

Chesterfield & District Society for People with a Learning Disability

Ability Ash Lodge

Inspection report

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Date of inspection visit:
29 March 2016

Date of publication:
18 August 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection was carried out between the 31 March and 25 April 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

The service provides personal care for children and young adults with learning difficulties and complex needs in supported living and also provides respite care for up to five young people at their premises in Chesterfield.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and secure using the service. There were systems and procedures in place which were followed to ensure appropriate pre-employment checks were made on staff prior to them working with the people who used the service. Staff understood how to protect people from potential harm and how to report any concerns.

New staff completed a period of shadowing and induction training prior to them supporting people with their care needs. The provider ensured staff received training relevant to their roles and responsibilities.

Staff treated children and young people they cared for with dignity and respect. Relatives felt the staff understood their relative's individual needs. The management team ensured people or their relatives were involved in their care planning and decision making. Staff understood the key principles of the Mental Capacity Act (2005).

Care plans contained information to assist staff in providing personalised care. This included pictorial guidance on how to manage risk. Families and people were given information in appropriate forms on what to do if they had any concerns or complaints. Staff felt confident if they had any concerns or complaints the registered manager and management team would take them seriously and endeavour to resolve them.

Individual care plans were reviewed to ensure the care was up to date and met the needs of children and young people. Staff understood the needs of the children and young people they cared for. They reported any changes to people's physical and mental health conditions to ensure continuity of care.

The provider had processes in place to monitor the quality of the service people received. There were clear arrangements for the day to day running of the service. The service was managed by a team who understood their roles and responsibilities in providing a good service to people.

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 and their relatives told us that they felt safe and well looked after. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. The provider ensured there were enough staff on duty to meet the needs of people living at Ability Ash.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to assist them.

People and relatives were happy with the care and support provided by the staff; people were supported and involved in the decisions about their care. Staff sought people's consent before care was delivered.

When necessary, people were supported to receive additional medical support.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and compassionate.

Independence and dignity was supported.

Is the service responsive?

Good ●

The service was responsive.

Young people and children received personalised care and support to meet their needs, staff were aware of people's needs.

Relatives and young people knew how to raise a concern about the care and the service they received.

Young people's needs were assessed prior to the service providing any support or care.

Is the service well-led?

Good ●

Young people and their relatives felt the managers listened to them and encouraged them to provide feedback about the services they received.

Regular meetings took place between the staff and the managers, to ensure continuity of the services being provided. Staff felt supported by the managers.

The provider had monitoring systems in place to ensure people were happy with the service they received.

Ability Ash Lodge

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.

The inspection took place on the 31 March and 25 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors. We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service, two relatives, six care staff and two managers. The registered manager was not available during the inspection. We visited four people who used the services. We looked at care plans for five people who used the service and reviewed the provider's recruitment processes. We looked at the training information for all the staff employed by the service, and information on how the service was managed. We also spoke with health and social care professionals.

Is the service safe?

Our findings

People and their relatives said they were happy that the service offered safe care and they felt safe using the service. A relative said, "The care here is exceptional, I know [relative] safe, cared for and loved." People said they felt safe one person gave the 'thumbs up' to show they felt safe.

Another assured us they were safe. A relative said, "For us and [relative] being safe is massive and we have no worries about [relative] safety."

Staff had received training on how to keep people safe. This included specialised training to ensure people with complex needs were kept safe from harming others and themselves including safe and effective restraint. Staff were able to demonstrate the recognised techniques they used to keep people safe through restraint. These incidents were fully documented. One staff member said, "We ensure we report and document any bruising on a body map." They went on to say, "I would report any concerns to management and would always expect feedback." Staff were able to give us examples on what they reported to senior staff. They also said, "I have confidence in the managers and their ability."

Staff received safeguarding training and were aware of when a safeguarding alert should be raised and how to do so. The service had policies and procedures regarding protecting children and young people from harm and abuse and staff had received training in these procedures. Staff understood what was meant by abuse and the action to take should they encounter it. They said protecting young people from harm and abuse was one of the most important things they did and part of their induction and refresher training. This helped ensure people were kept safe from avoidable harm.

Children's and young people's care plans contained assessments of any risks to them and this enabled them to enjoy their lives in a safe way. Areas of identified risk included their health, daily living and how to engage in social activities safely. The risk assessments were clear and detailed. They gave clear instructions to staff on how to care for people who lived with epilepsy seizures, and how to respond to signs of behaviour that put people at risk. For example the instructions given to staff to follow included pictures of positions to use to keep people safe. Staff were able to tell us the risks to people and how they mitigated those risks. For example they told us what they did when a young person wanted to do something that may harm them. The staff were able to explain and demonstrate how they would keep them safe and well.

Other documents in the risk assessment included a one page profile, emergency grab sheet, information and pictures regarding postural care and how to communicate with some people who had communication difficulties.

The risks were reviewed regularly and updated when people's needs and interests changed. There were general risk assessments for the service and equipment used that were reviewed and updated regularly. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use.

The provider followed a thorough recruitment procedure to ensure staff had the right skills and attitude to

meet the needs of the people. The provider undertook criminal records checks called Disclosure and Barring Service (DBS) checks prior to anyone commencing employment. This was carried out to ensure prospective staff were suitable to work with vulnerable people. The provider also ensured references were obtained prior to new staff starting their employment. We saw from staff records and staff confirmed they did not commence employment until all the necessary checks and documentation were in place.

Deployment of staff depended on the needs of young people using the respite service. During our visit we saw that there was enough staff to meet people's needs and support them to do as they wished. This was reflected in the way people did the activities they wished safely. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

People were unable to manage their medicines and were reliant on the staff to ensure their medicines were stored and administered in a safe way. We were unable to observe medicines being administered due to the timing of our inspection visits.

We saw medicines were stored and disposed of safely and in accordance with current guidance. People received their medicines from staff who had received training in medicines administration. The manager told us audits of medicines took place. Records showed and confirmed weekly and monthly audits were conducted to ensure medicines were managed safely.

Each person had an individual file with regards to their own medicines. We saw the file contained information of each medicine as well as information relating to 'as required' medicines. There were also risk assessments in place regarding each medicine. The medicine administration records (MAR) we looked at were complete and did not have any gaps in recording. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative said, "I can't praise the staff team enough."

Staff told us they had received enough training to care for children and young people and meet their needs. One staff member said the, "I have completed my NVQ level 3 in care and start NVQ level 3 in management. National Vocational Qualification in care (NVQ) is a nationally recognised qualification for people whose work is caring for people. Positive behaviour support training really helped me provide a better care to the children and young people." They were able to explain what they learned in training and how it helped them to improve and evaluate their own practice. Another staff member said "There is constant training and learning, they always pick up on things you are doing wrong and show you ways to improve, to give better care." They said "I am more confident to use physical interventions. It also gave me ideas of how to deal with situations better."

All staff said their training is updated regularly. One staff member said "A trainer comes in or we go to the [local authority] they do a lot a training", "I have done a lot of training, they always sign me up for a course if it would benefit me or a service user." Our discussions with staff showed they had knowledge and awareness about people's needs and how to support them. A review of records supports the comments the staff made. Training was provided in all aspects of caring for children and young people with complex needs and these included caring for people living with epilepsy and caring for young people and children who may have behaviours that are difficult to understand.

Staff told us they were supported by senior staff. They said there was regular supervision; "I quite like supervision, it gives opportunity for feedback." Staff confirmed they were supported by their line managers through monthly staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this.

Staff followed the Mental Capacity Act 2005 where young people were concerned. This was done to obtain consent or appropriate authorisation for people's care. The 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. Staff were aware that people could not be deprived of their liberty without the authorisation of the Court of Protection.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This meant that people's rights were protected. At the time of the inspection one person was being deprived of their liberty.

Where young people were unable to consent to their care because of their health conditions their families had been consulted and decisions had been made in their best interests. We found that overall staff understood people's care was always to be provided in their best interest.

People's dietary and nutritional needs were assessed and the service worked with local health care professionals to ensure children and young people had optimum nutrition. This included working closely with nursing staff who ensured staff were aware of how to use PEG feds to assist people with their nutritional needs. People were involved in drawing up menus and shopping for food. Staff said going shopping allowed young people to make choices they may not have understood existed.

The service was proactive in promoting the health of young people using the service. The young people had access to health and social care professionals. For example staff kept up to date on developments that may help young people live better lives while living with their condition.

Young people were also supported to visit health care professionals such as opticians and dentists.

Is the service caring?

Our findings

One relative told us, "The staff are so good, caring and understanding. I have stood and watched and seen how caring they are. Our relationship with the staff is built on trust." They went on to say they had experienced a service that was not caring in the past so they, "Knew what they were talking about."

Young people, children and their relatives were consulted on how and when care should be given. We saw details of routines children and young people needed to follow in order to make them feel secure. Relatives told us staff were diligent in completing this as they (staff) understood how important it was.

Staff spoke about young people and staff in a caring way. They were able to tell us what was important to people they cared for. We observed staff interact in a kind and caring manner. For example when more than one staff member was needed to keep people safe they did this in a relaxed caring way.

We saw people were welcomed 'home' following their day at college or day centre. Staff showed interest in how their day went and how they were feeling at that moment. We saw this provoked a happy response from the young person.

Where possible and when it was safe to do so staff respected people's privacy and dignity and described the ways in which they did this. Staff explained how people chose what they wanted to eat or wanted to wear and if they wanted to take part in any activities, and respected the choice people made. We saw examples where staff respected people's choices. Young people were dressed appropriately for their age and we saw time had been taken with their appearance to achieve the required look. This included 'spiked' hair.

People were able to tell us staff were nice and kind. One person who did not have verbal communication was able to give the 'thumbs up' to show us they were happy with the staff.

We saw that people were treated with dignity and when one person had a visit from a health professional this was done in private away from people. Staff were able to tell us how they promoted people's dignity. For example they said personal care was always done in private. Where appropriate, staff knock on doors before entering. Staff said they understood that despite people needing more than one staff to care for them at all times personal care is done with minimum staff input. This balanced keeping people safe with promoting their dignity and privacy.

The service used a key worker system. This meant that each person had a named member of staff who they could go to if there was a problem. Staff spent time with the person they were key worker for so they could get to know them better. Relatives we spoke with confirmed this and said it works well.

We heard people being consulted on how they wanted to spend their evening. Some of them chose to go out to a local pub for their evening meal. Staff accompanied them and we saw they were a relaxed group leaving the service laughing and joking.

Is the service responsive?

Our findings

A relative told us, "[Relative] has developed and improved," since using the service. They said they were increasing in confidence and were becoming more independent and having a better quality of life.

Young people had their needs assessed and a plan of care drawn up to assist staff to care for them and to respond to their changing needs and wishes. For example when a young person or child made progress their care was reviewed to ensure they were offered constant opportunities to improve their emotional, mental and physical health.

Two young people said that the staff made sure they go through the care needed together so that the staff can be sure they are been cared for as they wish. The plans included information on people's care needs, how they communicate, behavioural and care needs and detailed how people wished to be supported in these. Information and input from social care and health care professionals, relatives and people who knew them well had been included when the plans were developed. This ensured the care delivered was what people wanted and needed to ensure their continued and where possible improved welfare.

Time had been set aside for staff to read and understand the care needs within the care plans. Staff we spoke with had read care plans and were able to give us details of the contents. They understood the important elements of the plans and how it impacted on young people's lives. For example, staff understood how to recognise signs of changes in young people's mood that may indicate a detrimental change in their behaviour.

When there was a change in a young person's needs the care plan was reviewed and if needed was rewritten. Staff were made aware of the changing needs of young people. Changes were communicated either in hand overs at the end of a shift. If the changes needed were more than minor there was meeting with the family or representative. This was to go through the changes to ensure all people involved in the person's care understood and if necessary agreed they were in the person's best interests.

We were told the communication was 'Brilliant'. Staff explained they responded to people's needs. . Sometimes this meant that when a person was not well or needed more care the managers assigned more staff to people to ensure their needs were recognised and met. All the staff we spoke with said they could ask for more assistance if they needed it to meet people's needs and it was always provided.

People were supported to have an active personal life. Some people attended college. Those who did not had activities organised to ensure they were stimulated and had access to the local community and were supported to visit families and people who were important to them.

The service held regular meeting with social care professionals and with family representatives. This was to ensure the care been delivered was in the best interests of young people.

This showed that people's individual needs, wishes and preferences had been taken into account. This meant that staff had up to date information on the person's needs and wishes. Staff told us that this helped them assist people to get the most out of their life. The people and families we spoke with confirmed this.

The service had a complaints policy in place. Families and people were given information in appropriate forms on what to do if they had any concerns or complaints. Staff felt confident if they had any concerns or complaints the registered manager and management team would take them seriously and endeavour to resolve them. We saw that there were regular meetings with families where issues were discussed. We were told that because the service is easy to contact issues were resolved before they became a problem. The service received many compliments.

Is the service well-led?

Our findings

The service was well led and this ensured the service was able to meet the needs of children and young person's before offering them a service. All children and young people had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. These assessments took account of a range of needs relating to physical, mental health and care and activities of daily living. The assessment was used to develop a support care plan that was based on people's individual needs.

There was a quality assurance process in place where all aspects of the service were reviewed on a monthly basis. This included how medicines were administered, how risk was managed, ensuring care plans met people's current needs and wishes.

There were systems in place to ensure staff were aware of care plans and had dedicated time to read and understand them. All the staff we spoke with told us they looked at people's care records to find out important information and this helped them support people as individuals. One staff member told us, "I was given the time to read "[name of person's] care plan.

The service had systems in place to ensure records were updated and reflected the needs of those who used the service. We saw records about people's care were held electronically and in paper format. The care plans were consistently reviewed on a regular basis.

Records were kept of staff rotas. These were not always easy to follow and it was not always clear how many staff were needed at night. The manager said they would at this and clarify and simplify it for future use.

There were systems to support staff. The staff told us they were supported they said, "We have a de-brief meeting last Monday of each month, to go through [person] and interventions." "We have enough time with the team and managers to go through any problems." "We have staff meetings and I feel listened to. They said they feel 'the door is always open.' On call manager can be contacted for advice at any time day or night." Staff were supported through handovers. Staff told us, "At handover we are told about any changes in people" and "At handover we cover all issues that happened on shift and we are told if we need to be extra vigilant."

There were systems in place to ensure records were kept of incidents where staff needed to physically intervene to keep a young person safe. These were reviewed and where possible lessons learned and enacted.

The service ensures all people had active lives. Activities were personalised. This included going to college or day care. People who had individual support chose what to do and staff ensured they were accompanied as needed so as they could enjoy the experience. A computer was available for use with specialised software to help.

Questionnaires were sent out on a regular basis. We saw the comments were general complimentary. For

example, "We couldn't wish for a better team to support [relative]." Another said "Keep up the good work."

Another read "[Relative] world has opened up since starting at Ability. Key worker [name] is excellent and [relative] adores him." "(The whole team is very good also)" "It's great for [relative] to have such positive role models."

Due to the complexity of some young people's needs there were regular meetings with family members. We saw minutes of these meetings and we saw they covered all aspects of care and safety. This approach to open management included all people who were important to the care and welfare of people were included. This ensured the best care was offered to the children and young people.