

Able 2 Achieve Limited

# able2achieve Office

## Inspection report

23-25 Princes Street  
Yeovil  
Somerset  
BA20 1EN

Date of inspection visit:  
16 August 2016

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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 inspection was announced and took place on 16 August 2016. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to visit people in their own homes.

Able2Achieve provides personal care and support for people with a learning disability to move to more independent living. The care and support is provided for people living in supported living houses with shared occupancy and to people living in their own home in the Yeovil area. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support for 20 people. The level of personal care provided is minimal and most of the support they provide is about learning to live and work independently within society. We visited two supported living properties to meet people and to discuss the care they received. Four people agreed to talk with us at the supported living properties and three other people met us at the Able2Achieve office. We also observed how people interacted with staff and whether they were relaxed and happy.

This was the organisations first inspection since they registered the new office in April 2014.

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 were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed close relationships had been built with people. Staff had a very in-depth understanding of people's needs and how they preferred to be supported both in their home and within the community. People were able to talk with senior staff in the office at any time as there was an open door policy and all staff in the office knew them well. People who received care and support from Able2Achieve told us they were happy with the service provided. They said the registered manager and staff were open and approachable and cared about their personal preferences and maintaining their independence. One person said, "They are all great I can talk to anyone at any time and nobody says go away."

People told us they received care from learning support workers who were knowledgeable about their needs and were appropriately trained to meet them. Learning support workers had access to training specific to their roles and the needs of people, For example they had attended training in the use of alternative communication aids such as Makaton. Staff told us the training they received was good one staff member explained how they had received training specific to managing diabetes for one person. This enabled them to manage menu planning and a healthy diet.

People said they were cared for and supported by learning support workers who were polite, compassionate and caring. One person said, "They are all very kind to me and they care about what I want." We observed they had a very relaxed and cheerful relationship with the learning support workers supporting them during our home visit and throughout the day.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. All support plans included written consent to care if people agreed to sign. Learning support workers had comprehensive information and guidance in support plans to deliver consistent care the way people preferred. One staff member said, "The support plans are really good they are written with the person so they have a say in what they want."

The registered manager and directors have a clear vision for the service. Their mission statement says, "Our mission is to enable personal achievement and progression by developing essential skills and self-confidence through learning, living and working." Their core values are, "Opportunity, choice and respect." These values and mission were reflected in the way staff talked about their roles and how they supported people. Staff were passionate about the way they promoted independence and supported people to develop and progress, building on confidence and meeting goals.

The service had a complaints policy and procedure that was included in people's support plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

## 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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

Staff ensured people had given their consent before they delivered care.

### Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

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

**Good** ●

The service was well led.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

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## 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 was announced and took place on 16 August 2016. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service and we needed to be sure that someone would be at home.

Before the inspection, 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Able2Achieve provides personal care and support for people with a learning disability to move to more independent living. The care and support is provided for people living in supported living houses with shared occupancy and to people living in their own home in the Yeovil area. People who live in the shared supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to 20 people. The level of personal care provided is minimal and most of the support they provide is about learning to live and work independently within society. We visited two supported living properties to meet people and to discuss the care they received. Four people agreed to talk with us at the supported living properties and three other people met us at the Able2Achieve office. We also observed how people interacted with staff and whether they were relaxed and happy.

We spoke with seven staff members as well as the registered manager, director and a family member. We looked at records which related to people's individual care and the running of the service. Records seen included four care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

People told us they felt safe with the staff and living in the shared occupancy supported housing. One person said, "Yes always safe here. I am very happy." Another person said, "I have always felt safe. They are all very good to me." One relative said, "I feel [person's name] is very safe with Able2Achieve, can't get any better really."

People were protected from harm because staff received training in recognising and reporting abuse. Staff told us, and records seen confirmed that all staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One learning support worker said, "There is no question they wouldn't act properly they are all very professional and would ensure all measures were taken to keep people safe and support them if they needed help." Another learning support worker said, "They listen to what we say and would act immediately if we thought there was a problem."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Able2Achieve until their DBS check had been received.

Support plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to activities such as riding a bike and doing manual work in the garden. Risk assessments also covered the support in place for managing epilepsy whilst having a bath in private. One learning support worker explained, "They are young adults. They have the right to take risks within reason the same as us all." One person explained how they couldn't go swimming and all staff were aware but were supported to go the gym which they liked.

Staff informed the senior learning support worker or registered manager if people's abilities or needs changed so risks could be re-assessed. We saw support plans had been up-dated following changes in the risk assessments. For example one person was experiencing changes in their lifestyle; the care plan was reflective of the changes and risks to both staff and themselves.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Support plans clearly showed the hours people were funded to receive one to one personal care and support as well as when care and support was on a shared basis. The registered manager confirmed they had an on-going recruitment programme to ensure they had sufficient staff to meet people's needs.

Some people required assistance with their medication. Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, prompting or reminding a person to administer prescribed medication from a blister pack. Risk assessments were in place to show the level of understanding the person may have about the importance of taking their medicines and their ability to manage them appropriately. For example a best interest meeting and decision had been made for one person who did not understand fully the risks of not taking their medicines. Support plans also included protocols for using as required medicines. For example one person would ask for paracetamol whilst not understanding the risks behind taking too many painkillers. The protocol suggested alternatives such as offering a drink or using a cold flannel to the forehead, before administering the medicine.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. If learning support workers handled people's money as part of their personal care package they kept a record of, and receipts for, all monies handled.



# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person laughed and said, "Don't think you can teach [staff member] much more, they know it all." Another person said, "I think they are all very good, they know what they are talking about and help me a lot." One relative said, "I think they have a very good understanding of [the person's name] and they keep me involved."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. The registered manager confirmed the induction was in line with the Care Certificate. This is a nationally recognised training programme for all staff new to providing care. Records showed the induction included medication training and competency checks, safeguarding vulnerable people as well as an introduction to the organisations policies. One staff member said the induction programme was "more robust now and we outsource to trainers for specific areas we want covered."

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, manual handling, medication, safeguarding vulnerable adults, health and safety, food hygiene and first aid. Staff confirmed they could also attend further training related to specific needs. For example, one person had developed diabetes, an external trainer was found to support staff with menu planning and healthy eating. This enabled the person to manage their diabetes safely. Staff had also received training in communication aids such as Makaton for people with difficulties communicating verbally. One staff member also confirmed they had access to training relating to the safe management of epilepsy and positive interventions when faced with challenging behaviours. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications such as an NVQ or diploma in health and social care.

People living in one of the supported living houses explained to us how they chose the meals they wanted to cook and how they were supported by staff to cook their meals and plan a healthy diet. One person explained how they had not liked most food before they had started to explore a varied diet with their learning support worker and now ate most things.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Support plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists

People were supported by staff who received regular one to one supervisions. This enabled staff to discuss working practices, training needs and to make suggestions about ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. A matrix confirming staff had received supervision and had one to one meetings planned was readily available.

People only received care with their consent. Support plans contained copies of up to date consent forms which had been signed by the person receiving care. One person said, "They can't do anything without asking me and they always do. It's my home I'm the boss." One learning support worker said, "It's the person who takes the lead, we could do nothing without their consent and we always ask what they want to do. That doesn't mean we do not explain what the outcomes might be but it is up to them to make an informed decision."

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 records for one person showed a best interest decision had been made following discussions with family and social workers about managing their personal hygiene. The support plan was very clear about the process followed and the outcomes for the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met. At the time of the inspection nobody was being deprived of their liberty. However the senior learning support workers and the registered manager all had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. One person said, "They are all very kind and very nice." Another said, "I like them all. They are really nice." One relative said, "The job can be difficult sometimes but they all seem very caring people." One staff member said, "The organisation is very caring, they care about the people we support but they also care about their staff, they are always there to listen." Staff spoke passionately about their work and how they could support people to develop.

There was a consistent staff team which enabled people to build relationships with the staff who supported them. One learning support worker explained how they worked as a team to build trusting relationships with people. Another learning support worker said, "We all work really well as a team at the moment with [person's name]. We need to show we care about the outcomes for them as a whole with the same message each day."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Learning support workers supported people to follow interests and hobbies and maintain contact with their local community. Learning support workers encouraged people to be as independent as they could be. Staff saw their role as supportive and caring and were keen not to disempower people. One staff member said, "It's about recognising small goals and helping them achieve small steps then building on that, to the next small step."

All learning support workers spoken with confirmed they supported people in a way that respected their privacy. When we visited one shared accommodation the learning support worker had asked people if they were happy with us visiting. When we arrived we waited for the person to invite us into their home. We were introduced to people and they were asked if they were happy to talk with us. During our visits we did not observe personal care however; we did observe a relaxed and friendly relationship between people and the learning support workers. They were very happy and cheerful throughout the visit and indicated they were very happy with the staff delivering their care and support.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. A daily diary was maintained and staff discussed with people how their day had been and if they could make any changes to things that had been done for them. One senior learning support worker explained how they held house meetings and one to one meetings with people regularly to discuss any issues they might have. People said they enjoyed meeting staff and could make suggestions and plan events. One person showed us some "contact cards". These were slips of paper that could be sent to the office requesting a meeting with any member of the management team. They consisted of the written word and symbols to enable the person to communicate whether they were happy, angry, sad or wanted a face to face meeting. The person said, "See if I want to talk to [the registered manager] I just need to send it in and they come out."

The agency kept a record of all the compliments they received. We looked at complimentary letters and

cards that had been sent to the agency, people and relatives thanked care workers for the time they had put in and the support they had provided. One healthcare professional following a multi-disciplinary meeting wrote in an email, "[staff member] encouraged [the person] to voice their own views and promoted trust with other professionals." One person said, "I really appreciate everything you have done for me. It's really been helpful. You've brought my confidence up so much." A relative wrote, "Overall we are very happy with the care and support [the person's name] receives. We feel that they are safe at all times which is very important."

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

## Is the service responsive?

### Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said, "They all know me inside out and upside down, they know when I am sad and when I want to be on my own." Another person said, "They know what I'm like and when I am upset."

Learning support workers had a good understanding of how to support people's choices, lifestyles and preferences. Records showed people enjoyed a range of activities and interests. Support workers helped them to arrange social events so they could meet up and mix with other people in the area. One person told us about the holiday they had recently been on whilst another person told us about their visit to the gym followed by a haircut. One person explained how they had planned a trip to the cinema with another house member for the evening. Staff confirmed the support they provided could be flexible to meet the individual needs of people such as going out or going to hospital and doctor appointments. People were encouraged and supported to continue with their hobbies. People told us how they were in the Able2Achieve football team which is part of the Somerset FA Ability Counts league, one person said, "We are in the league and doing well. You should come and watch us."

Able2Achieve support people in the transition from college to adulthood. Part of this transition is to provide work placement. The organisation supported people to work in their own bakery and café or in the charity shop, furniture workshop and on a farm. People told us they enjoyed the work experience. One person explained how they had been working in the bakery with the support of their learning support worker. They told us, "I still need one to one support but I really enjoy the bakery and the café, we can sell what we make." This person was later observed in the office talking with staff about their day. Another person told us how they were learning to write and showed us how they had written in their support plan. This meant people were being supported to move onto more independent living.

Staff worked in partnership with people to make sure support plans were personalised to each individual. Support plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. The information in the support plans were written in a person centred way and showed people had been involved in the detail. For example, one support plan clearly explained in the person's own words how they behaved when they felt unsure. Another support plan clearly explained again in the person's own words how staff should communicate with them. Records showed that as well as regular meetings to discuss any changes, people also had an annual review of their care needs which involved the person, a relative if they wished and members of their care team.

Initial assessments were carried out with new people who wished to use the service. This enabled them to express their wishes and views. It also allowed the service to decide if they were able to provide the care requested. Staff members confirmed that people could opt to receive personal care from another agency or care provider if they wished. This meant people could be supported to receive a personal care package that was appropriate to meet their needs and wishes.

Changes to people's support plans were made in response to changes in the person's needs. Staff confirmed people's support plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. One staff member said, "Because we work with people every day we know what they like and what they prefer. The support plans are very good with all the information we may need but they are a working document and people can change their minds, it's not written in stone."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy within their support plan. Support plans contained the contact details and guidance on how to raise a complaint. Records showed the organisation had dealt with complaints openly and in line with their complaints policy. One person said, "I know exactly who to go to. If I am not happy I will tell them." Another person said, "I am very happy but I do know I can talk to [staff member] if I am not." One relative said, "Yes I have complained on occasion but it is part of the package really. I still care even though they don't live with me anymore. What I can say though is they listened to me and they keep me informed and involved. Can't ask for much more."

## Is the service well-led?

### Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. One staff member said, "We work well as a team, [the registered manager and director] are always available to talk with. They really care about their staff and the people we support every day."

People told us they found all staff to be open and approachable. Throughout the inspection we observed people coming into the office to talk with staff and management. They had an easy relaxed approach and nobody was turned away. One person said, "They are always there to talk to and I know they listen to me." The organisation website explained how people could freely communicate with the director by using the contact cards one person had shown us. The website stated, "If something isn't working, or a learner is upset about something, they can play their 'Rupert Card'. In every case, whether it's serious or 'trivial', the learner can talk about their issues with Rupert, who will listen and try to resolve any problems. We know that a concern to our learners is always important to them and we respect this and encourage openness and honesty."

The registered manager and directors promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and directors have a clear vision for the service. Their mission statement says, "Our mission is to enable personal achievement and progression by developing essential skills and self-confidence through learning, living and working." Their core values are, "Opportunity, choice and respect." These values and mission were reflected in the way staff talked about their roles and how they supported people. Staff were passionate about the way they promoted independence and supported people to develop and progress, building on confidence and meeting goals.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager or senior learning support workers to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One staff member explained that training needs could be identified at these meetings and requests for additional training or updates could then be sent to the training team.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals rather than a group of people living together. There was on-

going discussion and training for staff to support their role as learning support workers supporting people in the community.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.