asked if they felt safe with the support workers, one person said, "Yes." Then nodded emphatically and smiled. Others agreed and told us they could speak to their keyworker or the registered manager if they had any concerns.
- Staff were trained in safeguarding and protecting people from abuse. They were knowledgeable regarding types of abuse and signs to look for. They understood their responsibilities regarding reporting concerns and were confident appropriate action would be taken.
- The provider had safeguarding policies and procedures in place. Information regarding these was displayed clearly in the service in formats accessible to both staff and people who use the service.
- We looked at the safeguarding incident log and found concerns had been responded to and escalated to the local safeguarding authority.

Assessing risk, safety monitoring and management

- Risks relating to people and the support they required were assessed. Plans were in place to manage and mitigate risks and formed part of the person's support plan. They were reviewed regularly and whenever there was a change in a person or their circumstances.
- The service encouraged positive risk taking and people's support plans contained guidance for staff to help minimise risk without restricting people or their independence. For example, encouraging people to access the community independently but having means of contacting the service should they require assistance.
- Staff supported people to be aware of their own safety. Fire safety was discussed monthly with people during keyworker sessions and each person had a personal emergency evacuation plan. Professional fire training had been provided to people using the service.
- People were supported to understand risks to their safety and to keep themselves safe. For example, one person was reminded about checking who was at their door before opening it. A staff member commented, "We keep reminding [name] to check, he is friendly and could let anyone in, he's so vulnerable."
- Although ensuring the premises and equipment was safe and fit for purpose, was the responsibility of the housing provider, the service supported people to complete safety checks of their environment. These included checks of fire safety equipment; including alarms and means of escape, as well as electrical appliances and assistive equipment. The provider and registered manager worked with the housing provider to help ensure the premises were maintained and kept safe. Defects were reported promptly and followed up until resolved.

Staffing and recruitment

- The provider had a robust recruitment procedure which had been reviewed since the previous inspection to include a full employment history and a declaration of health. We noted there had been no new staff employed since the last inspection and the staff team remained stable. However, recruitment to cover long

term absence was underway at the time of the inspection.

- The number of staff required was determined by the needs of the people using the service. Adjustments were made to increase staff numbers to accommodate activities or increasing needs of people.
- There was an on-call system which staff were familiar with should they require support. When necessary agency staff were used to cover sickness and absence. Agency staff profiles were requested and checked before they worked with people.

Using medicines safely

- People received their medicines safely and at the time they required them. Each person had an appropriate place to store their medicines safely in their own flat.
- Staff had been trained in the safe management of medicines. One told us, "We must get this right, we check and check again." Competency checks were carried out to ensure staff followed correct procedures and they had the skills and knowledge to manage medicines safely.
- Medicine records were maintained to a high standard and audited for any errors. Medicine Administration Records (MAR's), showed they had been completed accurately and consistently, with running balances which helped auditing and stock control.

Preventing and controlling infection

- Staff supported people to keep their environment clean. People and staff told us gloves and aprons were used when supporting people with personal care to help prevent the spread of infection.
- Staff had received training in infection control and prevention.

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and appropriate actions taken.
- All reported incidents were reviewed weekly at care and support manager's meetings and again monthly at senior management level. Evidence showed actions and learning was taken and shared with the staff team to reduce the likelihood of recurrence.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were supported by the service. This ensured the service could meet people's individual needs and expectations.
- People's likes, dislikes, cultural preferences and beliefs had been captured and included in their care and support plans.
- Care and support plans provided detail of people's own views on how they manage aspects of their lives and the support they wished to receive. People had been involved in reviewing their care and support plans which had been updated to reflect any changes.
- The goals and outcomes people wished to achieve were discussed with them. Staff told us people were able to choose how they received support., "This is a flexible service and we work according to their wishes."
- Care and support plans provided sufficiently detailed guidance and information to enable staff to provide effective support for people in the way they preferred.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This was comprised of four days training which included areas considered essential by the provider. Core training for staff included topics such as safeguarding, support planning, mental health awareness, equality and diversity and first aid.
- Staff we spoke with praised the training they had received and felt it equipped them with the skills to do their job. One said, "It's good, we do a lot of training, some face to face and also on-line." Records confirmed training was up to date. People were confident in the skills of staff, when asked, one person said, "They do well."
- Staff told us they felt supported by the management team, they confirmed they had regular one to one supervision meetings with their line manager and an annual appraisal of their work. Records showed they had the opportunity to discuss their work practice and future training and development. One said, "I feel supported, especially through appraisal. It motivates you and you feel you're appreciated."
- In addition to the formal support, staff told us they could seek advice whenever necessary. One said, "I can go to [registered manager], she will listen and definitely act."

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

- People received support and encouragement to plan and prepare healthy, balanced meals. Staff told us they were mindful of people's right to choose what to eat and respected their wishes. However, they offered information and guidance on healthy eating to inform their choices.
- Staff monitored people's nutrition and encouraged them to drink fluids to remain hydrated. We saw pictures of foods were available to help people think about menu planning and they were encouraged to create shopping lists. A staff member explained how they supported someone who needed help to

recognise what was healthy and may automatically chose something less so. "We talk about the different things and think about them, then usually they will choose mostly healthy things and just have something less healthy for a treat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service continued to work with other community stakeholders, such as the housing provider, social workers, local authority commissioners, day centres and health professionals to provide effective care and achieve positive outcomes for people.
- People had hospital passports which were used if they were admitted to hospital. They included personalised information to help other professionals provide effective support and communication.
- People were supported with their health and well-being needs. Staff supported people to make and attend health appointments and recorded any outcomes or advice in the person's medical journal. Health professionals had been contacted when people were unwell and emergency services called when appropriate.

Adapting service, design, decoration to meet people's needs

- People were supported to make their flats individual to their own wishes. We saw people had made them personal to reflect their interests and tastes.
- When necessary the registered manager had worked with the housing provider and other professionals to make adaptations to meet the needs of people. For example, one person had a bath chair and grab rails fitted to enable them to remain as independent as possible with personal care.

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

- 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. Staff had been trained to understand the requirements of the MCA and could tell us how it related to their work.
- Staff acknowledged people's rights to make their own decisions and explained how their choices were respected. "They decide what is going to happen, it's up to them." They then explained how providing information to people was essential to help make decisions.
- People told us staff sought their consent before supporting them and we observed staff checking people were happy to be assisted.
- When people lacked the mental capacity to make specific decisions such as managing financial affairs or accepting medical intervention, an MCA assessment had been undertaken. Any decisions were then made in the person's best interests by relevant professionals and when appropriate family members.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the support they received. Staff were described as being lovely, nice, good, helpful and kind. Comments included, "I get on well with the staff, we work together." and "I like them very much."
- Observations during the inspection demonstrated how staff had developed a good rapport with the people they supported. People were happy to see staff and greeted them in a welcoming manner. They engaged readily in conversation, which was relaxed and natural. We noted people enjoyed a joke and humorous banter with staff members.
- People said they enjoyed spending time with staff and we noted how, when some people sought the company of staff, they were responded to positively. Their requests or questions were answered respectfully. A member of staff told us one person may seek staff to ask the same questions repeatedly. They explained, "It doesn't matter how many times [name] asks the same question, I always respond to it as though it's the first time he's asked it. It is important to him and it must be answered each time."
- We saw the registered manager interact with people who use the service when they visited the office. It was evident they were familiar with each other and the registered manager's approach was natural, putting people at ease and offering reassurance when necessary.
- People were supported to be as independent as they were able to be. People's support plans included goals to increase people's independence which they had chosen to work toward. Staff engaged people in all aspects of their lives, supporting them to make choices and be in control. One told us, "We must promote independence, we are just in the background."
- Confidential information was stored securely in locked filing systems or on a password protected computer system.
- Staff had a good understanding of protecting and respecting people's human rights. They had received training in equality and diversity and described the importance of acknowledging and promoting each person's individuality and uniqueness. They gave examples of how they supported people to follow beliefs and culture.
- People were treated with dignity and respect. Staff rang door bells and called to people to announce their arrival, asking if they could come in. They told us they protected people's dignity when supporting personal care by making sure doors were closed so nobody could walk in unannounced.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all aspects of their care, making decisions about how they wished to be supported and what they wanted to do each day.
- People were engaged in meetings with their key workers monthly to review and reflect on what has been

going well, the support they have received and progress towards achieving goals. They were supported to reflect on issues and express their views.

- Meetings for people who use the service were held regularly and included opportunities to provide training for people. For example, the fire brigade had completed a session on fire safety in the home. Minutes were taken and distributed in a format that was accessible to all. These meetings also provided a forum for people to raise issues and receive information from the service.

- Questionnaires were used to ask people, families and other stakeholders their views of the service. The registered manager told us the results of this survey were collated, analysed and used to inform improvement plans. The results of the survey were published and shared with people, their relatives and staff.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support plans included detailed person-centred information. The service had collated people's information from a comprehensive needs assessment and used it to create individual support plans. Personal preferences and life-style choices were incorporated into the support plans.
- People received responsive care and support which was personalised to their individual needs and wishes. Staff were knowledgeable regarding people's individual needs. They could clearly explain how they provided support that was specific to each person. One said, "We support people according to their wishes. It is person-centred, specific to how and when they want it."
- It was evident from people's files they had been involved in discussing and reviewing the support they received. We saw how they had provided their own personal view on their abilities and progress when reviewing goals and stated how they wished to move forward.
- The service was meeting the Accessible Information Standard (AIS). The AIS states that organisations that provide adult social care must ensure that people who have a disability, impairment or sensory loss get information that they can access and understand. They must receive any communication support they need. We saw there was information in people's support plans about their communication skills. Staff were aware of any specific needs people had in relation to communication. The service had developed easy read information for many different aspects of the service and used pictures, drawings and objects of reference to communicate with people.

Improving care quality in response to complaints or concerns

- There was an effective system for complaints management and people who used the service were provided with information about how to complain in an easy read format. We looked at the complaint log and found complaints were investigated and responses were made in a timely manner. We saw how complaints had been used to make improvements for people.
- People told us they felt confident to raise their concerns. They said, "I would talk to [name] my keyworker." and "Tell the office."

End of life care and support

- The service did not support anyone with end of life care needs at the time of the inspection. However, people were given the opportunity to discuss and plan for the care they wished to receive at the end of their life if they wished. The registered manager told us, "People have the opportunity to discuss their wishes but if they don't want to, we respect that. We also talk to families to find out about cultural practices and preferences."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had an extensive knowledge of the needs of the people supported by the service. They had taken time to get to know about people, their backgrounds and needs. The registered manager worked alongside staff to support people and we observed people came to speak to the registered manager on a frequent basis. They explained this helped them to have a greater understanding of people, enabling them to advise staff as necessary.
- We found there was a culture of openness and honesty. Staff told us and records of staff meetings confirmed incidents were discussed, this allowed the staff team to share thoughts and learn.
- The provider and registered manager had values that put people at the centre of the service and were referred to as 'AbilityPositive+' values. They told us that these values encouraged valuing differences and discouraged discrimination. All staff had undergone training in working to these values. One staff member commented, "This training helps us to problem solve to meet values. It makes us focus on ability not disability."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an experienced registered manager who had been in post for a significant number of years. Staff reported that the registered manager and senior managers were supportive and approachable.
- People and staff spoke positively about the service and how it was managed. Comments included, "I like living here, it's a good place to live." "I'm happy in my job, the people I work with and the staff team." "It's a good team, we work closely and there's no discrimination between anyone."
- Staff had access to policies and procedures stored electronically. Policies were updated at provider level to ensure the most up to date guidance was available to staff.
- The registered manager understood their regulatory requirements. The registered manager had sent relevant statutory notifications to CQC, to inform us of events in the service such as safeguarding referrals, accidents and incidents.
- Staff were encouraged to develop and complete recognised qualifications. The provider had invested in a leadership programme for senior staff and managers as they believed, "Services are well led when managers are equipped with skills to provide high quality services." Additionally, a training and development manager had been employed specifically to source relevant training for staff.
- The quality of the service was regularly monitored. The provider and registered manager carried out a range of quality assurance checks to monitor and improve standards at the service. In addition, an external auditor had been engaged to conduct an independent audit of the service. We found the results of the audits were

used to inform the improvement plan and actions were taken and reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service maintained links with a wide range of community agencies and organisations that benefited the people receiving support. People accessed a variety of services and activities in the community including day centres, support groups, horticultural allotments and social settings such as the cinema. Some had been supported to attend college and seek work.
- A system of peer auditing was carried out by a team of people who use the service, known as 'The Q Team'. They visit and speak to other people and prepare a report. The registered manager told us they were expecting a visit shortly and following the visit an action plan to work on their recommendations would be put in place.
- Regular staff meetings were used to discuss practice, revisit and reinforce training and consider how best to achieve positive outcomes for people. Information was shared at these meetings to ensure staff were kept up-to-date of any developments or changes. Staff told us meetings provided opportunities for them to air their views and make contributions, they said they felt listened to and told us action plans were drawn up and reviewed at each meeting.
- The service had an inclusive and empowering culture. The views of both people and staff were sought and acted on and they were involved in making decisions about how the service was run.
- Records showed the service worked collaboratively with a range of professionals to ensure the care and support provided met people's needs. They included the community learning disability team, psychiatrists, pharmacists, chiropodists and dentists.