

## Ability Housing Association

# Your Ability - Slough

### Inspection report

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Date of inspection visit:  
06 June 2016  
07 June 2016

Date of publication:  
04 August 2016

### 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 personal care to people with learning disabilities living in a supported living environment. People who use the service live in their own homes which are situated over three schemes. During our inspection there were 27 people using the service.

The registered manager has been in post since September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We previously inspected the service on the 14 January 2014. The service was found to be compliant in all areas inspected.

People said staff were caring and looked after them well. We observed staff were caring, kind and warm towards the people they interacted with. Staff established good working relationships with people and people confirmed staff knew them well. People were able to express their opinions and staff ensured they were treated with respect, dignity and their privacy was protected. We have made a recommendation for the service to seek how to obtain people's preferences, based upon current best practice, in relation to end of life care.

Staff spoke positively about the induction and training received and said it enabled them to carry out their work effectively. Staff said they were well supported by their team leader and a review of their supervisions records supported this.

The service sought people's consent and involved them in decisions. Care records showed people made decisions in regards to various aspect of care such as their food preferences. We saw people's nutritional needs were met and they were supported to maintain good health.

People said they were safe from abuse and staff demonstrated they understood how to ensure people were protected from abuse. Identified risks to people's welfare and well-being were managed appropriately. There were safe recruitment practices in place. We have recommended the provider seek current guidance and legislation in relation to the completion of medical health checks for prospective employees.

People received care that was specific to their needs. Care records captured people's cultural, religious needs and gender preferences. People were actively engaged in a wide variety of social activities and staff encouraged people to maintain their hobbies and interests. This ensured people received care and support that reflected their wishes.

People said they knew how to raise concerns. We noted the complaints booklet was available in an easy read format to enable people to understand what to do and who to talk to if they had concerns. Staff were

confident in handling complaints and told us how they supported people to do this.

There were clear visions and values for how the service should operate and how staff should promote these. Staff demonstrated an understanding of the service's values. They said management was supportive and encouraged them to be decision makers.

People said the service was well-led. Comments included, "I think this is a good service", "I like the staff. I love living here" and "It's alright. It's good because I can get to do the things I enjoy." The service sought people's views about the care they received and took appropriate action in response to the feedback received.

The service had established effective quality assurance systems to assess, monitor and improve the quality and safety of the service it provided. For instance, 'service audits' reviewed various aspects of service delivery to ensure plans to improve the quality and safety of services provided to people, were effective.

## 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.

Safe recruitment processes and checks were in place however, we made a recommendation that the provider seek current guidance and legislation in relation to the completion of medical health checks for prospective employees.

People said they were safe from abuse and staff demonstrated they understood how to ensure people were protected from abuse.

Identified risks to people's welfare and well-being were managed appropriately.

### Is the service effective?

Good 

The service was effective.

Staff spoke positively about the induction and training received and said it enabled them to carry out their work effectively.

The service sought people's consent and involved them in decisions.

People's nutritional needs were met and they were supported to maintain good health.

### Is the service caring?

Good 

The service was caring.

People said staff were caring and looked after them well.

Staff established good working relationships with people and people confirmed staff knew them well.

No one was receiving end of life care during our visit. However, care records did not capture people's preferences and choices for their end of life care. We have made a recommendation for the service to seek current guidance on how to obtain people's preferences, based upon current best practice, in relation to end

of life care.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was specific to their needs.

Staff encouraged people to maintain their hobbies and interests.

The complaints booklet was available in an easy read format to enable people to understand what to do and who to talk to if they had concerns.

### Is the service well-led?

Good ●

The service was well-led.

There were clear visions and values for how the service should operate and how staff should promote these.

People said the service was well-led.

The service sought people's views about the care they received and took appropriate action in response to the feedback received.

# Your Ability - Slough

## 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 checked 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 was an announced inspection which was carried out by an inspector and took place on 6 & 7 June 2016. The provider was given 48 hours' that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We received feedback about the service from an officer from the local authority and an Employment Service Manager at Slough Employ-ability. An organisation that supports people living with disabilities who are looking for work.

We looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service.

As part of our inspection we spoke with five people who used the service; three staff members and the registered manager. We reviewed four care records, three staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

People said they felt with staff. Comments included, "I feel safe with staff and would speak to my keyworker, or other staff or call 999 if I felt unsafe", "Staff treat me nice" and "I do feel safe with staff, they look after me well. I will tell a member of staff if I had concerns."

People were protected from abuse because staff knew how to protect people from abuse and avoidable harm. We heard comments such as, "We talk to customers every month about what they should do if they felt unsafe. At our team meetings we always talk about the lines of reporting abuse and I have attended safeguarding adults training in November 2015 and January 2016" and "We look for triggers such as emotional changes and have guidance on what to do if we suspect abuse." Care records confirmed staff had spoken to people about how to keep safe and what to do if they felt unsafe. Staff training records showed staff had undertaken the relevant training.

A review of safeguarding alerts were found to be recorded and reported in line with service's safeguarding adults policy and procedures and the 'Slough Multi-Agency Safeguarding Adults Policy'. We noted these policies were easily accessible for staff members. An officer from the local authority informed us they had no concerns in regards to people's safety in the service.

There were safe recruitment processes in place. Staff records showed Disclosure and Barring Service (DBS) checks were undertaken. These ensured staff employed were suitable to provide care and support to people who used the service. Written references and employment histories were also obtained. However, we saw no recent photographs of the staff the records related to and employment health checks were not undertaken. We noted there were no issues with staff sickness in the service. Management informed us a decision was taken by the provider not to get prospective employees to complete medical health questionnaires.

We recommend the provider seek current guidance and legislation in relation to the completion of medical health checks for prospective employees.

People were kept safe and their needs were met because there were sufficient numbers of staff. We heard various comments from staff such as, "There's actually enough staff. We've never had to panic over staff shortage" and "I think there is enough staff." During our visit we observed there was sufficient numbers of staff available to support people with their daily activities. This was supported by a review of the staff rosters.

Where there were Incidents or unusual behaviour that challenged staff and affected other people, the service had comprehensive and detailed behavioural management strategies in place. For instance, 'guidelines of support' captured people's medical diagnosis and behaviours. These gave a detailed description triggers for peoples' behaviours and techniques staff should use to diffuse them. These were reviewed and any actions required or taken by staff were recorded in people's care records.

People were protected and their freedom supported and respected because the service had suitable risk

assessments in place. These showed how risks were identified and managed. We noted Identified areas of risk depended on the individual and covered areas such as use of electrical items; when people were out in the community or had health conditions. We observed staff supporting people in line with what was written in their risk assessments. For example, one person was supervised whilst they used kitchen appliances.

People's medicines were managed so that they received them safely. Staff records confirmed staff were appropriately trained. Care records contained people's medical histories and any significant risks.

'Medication 1' forms captured types of medicines prescribed; dosage; side effects and what staff should do if there was a missed dosage or overdose. Medicine administration records (MAR) recorded the names of medicines prescribed and the dosage to be administered. There were clear protocols in place for medicines prescribed on a 'as when required' basis. This was in line with the service's 'medication' policy and procedures.

# Is the service effective?

## Our findings

People said staff were experienced and skilled to provide care and support to them. Comments included, "Yes, all the time" and "Staff are skilled."

People received care and support from staff who received were appropriately inducted, trained and supervised. One staff member who had undertaken the induction commented, "It was useful and helped me to familiarise myself with support plans, then I got to meet and work with people whilst being shadowed by an experienced staff member for six weeks." The registered manager said that new staff would have to undertake the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work.

Staff said the training they received was sufficient and enabled them to provide care and support to people effectively. Comments included, "We have enough training, it's really good and gives us the right tools to work with people" and "Ability are very good at training their staff. If there's anything you need training on, we only have to say." A review of the service's training matrix showed staff training were up to date.

A review of staff records showed they received regular supervision. Topic discussed included, set targets; courses undertaken; qualification achieved; problem solving and successes. Staff spoke positively about the support they received from their team leader. Comments included, "My team leader identified a skill in me and gave me additional responsibilities" and "I really benefit from supervision as it gives me the ability to talk about any issues. We have an excellent team leader." This meant people received care from a service that supported its staff.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

Staff knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. Staff sought people's consent and involved them in decisions. This was evident in care records which were written in easy read pictorial format. We noted people had signed to give consent in regards to various aspects such as, their photographs being used by the service and the service sharing their information with other relevant agencies.

People's nutritional needs were being met. People said they were involved in decisions about their nutrition and hydration. One person commented, "I say what I want and staff get the food" and "My keyworker supports me with my meals." This was supported by our observations whilst visiting people in their homes. For instance, we observed a person and their keyworker discussing what meals the person wanted to eat that afternoon. The staff member was aware of the person's meal preferences and told us, "X has a menu planner which lists healthy food options. I make sure X has vegetables with their meals." We noted the staff

member's support was in line with what was written in the person's care record. This ensured people were effectively supported at meal times.

People were supported to maintain good health and had access to healthcare services. People who used the service had HAPs. These were personal plans about what a person with a learning disability can do to be healthy. The HAPs we reviewed listed the help people might need in order to do things and the support they required to be healthy. For instance, in one person's HAP it was recorded that in the event they had to attend hospital in an emergency, they wanted staff to be with them during the day. This meant people could be confident their health needs and preferences would be met when they had to receive care and support from health professionals.

# Is the service caring?

## Our findings

People said that staff were caring and looked after them well. We heard various comments such as, "They (staff) are kind", "They look after me", "I like them (staff)" and "All staff make me happy." During our visit, we observed staff were patient, kind and warm towards the people they interacted with.

Staff had established good working relationships with the people they supported and demonstrated a good understanding of their care needs. For instance, one person commented, "They (Staff) know me well." Staff told us about people's family histories; their preferences; their communication needs and hobbies and interests. A review of people's care records confirmed what staff had said.

People were able to express their opinions on matters important to them, such as activities, food menus or holidays, at regular meetings organised on a regular basis. One person commented, "I am able to make my own decisions and staff get my views at keyworker meetings." This was supported by a staff member who told us, "Everyone has files with individual support plans. At the keyworker meetings we ask people if they are happy with the support plans and give them the opportunity to tell us what they want." A review of minutes of keyworker meetings confirmed what the person and staff member had told us.

People said staff promoted their independence. For instance, one staff member commented, "X use to go out on their own but more recently needed more support. Staff now accompanies them when they go to the shops but give them space to shop by themselves."

People said staff respected their privacy and their dignity was protected. Comments included, "The staff wash me in a dignified way" and "They (staff) respect me all the time." A staff member commented, "I don't stay in the bathroom whilst people are in the shower." Staff told us they ensured doors were closed; curtains were drawn and people's body parts were covered when personal care was undertaken.

People's communication needs were met because staff were aware of people's individual communication skills, abilities and preferences. Care records noted whether people were able to communicate verbally or not and their preferred method of communication. All care records, information displayed in people's flats and in the office notice boards were in easy read pictorial format. This meant information was given to people in way they could understand.

At the time of our visit the service was not providing end of life care. However, the registered manager said provision would be made to provide care and support to people whose preferences were to remain at home rather than hospital during their end stages of life. We noted discussions about people's preferences and choices for their end of life care were not recorded in their care records.

We recommend the service finds out more about how to obtain people's preferences, based upon current best practice, in relation to end of life care.

## Is the service responsive?

### Our findings

People received care that was specific to their needs. This was observed during our visit. We saw staff getting ready to take people out for their weekly food shopping. One page profiles captured the things that were important to people; the best ways to support them and their preferences. For example, one person stated they preferred a female staff member to support them with personal care. Whilst another person stated how they liked to be addressed by staff. We heard staff address the person in the way the preferred. Care records captured people's cultural, religious needs and gender preferences. This showed people received care and support that reflected their wishes.

People were supported and cared for by staff who knew how to put person centred care into practice. For instance one staff member commented, "I genuinely do believe people receive person centred care. For example, meal times are when customers want their meals." This was supported by our review of care plans which were developed according to people's individual needs. This meant people received personalised care that was responsive to their needs.

Arrangements were in place to ensure people's individual care needs and risk assessments were regularly reviewed and kept up to date. We noted reviews of care were written in an easy read pictorial format. They recorded meetings held with people; their keyworkers; their relatives and other health professionals and covered people's personal care: social skills and community use and the level of support required. For instance, a review meeting held on 1 June 2016 recorded a person wanted to make improvements in managing their finance and in their community life. We noted an action plan was developed for the identified support areas. This meant people could be confident their care and support needs would be met.

People were enabled to express their thoughts. For example, a 'customer meeting' held on 26 May 2016 captured people's input in various aspects such as, how to keep safe and other topics of interest. This was supported by a person who told us what happened at the 'customer meetings'. They commented, "I talk about the things I like."

People were actively engaged in a wide variety of social activities. Care records captured what activities people enjoyed participating in. For instance we noted some people liked going out for lunch; going to car boot sales; or spending time with their family members. We noted some people had personal assistants who supported them to do this. People spoke excitedly about the holidays they had enjoyed. One person told us they liked to go to the seaside. We saw confirmation of a forthcoming seaside holiday that had been booked for the person. Care records showed people were encouraged to maintain their hobbies and interests. This showed people's social needs were being met.

People said they knew how to make a complaint. Comments included, "I would talk to someone if I had concerns", "I would speak to the manager" and "I've seen the complaints booklet and know what to do." We noted the complaints booklet was available in an easy read format to enable people to understand what to do and who to talk to if they had concerns. Staff were confident in handling complaints and told us they would give people the opportunity to raise concerns in keyworker meetings. A staff member commented,

"One person complained about another person so we initiated a complaint on their behalf." A review of the complaint log showed complaints received was responded to appropriately and in line with the service's complaints policy.

The registered manager told us people had raised concerns to the provider about a repair company not turning up in time to repair reported faults. In response to this the provider changed the maintenance company. We noted a new maintenance company took over in April 2016. This showed people were listened to and appropriate changes were made in response to their concerns.

## Is the service well-led?

### Our findings

People felt the service was well-led. Comments included, "I think this is a good service", "I like the staff. I love living here" and "It's alright. It's good because I can get to do the things I enjoy."

Staff were directly managed by the team leader and spoke positively about their leadership. Comments included, "Our team leader encourages us to be decision makers and provides back up when we need it" and "They (team leader) is effective and brings out the best in us. They are always available to listen to us and know when to put their foot down."

The service had a clear vision and a set of values that included involvement; independence and respect. Staff demonstrated a good understanding of the service's vision and the values. Comments included, "To focus on someone's ability not their disability. To support people to live independently and to make their own choices" and "To promote people's independence; listen to what they have to say respect their choices." A review of staff team minutes dated 24 May 2016 showed the service's values and behaviours were discussed with staff. This meant people received care and support from staff who were committed to improve their quality of their lives.

The registered manager told us they would spend their time working at the various schemes in order to provide support to the team leader and a senior care staff member. They commented, "I visit the different offices and work from there which allows customers and staff to communicate with me. This was supported by staff who confirmed the registered manager was approachable and supportive."

Stakeholders provided positive feedback about the registered manager. For instance, the service manager of Slough Employ-ability told us the service was, "Led by a very experienced and conscientious manager who from my experience goes above and beyond the duties probably listed on her job description."

Staff were kept up to date with changes within the service. One staff member commented, "We receive emails such as recent updates made to policies. Also information is written in the communications book and discussed at handovers in regards to any changes to people's circumstances we should be aware of." This showed the service had effective communication systems in place to ensure people's welfare and safety was protected.

People told us the service sought their views at keyworker meetings; monthly customer meetings and they completed customer surveys. Care records showed actions taken by staff in response to feedback received. This was most evident in the area of activities, where people were asked about their hobbies and interests. We saw staff had organised activities people said they wanted. This showed the service actively sought the views of people who used the service and took appropriate action in response to the feedback received.

The service had quality assurance systems to assess monitor and improve the quality and safety of the service it provided. We spoke to a staff member who had been given additional responsibilities of carrying out monitoring checks between the schemes. They commented, "I carry out monthly checks on a wide

variety of areas, which I enjoy." A review of the 'monthly quality monitoring checks' dated 26 May 2016, showed comprehensive checks were carried out such as office health and safety; medicines audits; petty cash; whether regular key work meetings took place and general observation. These highlighted any required actions and those responsible to complete them.

Service audits' looked at various aspect of service delivery such as, 'customer files'; safeguarding; customer services; service quality and colleague engagement.