

Able 2 Achieve Limited

able2achieve Office

Inspection report

23-25 Princes Street
Yeovil
Somerset
BA20 1EN

Date of inspection visit:
20 May 2019
24 May 2019

Date of publication:
30 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Able2Achieve provides personal care and support for people with a learning disability to enable them to move to independent living. The care and support is provided for people living in supported living houses with shared occupancy and to people living in their own homes in the Yeovil area. At the time of the inspection the service was providing personal care and support for 25 people.

People's experience of using this service: People were supported by a consistent staff team who were kind and caring. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence. People and their families consistently praised the staff team for their solution focused attitudes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of 'Registering the Right Support' and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of 'Registering the Right Support' by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider and senior staff had completed audits on the home to support quality checks. However, these checks had not identified when recruitment processes failed to meet relevant legislation, and when statutory notifications had not been made as required. All services registered with the Care Quality Commission (CQC) are required to make statutory notifications about certain changes, events and incidents affecting their service or the people who use it.

Medicines were managed safely and measures to prevent infection control met relevant guidance. Care plans were personalised and contained person centred information to enable staff to meet people's needs and preferences. Risk assessments enabled people to be safe but also allowed them to develop their independence.

People's dietary needs had been catered for. This information was detailed in their care plans. People had good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address people's health care needs. Staff followed guidance provided to support people with their care. □

There were sufficient staff to support people. Staff felt supported by the manager and the provider. Staff had received training to support their role and supervision had taken place as frequently as required. Staff were aware of people's routines and preferences and they used this information to develop positive relationships and deliver person centred care

Relatives told us that they felt people were well cared for by staff who treated them with respect and dignity. People enjoyed person-centred activities. Staff encouraged people to participate in things of interest to them and which increased their independence.

The manager worked in partnership with health and care professionals and the local community. We received positive feedback from professionals involved with the service. The provider had displayed the latest rating at their office and on their website.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. Details of action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection: Good, report published October 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

able2achieve Office

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: The inspection was carried out by one adult social care inspector.

Service and service type: This service provides care and support to people living in a number of supported living' settings, so that they can live 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 service also provides personal care to people living in their own houses and flats and specialist housing. This inspection looked at people's personal care and support.

The service had a manager 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 20 May 2019 and ended on 24 May 2019. We visited the office location on 20 May 2019 to see the manager, staff visiting people and relatives. We also reviewed documents including care records and policies and procedures. On 24 May we visited people who had consented to visits at their home addresses.

What we did before the inspection: We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We sought feedback from the local

authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection: We spoke we spoke with 11 people supported by the service, seven relatives, four members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed six people's care and support records and four staff recruitment files. We reviewed people's Medicine Administration Records (MARs). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, communication systems, policies, and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: ☐ The recruitment aspect of the service was not always safe and there was limited assurance about safety. This increased the risk to people. Regulations have not been met.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Recruitment

- Staff recruitment files showed that the service had not operated a safe and effective recruitment system. We looked at four recruitment files; in one file there was no explanation of gaps in employment. In another file references had not been sought from the last health and social care employer. In a third file negative information provided by the last employer had not been risk assessed.
- We found no evidence that people had been harmed, however procedures were not being followed to ensure the recruitment of staff was safe and suitable. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider responded immediately during and after the inspection. They confirmed that the provider recruitment policy had been updated to ensure that in future all necessary recruitment checks would be undertaken as required by Regulation 19.
- An enhanced Disclosure and Barring Service (DBS) check had been completed for staff employed. The DBS check helped ensure people barred from working with certain groups such as vulnerable adults would be identified.

Staffing

- There were enough staff to provide people with a safe level of care and support. Relatives told us that people using the service benefited from support from a consistent staff team. Relatives said, "[Person's name] has a very good relationship with staff; there is a consistent staff team" and "Over the last 12-18 months they have [reduced staff turnover] and that has made a massive difference to the lives of the people that live there." A staff member said, "I'm a one to one supporter and we definitely get time to learn who people are and spend time with them."

Using medicines safely; Preventing and controlling infection

- Medicines management was based on current best practice; medicine administration records (MARs) were completed appropriately to show when staff had given people their medicines.
- PRN protocols were in place. PRN medicines are often described as 'when required' medicines. A PRN protocol provides guidance as to how and when the medicine should be used and the correct dosage. This information ensures that the medicine is administered as intended by the prescribing doctor.

- Staff had received training in medicine management and audits were undertaken by senior staff to ensure that medicines were administered and stored safely.
- Staff told us they used protective equipment such as gloves and aprons when assisting people with personal care or when carrying soiled laundry.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce risks to people and guidance was regularly reviewed and updated. People's independence was unhindered by overly restrictive practices allowing people to live as independently as possible. One relative said "[The service] has really got on top of changes in care plans and we have had discussions about ensuring care for [Person's name] is the least restrictive it can be with maximum choices for [Person's name]."
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Equipment was safe and well maintained.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place. Staff knew how to identify different types of abuse that could occur and were aware of how to report it and keep people safe. For example, one staff member said "I would report it [abuse] straight away. Phone my line manager and they would deal with it. If I could not go to them there is information in the office to contact CQC and the team at the local authority."
- Safeguarding incidents had been reported to the local authority appropriately, however on occasion the provider had failed to notify the CQC appropriately. There is more information about this in the 'Well Led' section of this report.

Learning lessons when things go wrong

- Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed.

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 feedback confirmed this.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 when this is in their best interests and legally authorised under the MCA. This is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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.

- DoLS applications had been made via the Court of Protection as required.
- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a specific decision, a meeting was held to confirm actions in the person's best interests. This process included professionals and people of importance to the person. We found that in some instances there was a lack of information in relation to how decisions had been reached. Reviews of best interest decisions had not always taken place as required. We raised this with the registered manager who arranged for reviews to be scheduled.
- Staff had received training in MCA and asked people for consent when providing support. One staff member said, "You cannot physically force anyone to do anything. We try and encourage people to do so [undertake personal care] in order for them to become more independent but at the end of the day it is their choice."

Staff skills, knowledge and experience

- Records demonstrated that staff had received regular supervision. Regular supervision enables staff to

maintain their skills, knowledge and on-going development. A staff member said 'I have supervision every six weeks. If there is an issue I want to raise I can book it in sooner. We get to talk about things that we might not usually be able to discuss. They also feedback any praise we've had from the service users which is really nice to hear.'

- New staff received an induction when they began working at the service. This included training, orientation to the service and shadowing more experienced staff members.
- Staff were provided with training and support to ensure they could provide people with the care they required. Additional training had been provided to meet people's specific needs including to support people with behaviours that challenged. One staff member said "They are very good with training. They do have an in-house trainer and when it's more specialised they get external people in."
- All staff we spoke with had received training in how to support people living with autism and they used this effectively when communicating with people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been undertaken before the person arrived at the service. Resulting care plans were detailed, expected outcomes were identified and care and support was reviewed.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their religion, diet and gender preferences for staff support. For example, one person only had support from staff of the male gender. Another person had received support to enable them to form a consenting romantic relationship.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to receive meals which met their choice and dietary requirements.
- People were supported to be independent. For example, one person had gained new skills and was able to make their own drinks and some meals. Their relative said "There are good choices for food and [Person's name] recently was able to cook a stir-fry with only verbal prompts from staff. They support [Person's name] and others to cook for themselves if able. [Person's name] likes spice food and is supported to be able to eat this kind of food."

Staff providing consistent, effective, timely care

- Staff responded to people's health care needs. Relatives were very positive about staff and told us referrals were made appropriately. One relative said, "[Staff name] rang us when there were incidents and phoned to advise what could be done to support [Person's name]. [Person's name] was referred to a psychology team and they were able to put a behaviour management plan in place that staff know how to follow."
- Staff knowledge about people was good and professional advice provided was followed.
- Individualised information packs called 'grab packs' were in place to accompany people should a hospital admission be necessary.

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

- Where people shared their homes there was a planned approach to ensuring that the use of the communal areas were monitored to ensure they met people's needs. The provider was regularly reviewing how these areas could be adapted to better meet people's needs.
- People had been supported to personalise their homes with photographs, televisions, artwork and items relating to their personal hobbies. People showed us their bedrooms and how they had chosen to decorate them.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported

- People told us their staff were kind and supported them with their needs. One person said "[Staff name] is very kind, very supportive and always supports me and never gets cross." Another person said staff were "Very supportive and great fun."
- We observed people were treated with kindness and relatives were positive about the staff's caring attitude. One relative said, "You can tell that the staff are really fond of [Person's name]. Last week [Person's name] was unwell overnight. The staff that was on with him wouldn't go off shift until they'd taken [Person's name] for a medical appointment in the morning, even though they'd been on all night."
- Staff had developed positive relationships with people. One staff member said, "I am proud at the end of every shift if I've been able to make someone happy or give them the opportunity to do things for themselves and when you see someone make a meal for themselves and how happy it makes them it makes me proud."
- We observed staff were kind and compassionate. We observed warm interactions and comfort was provided when people appeared upset or anxious. One staff member said, "I always go into work with a positive attitude and go in and ask everyone how they are and just keep talking to people."

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

- People and relatives were consulted about their care. Care plans were regularly reviewed, and relatives confirmed they had been invited to attend. We also saw that people had been involved in expressing their preferences for their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and the staff were committed to provide the best possible care for people. "One relative said "[Person's name] is always washed and dressed appropriately which may in the past have been an issue for them."
- People's dignity and privacy was respected. A staff member said, "I always knock on the door and draw curtains [when undertaking personal care] and always ask [the person] and talk through what I am doing."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome. People had also developed friendships with other people who used the service, and this was encouraged as well as activities and jobs in the community that enabled people to make new friends.
- People were supported in promoting their independence. One relative told us how a staff member had

supported a person in obtaining funding for a specialist piece of equipment which further enabled their independence.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and were detailed enough to ensure that staff could provide personalised care that enabled people's routines and preferences.
- Staff were knowledgeable about people and their needs. Staff knew how to communicate with people. Staff ensured they used their knowledge about people when giving choices, particularly where people were unable to communicate verbally. We saw staff using hand gestures and words that had particular significance for the person and aided their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in activities of their choosing. Each person had their own activities schedule which was based around their individual preferences. People took part in activities such as swimming, bike rides, horse riding, playing football and gardening.
- Some people had been supported to find work; one person we spoke with worked in a supermarket and another person worked in a café. Another person also told us how the service was supporting them to find work that interested them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format that supported their needs. We saw examples of easy read documentation and pictorial symbols. We also observed staff using familiar hand gestures and phrases.
- Each person had their own communication passport; this was a personalised document that enabled staff to know how to communicate with the person.

Improving care quality in response to complaints or concerns

- None of the people we met had made a complaint or raised a concern, however the complaints policy was available in easy read and pictorial format if required.
- Staff told us that they knew when people were unhappy about something or with someone as their

behaviour or body language changed. Staff said they would try to resolve the issue there and then.

- Relatives we spoke with were confident that if they did make a complaint it would be dealt with quickly. We saw that any complaints made had been investigated and addressed providing the complainant with a formal response.

End of life care and support

- Within the care plans there was some information in relation to end of life care. However, most people using the service were young adults and conversations around this topic had mostly been undertaken with their relatives to avoid upsetting people. Consent had been obtained from people for their relatives to be involved in care planning.

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

Service management and leadership systems did not always support the delivery of a high-quality service.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- All services registered with the CQC must notify the CQC about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We had not received statutory notifications in relation to safeguarding including allegations of abuse. This meant that the CQC had been unable to monitor the concerns to consider any follow up action that may have been required.

We found no evidence that people had been harmed however, procedures were not being followed to ensure that statutory notifications were made as required. This was a breach of Regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009

During the inspection, the provider sent in the required statutory notifications.

- Quality monitoring of the service was undertaken by the registered manager, provider and senior staff. Quality assurance procedures had ensured that people who received a service were enabled to lead fulfilling lives. The quality assurance had however failed to identify all aspects of the service that required improvement such as recruitment practices and the submission of statutory notifications.
- The service was led by an experienced registered manager and a supporting management team. The registered manager described how they were developing staff to ensure succession planning within the service. Staff were clear about their responsibilities and the leadership structure.
- Staff were positive about the leadership of the registered manager and provider. Staff told us they felt listened to and that the manager and provider were approachable. One staff member said, "The management is really supportive and if you have any issues or queries there is always an on-call member of staff for advice and guidance and if you are ever feeling out of your depth they will come out to support you."
- People and their relatives also gave very positive feedback. One person said "[Registered manager's name] I can go to her anytime she will listen to me."

Engaging and involving people using the service, the public and staff

- During the course of the inspection we regularly heard and saw staff and the registered manager engaging

with people in a pleasant and informative manner.

- People and relatives had regular meetings. We saw that items raised had been actioned. For example, activities, job support and person-centred holidays were under discussion for the year ahead. Questionnaires were used to gain feedback from people and their relatives. Recent questionnaires showed a positive response.
- Staff told us and we saw records to show they had regular team meetings. Staff said they worked well together as a team. One staff member said "The staff support each other, and we write in the communication book if anything has happened during the day or any changes occurred for the next staff on shift. And if there are changes to any care plans then they get sent to the house and also emailed to us and put in the communication book too."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and provider ensured that the values of the service and staff embodied promoting person-centred, high quality care and support. A member of staff said "We enable people to become more independent and make their own decisions. It is their home day to day we ensure we make it about what they want to do."
- Of the very few incidents that had occurred where the duty of candour was relevant, the registered manager and provider had responded appropriately.

Working in partnership with others

- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. People attended day services and groups outside of the service and people had been supported to find jobs in the local community.
- Staff had good working relationships with partner agencies to ensure good outcomes for people. One healthcare professional said "When I came to the post I met with Able2achieve managers to explain my role, and the areas I can facilitate for people with a learning disability. This has led to positive cooperative working between myself and Able2Achieve for the benefit of the people they support. I have previously worked with the Senior Managers of Able2Achieve and always found them to be supportive of their staff and I believe this continues today from the feedback of the staff I have met."

Continuous learning and improving care

- The senior staff positively encouraged feedback and acted on it to continuously improve the service, for example the holidays that people could access. We saw that work was being planned to take the suggestions into account.
- Records showed that staff had opportunities for additional training and received regular supervision and appraisal.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of all statutorily notifiable events.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services were not protected against the risks associated with unsafe recruitment practices.