

Ability 2 Achieve Care & Support Limited

Ability 2 Achieve

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

Ability 2 Achieve provides Care at Home services. It provides a service to people living with autism or a learning disability, people living with mental ill health and to both older and younger adults. At the time of the inspection there were fifteen people being supported by the service in Staffordshire, Chester and in the Blackpool area.

The service had been operating under a previous provider and was re-registered with the current provider in March 2017.

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

This service provides care and support to people living in three supported living services as well as to people living in individual private homes. They give support so that people can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Ability 2 Achieve receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

This was an announced inspection that started on 20 August 2018 with a visit to the office base. This was the first inspection of the service since it was registered by the current provider in March 2017.

The service had a suitably qualified and experienced registered manager. 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.

The service ensured that the people they supported were as safe as possible. Staff were trained to recognise abuse and suitable systems were in place to ensure that people were protected from harm.

The service had suitably recruited, trained and supervised staff who were deployed appropriately to meet people's care and support needs. The service had suitable policies and procedures related to disciplinary and grievance matters.

Staff were trained in the administration and management of medicines and these were recorded appropriately.

Infection control matters were managed appropriately with staff receiving training and having access to personal protective equipment.

The registered manager and the senior team had a good understanding of their responsibilities under the Mental Capacity Act 2005. No one supported by the service was being deprived of their liberty. People told us that they were asked for consent before interactions.

Any issues around nutrition and hydration were included in care plans. Staff supported some people to undertake food preparation as part of independence and skills building.

Staff supported people to access health care support and were trained to call on the support of health care professionals for emergencies. We saw that support workers helped people to attend appointments and, in some cases had helped people access services like chiropody or dentistry.

The service was based in an office park near Bamber Bridge. This was safe and secure. The management team operated the on call system. Staff and people using the service were very satisfied with this system. We noted that the management team sent out easy read information on a regular basis so people would always know how to contact them. They were planning a move to a more accessible office in the centre of Blackpool and were preparing for this change.

People told us that staff were caring and kind. Staff were trained in person centred care and in all the aspects of privacy and dignity. People could have the support of an advocate if required.

Good assessment of need and ability was in place. Care planning encouraged independence and skills building. Care plans were detailed and people told us they had been involved with writing the plans. The plans included people's wishes in relation to their social life and we saw lots of evidence to show that people were supported to go out and to make new friends in the community.

There had been no formal complaints about the service and we had evidence to show that people felt able to contact the senior team with any minor issues.

The arrangements around governance were easy to understand with the two members of the management team having specific responsibilities but shared tasks. They were in the process of developing staff teams to strengthen the governance arrangements.

Ability 2 Achieve had suitable policies and procedures in place and these were reflected in the way the quality monitoring system was being developed. Quality monitoring was of a good standard and people's views were taken into account in future planning.

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.

Staff understood their responsibilities under safeguarding.

Recruitment and disciplinary procedures were being managed appropriately.

Medicines were suitably managed.

Is the service effective?

Good ●

The service was effective.

Good assessments of risk and need were in place.

Staff were suitably inducted, trained and supervised.

The team worked effectively with other agencies to support people.

Is the service caring?

Good ●

The service was caring.

People were relaxed and responsive to the staff approach.

Care plans and recording showed that people were treated with respect.

people could be assisted to find an independent advocate if necessary.

Is the service responsive?

Good ●

The service was responsive.

Staff ensured that people had suitable care and support through good care planning.

People were encouraged to participate in meaningful activities.

The service had an appropriate complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led.

The service had a suitably qualified and experienced manager who was registered with the Care Quality Commission.

A quality monitoring system was in place and this informed future planning.

Records were up to date, secure yet easily accessible.

Ability 2 Achieve

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 inspection took place on 20 August 2018 and was announced. We gave the service 72 hours' notice of the inspection visit because it is a small service and the management team is often out of the office supporting staff or providing care. We needed to be sure that they would be in and we wanted to arrange how we would meet people who use the service.

Inspection site visit activity started on 20 August 2018 and ended on 3 September 2018. It included talking with people who used the service, meeting with management and staff, looking at documents and after the visit we spoke to people and their relatives by telephone. We visited the office location on 20 August 2018 to meet the manager and office staff; and to review care records and policies and procedures. We also met people who used the service and their support workers on that day.

The inspection was conducted by an adult social care inspector.

We contacted social workers and health care professionals before the inspection and had two responses to our requests for information. Prior to the inspection a Provider Information Return (PIR) was sent to the registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned with suitable details of the service. We also looked at the information the provider is required to send us. We checked on notifications received. We used this information to inform our inspection planning.

On the day of the inspection we met with four people who used the service. We contacted four relatives after the visit who spoke on behalf of people.

We looked at eight service user files in the office. We checked on three recruitment files and looked at six staff files in total.

We met with the registered manager, the operations manager and four support workers during the inspection. We spoke with four more support workers by telephone after the visit.

We looked at rostering and other evidence to show how staff were deployed. We looked at health and safety records. We saw quality monitoring systems in action and we had access to reports prepared after analysis of quality audits. We received a quality report after the visit and this contained details of the review of the operation and the future plans for the service.

Is the service safe?

Our findings

We met people during our visit to the office and they told us they felt safe being supported by the staff team. One person said, "They are grand...no problems with these people. I trust them...". We also noted that people who found communication difficult were very relaxed and trusting of the support workers who came to the office with them. People referred to them as "friends" and we saw that they responded well to the registered manager and the operations manager. One person told us that if anything was wrong they would, "go to them [the management team] ...and will go to the new office in Blackpool to see them...".

We saw the safeguarding policies and procedures for the service and we judged these to be suitable. Staff had ready access to these and we saw that safeguarding was discussed in meetings and in supervision. We looked at staff training and we saw that staff had received suitable levels of training in human rights, anti-discrimination, equality and diversity and in the safeguarding of vulnerable adults. The staff we spoke with told us that they received good levels of training related to theory but were also given practical information about how to contact external agencies if necessary. The registered manager understood how to make a safeguarding referral and had kept CQC informed of any potential or actual issues.

There were suitable risk assessments in place for the service. This included assessments of the office premises, the homes that support workers visited, driving and lone working. We also had evidence to show that the service completed things like pregnancy risk assessments for staff. We saw examples of risk management plans that advised staff of any risks. This meant that staff were aware of risks before they entered any property or undertook any support. Accidents and incidents were well managed with good risk management plans lessening the risk. Incidents were analysed and the team took a 'lessons learned approach' and ensured there was a debrief for staff. We noted that there was a contingency plan for emergencies with contact details for the different areas they covered.

We had not received any contact where staff had 'blown the whistle'. Staff told us they would contact the registered manager in the first instance. The service had arrangements in place so that staff could discuss concerns or raise any issues with them and had also been given the contact numbers for CQC and local authorities. Staff told us that they felt they could talk to the registered manager or the operations manager. A staff member told us, "I am quite new to the work and I have spoken to the managers [or the senior support worker] when I wasn't sure and got advice and support...they are always available".

We were sent copies of the rosters and the programming for the fifteen people in receipt of care and support. Some people had full 24 hour care and others had visits for shorter periods. We noted how many hours the service provided and the different types of service, dependency levels and numbers of staff available. We judged that there were enough staff available to meet the demands on the service. We met people who had very specific times for support and care delivery. One person told us, "They always come on time...and if there's a change of worker they phone and tell us...very reliable, not like the last service I used". Another person explained how they liked the service to start at, "...12 or one o'clock ...I don't get up early...". This person also told us that the staff followed a routine she had created with different types of support on different days. "...And they do follow it...yesterday was different as I was coming to see you today...".

We noted that the service was expanding and that on-going recruitment was in place. Two people told us they were involved with the interview processes and had specific questions they asked. One person said, "I want a woman and one who drives...so I ask about cars and driving...". New staff were interviewed using a detailed job specification. Two robust references were taken up and the candidate checked so that the provider could ensure the candidate had not been dismissed from another service and did not have a criminal record.

Some service users needed support with ordering, collection and administration of medicines. Where this was requested by the person themselves or by the social worker, suitable risk assessments were in place and the action to be taken was part of the care plan. Some people were being supported to manage their own medicines and this was part of their care planning as a skills building goal. The staff completed risk assessments and risk management plans. Medicine administration records were completed by staff and checked by management. Staff told us, "We try to help people to manage it themselves as part of skills building".

The organisation had policies and procedures on infection control. Staff completed mandatory training on infection control, the use of personal protective equipment and personal hygiene. There had been no instances of poor infection control in the service. Staff said they were provided with suitable equipment to ensure good procedures could be followed. One staff member said, "We had training updates last year and we have gloves, aprons and chemicals. I am very careful so that people aren't put at risk".

When we spoke with the registered manager and the operations manager we learnt that this service was still in the process of change and improvement. We saw lots of examples showing that they used a "lessons learned" approach. The experiences, as the service developed, had been used to look at rostering, team building and specifics of care delivery. For example they had changed their policies and procedures after a person had met with difficulties accessing financial support. They had also ensured they sent people 'easy read' leaflets twice a year as some people had wanted reminded of how to contact the management team or the local authority.

Is the service effective?

Our findings

The service was good at assessing people's needs and making sure they gave the right levels of support. One person told us, "I get what I have asked for...better than I had hoped". Assessment of individual need had been done prior to the start of the service and people's needs continued to be reassessed. We also noted that, when appropriate, health and social care professionals would reassess people's needs and goals. We saw that despite some people only using the service for a short time there had been effective outcomes reached. For some of the people using the service this was their first experience of living in their own home and they had settled well, had made community contacts and engaged in activities. We noted that the management team were careful about using detailed assessments to ensure they could deliver care and support to a good standard. The registered manager said, "We don't want to let people down so we only take new work we know we can manage. We are expanding but are being careful...".

The quality monitoring systems had identified that the previous provider had used 'in-house' training and that the planning for training was somewhat 'ad hoc'. Staff had not been satisfied with the previous training provided. This meant that the new management team had found new training providers and had ensured that every member of staff had the opportunity to update their training. We checked on the training records for the service and we saw that all the staff had completed the training that the provider deemed to be necessary for support workers. One staff member told us, "I have done all the training - some was on line but it gave me a good understanding of the work". Another said, "I have learned a lot since the [service provider changed...I enjoyed the e-learning...".

We noted that the mandatory training covered safeguarding, infection control, equality and diversity and an understanding of learning disability, mental health needs, nutrition and health care needs. Staff could talk with confidence about their understanding of the skills and knowledge they needed. One staff member was going to update their 'train the trainer' qualification. The registered manager had plans in place to increase staff knowledge and skills and had arranged for staff to attend moving and handling updates and managing behaviours that challenge. Refresher training in specific areas was being planned and a range of person specific training was underway.

We saw that staff had been given regular supervision. There were suitable records of planned supervision in place. These covered the work people did with individuals, working in a team and their own personal development needs. The registered manager was beginning to plan annual appraisals for staff who had been employed since the service started. Staff confirmed that they had been given suitable induction and good support to develop in their role. We saw records that were detailed, related to the work people did and helped them to widen their knowledge. Plans were in place to record more of the 'ad hoc' supervision that took place and the competence checks that the senior support workers had started to complete. A relative told us, "[The senior support worker] is excellent...she understands the needs and makes sure the staff follow the care plan".

When social workers had requested this, people were supported to participate in shopping, cooking and managing their own dietary needs as much as possible. Staff told us that if people were not eating well they

would take advice from dieticians and other professionals. Food preferences and nutritional needs were recorded in care plans. We saw that staff cooked for (and with) people and tried to provide healthy choices where possible. Staff would record nutritional intake where there were issues. We met one person who had lost weight because staff had supported her to go to a slimming club. Staff had taken on board the guidance and helped the person to understand how to follow the plan.

We looked at the care files and saw evidence to show that people received suitable health care support. Where necessary people had appropriate support from psychiatrists and psychologists who were specialists in the care of people with mental health needs, autism or a learning disability. They also had regular contact with local GP's and community nurses. Staff encouraged and supported people to go to appointments with other health professionals like dentists or opticians, wherever possible. One person told us about going to the chiropodist for the first time.

The service was not set up to deal with people who had severe problems managing behavioural issues but the registered manager said that some staff would be trained in suitable support strategies in case of any difficulties encountered. Staff did some support work with people who had mental health difficulties and the plans gave staff good guidance. Restraint was not used in the service. Any issues of this type would be referred straight away to other professionals.

The senior staff team had working knowledge of the Mental Capacity Act. 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. We saw evidence of 'best interest' meetings being held and social workers contacted when the team felt they were restricting people's liberty. We found no evidence to show that this service was unfairly or illegally depriving people of their liberty.

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

Is the service caring?

Our findings

We measured this outcome by observation, listening to staff talk about people and by the way support planning and daily records were written. We also spoke with a relative who said, "... The care is there...fantastic staff...absolutely brilliant". Some people we met were able to use non-verbal ways to show us what they felt about the caring nature of the service.

On our visit to the office the people who used the service had been invited to come to meet with us. We met four people with different support needs. They were able to show or tell us that they judged the service to be caring. We noted that people were relaxed and comfortable with their support workers and had a very good relationship with the management team. We saw affectionate greetings from people which were responded to warmly. We heard staff and management asking people about their well-being and taking a genuine interest in each individual's life.

We met someone who had not been supported for very long who was going through a difficult time because of a housing problem that impacted on their ability to build life skills and become settled and independent. We heard support workers and managers using empathy and understanding in their interactions with this person. They told us, "[The staff and management] are trying to help me get sorted and they listen to me because I am feeling so bad...". We could see genuine concern and care for this person.

We also looked at this person's care plan and notes. We saw that the caring element was more than psychological and emotional. We saw that the service was acting as an advocate for this person. They had given support during meetings with social workers and housing workers, had helped the person by behaving assertively with external providers and by ensuring the person felt supported and safe during support. They were also a life-line for this person when they felt overwhelmed by their situation. This support was at the end of a telephone by day and night. The person said, " I can get them if things are bad and they [contact appropriate services]...I know they are there for me...".

We heard staff explaining things to people and giving them options and choices. Staff did this at the pace that each person wanted, depending on their needs. We noted that support workers were selected so that each person had a worker they could relate to. We met an older man who liked the company of other men who could relate to his needs. We also met a woman who had been supported to be assertive in her wish for a female support worker. We judged that people were well matched to their workers and this allowed for good working relationships. A relative told us, "If [my relative] wasn't happy they would move a staff member...they try to ensure compatibility".

We also spoke to a member of staff who explained how they were supporting someone who was exploring their own sexuality. This was explained to us in an open and non judgemental way. The attitude of this support worker was empathic and supportive, and we could see that the relationship was one of acceptance and that explanations and guidance were given when requested by the individual.

We also noted that there was a good deal of appropriate affection and humour in the interactions. We met

people who could tease and joke with staff and who in turn were gently teased. We saw a number of equitable interactions where people could be open and relaxed. One person explained that they had felt patronised with previous situations but now felt that they were on an equal footing with the staff team.

We spoke with relatives who told us, "The staff are absolutely brilliant...[my relative] is complex and can have issues around behaviour but all the staff are still very kind and understanding...they cope with everything so well." Another person told us, "They are the best team we have ever had...they have made a world of difference. The staff are fabulous...and the management team are so good with families. They ask my advice and keep me involved. It is the first time I have worked with a service that takes family into account...".

We had a response from a social work manager who told us, " I had some personal involvement where the two managers accompanied me to a visit with a difficult to engage family and managed to maintain a working relationship with them. [The next of kin] was very complimentary about their staff and their personable approach. Ability 2 Achieve have since taken on more work with us and now run a supported living house...which is done in a very person-centred way for those young people. I have a lot of confidence in their work and find it to be very personal to the service user".

We learned that this service often acted as an advocate for individuals. We also saw that people could have relatives or professionals acting in this role. The registered manager told us they could help people find an independent advocate if necessary.

Is the service responsive?

Our findings

We looked at a number of care files and we saw that the files contained good assessment of needs, suitable goal setting and good assessment and management of risk. The four people we met told us that they had been involved in care planning and had been able to state their preferences. The staff we spoke with told us, "Every home I have been to has an up to date care plan...". One person told us that they were getting really good support to help them move out of unsuitable accommodation. Others spoke about the support they needed in their daily lives. This was reflected in their care plans. Plans were in an 'easy read' format where necessary. We met assertive people who had told staff what their goals were and one person told us, "They do what I want...and its written down what I want." The plans contained a section called, "All about me" that told staff about people's strengths and what was important to them. Plans were regularly reviewed and changed as necessary or when people themselves felt the plans did not meet their needs.

We saw in action how the staff team, where this was part of the social work planning, took people out and supported them in social and recreational activities. We met a young man with a support worker of his own age and together they were going for a burger, an older person who was going for a drive and one person who told us, "I am going to the gym...that's what I like." Staff were able to bring their own interests and skills to the social and recreational aspects of the work. One staff member told us, "I use the gym and I take [the person] to the gym but others might take people to discos or to classes. Its good to share interests with people". We heard about discos, afternoon tea, hobbies and interests. We met someone with a learning disability who had been empowered and supported so well that they wanted to try dating because they wanted a romance. A staff member told us, "I support someone who uses a wheelchair and we go out locally, we get the bus...they meet family members and their girlfriend...just like other people".

People told us they had plenty of choice. We saw in files that when needs were assessed the service used a form called, 'What kind of person do I want to support me?'. One person told us she wanted "A woman with a car so we can go out..." We noted that this person had been involved in recruitment and had been able to voice these wishes. We saw varied options available to people. We saw staff patiently working with one person who was a little reluctant to accept personal care. They were slowly helping the person to make changes.

Care plans covered issues around communication. No one using the service needed specialist communication tools but the registered manager told us that they could help staff to gain skills if specialist communication was needed and this would be done before a service started. There was a copy of the Accessible Information standard on the wall in the office and staff knew how to contact specialists if people needed support.

The service had a detailed complaints procedure and service users had access to this in an easy read format, where necessary. The complaints procedure was sent out twice a year as the registered manager realised that sometimes people couldn't access the information and needed an update. It gave people points of contact outwith the service as well as the contact for the management team. There had been no formal complaints received. No one we met had any complaints but said they would talk to management or their

social worker if there were any concerns or complaints. Relatives and staff confirmed that any issues could be taken to the management team who would, as a relative said, "...Deal with any concerns or issues as a matter of urgency...".

Staff told us that they had received training on matters of equality and diversity and they had also received training on the needs of people living with autism, a learning disability, dementia or mental health problems. Staff we spoke with had an understanding of people's needs that was non judgmental. One team member explained how they supported someone to understand social norms and barriers and how they were helping this person to understand this. People we spoke with told us the staff team were not discriminatory. We had evidence to show that the management team would swiftly contact outside agencies if there was an incident of a discriminatory nature or where a person was vulnerable to discrimination.

Ability 2 Achieve is a relatively new service and they do not take people for end of life care. Some of the staff team had done this in previous roles. We learned that the service had good support from local GP surgeries which they could access if specialist support was necessary. The service was planning how they would look at these matters in the future.

Is the service well-led?

Our findings

The service had a suitably qualified and experienced manager who was registered with the Care Quality Commission. She was supported in the management role by an operations manager. These two people ran the service. Both of these managers had extensive experience and training in care and management. Discussions with the registered manager showed us that she was fully aware of her responsibilities under the law.

This management team had quickly established the values and behaviours they expected of staff. The service was being developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We were impressed with their knowledge of the needs and preferences of every person in the service, their families and their personal histories. We saw a real commitment to their aims from these two managers. They were keen to talk to us about how they empowered and supported people to live as full a life as possible. We met and spoke with staff who also reflected this commitment to non-discriminatory practice. The staff displayed the core values of the service and we met assertive people who were obviously thriving with the support of these staff and managers.

The governance arrangements were simple yet effective. The registered manager and her operations manager dealt with all the management tasks and shared the on-call arrangements. They both had their preferred areas of interest but both could cover all management tasks and we saw that they deployed staff appropriately, used their resources in a measured way and developed and supported staff. They had plans about how they wanted to grow the business and had over the last few months taken on a number of services in the Blackpool area. They were planning to move the office to the centre of Blackpool so they could be more accessible to the majority of their users. One person told us, "I have been to the new office...I can just drop in when they move...".

We spoke with staff about the values and behaviours that the provider expected of the staff. They could discuss these with us and we saw examples of adherence to these with staff talking positively about people and having a good understanding of mental ill health, autism, behavioural challenges and person centred care. They told us that management took the lead in promoting positive values.

We also met staff who were keen to develop in their roles. One person spoke about previous experience of training people and the management team were encouraging this person to be their moving and handling co-ordinator. We also heard of their plans to develop their senior support workers. The registered manager said they had lots of ideas and plans and were keen to move on but realised that they needed to make changes that staff and people in the service would be comfortable with. One staff member told us, "The [transition between providers] was done very smoothly...we know that there will be changes but we can give our opinion and we know it will be done carefully".

The service had a quality assurance system in place that they had devised to meet the needs of their service.

The operations manager had developed the policies and procedures and these were under review as the service developed. These policies and procedures, along with the statement of purpose, gave the quality monitoring a base line. We saw that surveys were sent to people, their relatives and to social workers and health professionals. Staff told us there were regular meetings and they too had surveys. They said they were asked their opinions. We met someone who told us, " I had a questionnaire to fill out but I just tell the staff who come to me...and [the management team] come to the house to see if I am happy". We saw audits of medicines, assessments, care plans and satisfaction surveys. The management team were planning their future activities based on the monitoring of quality. We also saw that they made changes when systems didn't meet the expected quality.

We received a quality monitoring report from the registered manager which showed that she had analysed all the quality monitoring and had used this to inform the management strategy for moving forward with business planning. Some things had already been achieved because this process had identified issues that the previous provider had failed to address. This included sourcing new training provision, addressing communication issues and sending out new complaints forms, giving staff a pay rise, updating policies and procedures and involving people who use the service in recruitment and in designing a new website. The report also showed 'What next' with good planning in place to ensure the service would continue to develop using the views of staff and service users.

We looked at a wide range of records in the service. These were stored securely and were clearly written and easy to access. Staff told us that records in people's homes were brought to the office on a monthly basis so that the management team could check on how well the care planning and delivery were working. We saw records of recruitment, induction and supervision. These too were clearly written and easy to access. We saw easy to read documents and we heard of the plans to move and store records when they moved office. We also noted that the management team sent out repeated information to ensure that people understood how to contact them and how records were kept.

The management team spoke to us about how they worked with care and health professionals. We met one person who told us of meetings with social workers and housing managers. They told us, "[The management team and my support worker] were there and helped me...I am going to move and they are helping me". A social work manager told us, " Our team started working with Ability 2 Achieve when they were newly added to our commissioning arrangements around 12 months ago. They were immediately very proactive in tendering for the work we required and were the most successful of all new agencies we had entered agreements with...they have also been able to assist us at short notice when other providers have struggled for staffing levels and have been able to provide new services when others haven't. They maintain excellent levels of communication with the team and attend any meetings they are invited to. I have a lot of confidence in their work".