

Chesterfield & District Society for People with a Learning Disability

Ability Ash Lodge

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

About the service: Ability Ash Lodge provides personal care to people in their own homes and also has accommodation registered where personal care can be provided to people on a respite basis. There is one property providing supported living services. At the time of the inspection, there were four people using the respite services and 6 people being supported in their own homes receiving the regulated activity of personal care.

People's experience of using this service:

The service met the characteristics of good in all areas.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. People were supported by staff to exercise choice in how they lived their lives. Staff supported people to engage in full lives both at home and out in the community.

People continued to receive safe care. Staff understood their responsibility around safeguarding people and they knew how to recognise abuse. Risks to people were assessed and managed well by staff. There were enough staff who were appropriately trained and recruited to support people. People received their medicines as prescribed and there were good infection prevention and control practices in place to protect people.

The care given continued to be effective. 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 had access to healthcare services and received coordinated support, to ensure their preferences and needs were met. People were supported to maintain a balanced diet and healthy lifestyle.

Staff were kind and caring when interacting with people. We received many positive comments from relatives and health and social care staff. Staff respected every person's privacy and dignity. Staff supported people to be involved in their care.

The staff and provider continued to be responsive. People had personalised support plans that staff regularly reviewed. People's support plans included information about their wishes and goals and incorporated information about empowering people to be independent. Staff identified people's information and communication needs by assessing them. Complaints were appropriately followed-up by the provider.

All staff shared the positive culture and vision to support people's health and wellbeing. The registered managers were transparent, open and collaborative with external agencies. There was a passionate culture for change and improvement seen in all staff.

More information is in the full report below.

Rating at last inspection: Rated as good, report published 18 August 2016.

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ability Ash Lodge

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:

A team of two inspectors completed the inspection.

Service and service type:

Ability Ash Lodge provides personal care to people in their own homes and also has accommodation registered where personal care can be provided to people on a respite basis.

This service supports four people living in a 'supported living' setting, so they can live as independently as possible. They also provide domiciliary care to two people under our regulated activity. CQC does not regulate premises used for supported living or domiciliary care; this inspection looked at people's personal care and support in those areas.

The service has been developed and designed in line with the principles that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had two managers 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 six days' notice of the inspection site visit so that the provider could ask for people's consent for us to visit them in their homes.

What we did:

We used information we held about the home which included notifications the provider sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this nine months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We observed the support people received from staff when in communal areas.

We spoke with the two registered managers, the chief executive officer, three senior care staff, and three care staff. We spoke with one person's relatives by telephone the day before the inspection. We also spoke with a health and social care professional by telephone after the inspection. We reviewed support plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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

- Staff understood their responsibility around safeguarding people and they knew how to recognise abuse.
- We saw that people's safety was a priority of staff and a relative told us, "My son is safe with the staff at Ability."
- We saw staff had followed up any safeguarding concerns correctly and other health professionals had been involved where necessary.
- Staff told us that when children are using the respite services, extra safeguards were put in place to ensure their safety.
- All the staff had received suitable and effective training in this area. One member of staff told us, "We feel safeguarding training is really important so we do refresher training yearly rather than the recommended three years."

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- Care plans were person-centred and restrictions were minimised to maximise people's freedom. For example, staff used assistive technology to ensure one person could have alone time but still be monitored for risks associated with their health condition.
- Risk assessments were clear and colour-coordinated so that risks were easily identifiable. One member of staff explained that this had helped staff understand risks more clearly.
- We saw staff support people in line with the care plans and staff were able to tell us about risks to each person.
- Care plans detailed how to manage behaviours that challenge in a positive way that protects people's dignity and rights. One member of staff told us, "If people start to display behaviours that challenge, we use diversion and distraction. You have to reassure and give choices." If a situation arose where staff needed to use restraint, there was a clear plan and risk assessment in place to make sure this was done safely.
- Records showed us staff regularly checked the environment and transport for risk and regularly serviced and maintained equipment and transport.

Learning lessons when things go wrong

- Staff recorded accidents and incidents appropriately. The staff and registered managers regularly reviewed and analysed accidents and incidents to identify themes and gaps in knowledge. For example, one member of staff told us how more training around language was initiated after analysis of an incident with behaviour.
- There was an open and honest culture with accidents and incidents. A health and social care professional

told us, "They are very open with us."

Staffing and recruitment

- Staff were sufficient in number and trained to be able to give care that met people's needs.
- A member of staff told us they could adjust staffing levels to meet people's needs if needed. For example, when someone's behaviour started to escalate, staff were able to be moved around to support the increased need.
- We saw staff were present in communal areas and were providing one to one support when needed. One member of staff told us, "Staffing levels are currently good."
- The provider sometimes used agency staff to ensure appropriate numbers of staff. Staff told us they ensured all recruitment checks were done for agency staff and a walk around was done with them before starting their shift. This would also include introducing them to people who used the service, as well as health and safety instructions.
- People spoke highly of the staff. A health and social care professional told us, "I have only had a good experience with them." A relative told us, "They are very good and always on time. Always there when needed."
- The provider told us they ran an on-call service for people under the care of Ability. This meant there was always a member of staff for staff or parents to speak to outside of office hours.
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

Using medicines safely

- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.
- Records for medicines were clear and up to date. Where staff required equipment to administer medicines, the care plan was in text and picture format at each stage. This made it clear to staff exactly what to do to administer medicines safely. We observed staff using equipment to administer medicines in line with the care plans. Staff took their time and explained the process in a meaningful way to each person.
- One member of staff told us, "We do regular medicines training, competency checks and observations."
- Some people were prescribed 'as required' medication and there were suitable assessments and guidance in place to support staff to administer these.
- When staff needed to give medicines without the person's knowledge, staff had discussed this with relevant health professionals and followed correct procedures to protect people with limited capacity.

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- We observed staff using personal protective equipment when administering medicines.
- In each of the premises we visited, the environment was clean and free from odours. One member of staff told us, "This is the cleanest place I know. When we support people with personal care, we wear gloves and aprons."

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 and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.
- Staff told us how support plans were regularly reviewed, and people and their relatives were involved in this process.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- We saw records of training attendance and saw a range of specialised training was given alongside mandatory training. This meant staff were trained in specialist areas such as positive behaviour and restraint.
- One member of staff told us how an external training provider had been sought and were providing most of the training face to face.
- Staff felt their training had equipped them well for the role. One member of staff told us, "We get loads of training, everything we need. We do refreshers annually."
- All staff completed a comprehensive induction before working unsupervised. A member of staff told us, "We had two days at head office then 3-4 weeks of shadowing. We also had to do all the mandatory training and it all gave me what I needed to do this job."
- Staff had ongoing support through supervision and appraisals. A member of staff told us, "At supervisions we get asked if we're happy, we discuss what we need and how we are. They are supportive."

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

- People were supported to have balanced diet and could exercise genuine choice with meals.
- One person had been supported to lose weight through healthy eating and a sports club.
- We saw some people preparing their lunchtime meals with discreet support to enable independence safely. A health and social care professional told us, "The staff are sensible about choice and have a good approach to diet and safety."
- Some people had complex nutritional needs and required long-term artificial feeding. We observed staff administer feed to these people in a safe manner in line with their support plan.

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

- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs.
- We saw care records had information about any referrals and correspondence with other health professionals.
- Staff had developed, maintained and used health passports consistently to ensure appropriate transition through care.
- Staff told us how they supported one person with their reviews at hospital and with a specialist nurse to be able to meet their complex needs with oxygen intake.

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

- People's rooms were designed and decorated to their taste. For example, one person showed us their bedroom which was decorated with campervans and family photos. Staff had told us about this person's interests in campervans and we also saw this in their support plan.
- Individual's preferences, culture and support needs were reflected in adaptations or the environment. Specialist equipment, such as bath supports and wheelchairs, were made available when needed.

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. In respite settings, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff assisting people to make their own decisions throughout the inspection.
- Staff understood when people had restrictions in place. They told us when people had been supported to make decisions in their best interests; for example, having access to mobile phones and social media.
- When people did not have the capacity to consent to some decisions, assessments were in place to demonstrate this and care plans guided staff on how the person's needs should be met.
- Where people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.
- Staff had a good understanding of mental capacity. One member of staff told us, "We protect people who lack capacity. We support them with things they cannot do alone and help them make choices that benefit them. We do not speak for them and we help them do what they want when they want."

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; respecting equality and diversity

- We observed kind and caring interactions between staff and people throughout our inspection. Staff were always kind, friendly and polite. Staff were not task focused and concentrated on the person they supported.
- A relative told us, "They are all lovely with my [family member]. Very supportive and very kind." A health and social care professional told us, "There is a good atmosphere and the staff are very respectful to family and the guys."
- We read feedback that said, 'You're our hero.' More feedback read, 'I think you do an amazing job.'

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

- Staff understood how people communicated and this meant people were involved in making everyday decisions and choices about how they lived their lives.
- We observed different methods of communication being used with people such as sign and symbol language.
- Care records detailed people's likes and dislikes and how staff should offer choices in a way they would understand.
- We saw evidence that staff had helped a person access advocacy services for support with their health and wellbeing needs.
- People were able to be included in their care plans and reviews if they wanted to and the records were mostly in easy-read format to enable this.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals. Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- We saw staff had close relationships with people and were hugging and laughing with them. Staff listened to people's choices and followed their lead. Support was given discreetly and in a positive manner. One member of staff told us, "[Name] is very independent. We help him to do what he wants instead of do it for him."
- One person enjoyed their own space after doing sport and staff told us how it was important to respect this choice. Positive risks had been taken to ensure this person could have privacy when they wanted to.
- The provider had worked towards accreditations in dignity and some staff were Dignity Champions.
- The provider respected people's confidentiality and had trained a member of staff to be qualified in

General Data Protection Regulation (GDPR). This regulation sets standards for the use of personal information. A staff member told us, "We don't talk about [names] to people who aren't staff. We keep records locked away."

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 were personalised and included preferences, interests and dislikes. We saw staff giving personalised care in line with the support plans and one member of staff told us, "It's about giving care that is specifically for that person."
- For example, one person's support plan explained how they needed to do physiotherapy movements daily because of their condition but they did not always like it. The support plan read, 'I don't always like to do it, so keep me calm relaxed, play some calming music.' This shows staff understood the different factors that impact on people's care.
- Staff were able to verbalise to us people's likes and dislikes and we also observed this in their interactions throughout the inspection.
- People's support plans included information about their wishes and goals. Staff were supporting one person to achieve their goal of going on holiday.
- Staff regularly reviewed the support plans and people were able to be involved in this process if they so wished. We saw the support plans were written in easy-read format to make them accessible to people.
- People were supported to live full and active lives. On the day of our inspection visit different people had been out to the day centre, sporting activities and to medical appointments.
- People were supported to develop and maintain relationships with their families. One relative told us, "My [relative] comes to see me every week and is supported by staff to do so. Some staff are proactive in communicating with me to organise if they can drive or if I have to pick them up."
- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs. The Accessible Information Standard was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, one person had a range of signs they used to communicate. These were very individual, but all staff observed at inspection who interacted with this person were able to communicate effectively with them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to. One relative told us, "The managers did listen to me when there was an inappropriate member of staff with my [relative] after I complained."
- Records showed us complaints were addressed, reviewed and followed up appropriately by staff.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.

- The registered manager told us they do not currently support people with care at the end of their lives but could do so with the resources available. They explained that if someone did require end of life support, they would initiate training to enable staff to do this.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a clear statement of purpose and all staff shared the positive culture and vision to support people's health and wellbeing. A statement of purpose explains what a provider does, where they do it and who they do it for. One member of staff told us, "We want to and will do it right." Another member of staff told us, "Staff really care about the people who live here."
- People told us they knew the registered managers well. A relative told us, "[The manager is very responsive. She has an excellent understanding of learning disabilities. She supports me with meetings and I am confident in her."
- Staff spoke highly about the management of the service. One member of staff told us, "[The registered managers] have been really helpful." Another member of staff told us, "The support network is fabulous. [Name] is a really good support. They have an open and honest approach with everyone."
- We saw the registered managers had relationships with people and were interacting and communicating with people in an informal manner.
- The registered managers understood their responsibilities of registration with us. They worked together to cover the range of services offered by the provider. They held weekly management meetings to address any concerns and update their knowledge of people using the service.
- Staff received regular supervisions from managers and were able to address what was going well and not so well. Following themes of long-term sickness, the registered managers initiated wellbeing meetings with staff to also support staff. One member of staff told us, "The wellbeing meetings have been really positive and so now we are going to introduce this to all staff."

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

- There was a passionate culture for change and improvement seen in all staff. One member of staff told us, "I'm so proud of how we have improved. The [provider] is ambitious and invested in the service and it is infectious. We're a happy team."
- Several staff members told us how they had been supported to develop their careers within the service. One member of staff told us, "[The manager] pushed me in the right direction and I appreciate the support and drive."
- Staff told us they felt comfortable to be able to raise concerns or suggest improvements within the service.

One member of staff told us, "We could not wish for a better manager. They are very fair and maintain confidentiality always. They listen and are supportive."

- People and their relatives were invited to give feedback through questionnaires. One member of staff told us, "We are aiming to devise an individual feedback form for each service user to get personal feedback properly. At the moment it is day to day feedback and the managers liaise with the parents day to day."
- We read records which showed us regular meetings were held with people using the service. Staff explained how communication was adapted to each person to ensure they were able to be involved. For example, when gaining people's opinions on an upcoming holiday, pictures and easy-read information were shown to people to help their understanding of the options.
- Regular staff meetings were also held and some service users attended these if they wished to.
- There were quality audits in place to measure the success of the service and to continue to develop it. For example, medicines audits were done weekly.
- Staff told us about a talent show that was held at Christmas by people using the service. The staff told us how thorough risk assessment and planning had taken place to ensure every person was able to attend if they wanted to.
- The registered managers also told us about summer fayres that are held to help build relationships within the community.

Working in partnership with others

- The provider worked well with other health and social care professionals to support people.
- A health and social care professional told us, "They always contact me when they need more advice about capacity and safeguarding and are really good at working with us."