

Natural Ability

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Inspection report

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Overall summary

This inspection took place on 2 February 2015 and was announced so that the provider could speak with the person in receipt of care from the service about the inspection. We last inspected this service in August 2013 and found no breaches of regulations at that time.

Natural Ability is registered with the Care Quality Commission as a supported living service which provides care and support to people who have a learning disability or autistic spectrum disorder. The service also provides respite and outreach services to children with learning disabilities, which involves supporting them to attend activities within the community, and a holiday support service is offered where adults with learning disabilities can use the care and support services of Natural Ability whilst staying at a hostel in the Allendale area. A day-farming horticultural service operates on weekdays where adults with learning disabilities or autistic spectrum disorders from local communities can attend to develop their life skills and experiences, through a variety of different outdoors community projects such as tree planting and garden renovations.

At the time of our inspection there was one person in receipt of regular care and support on a supported living basis (in their own home and in the community), and three children with disabilities who were supported to pursue activities within the community on a less frequent basis. The day farming service was attended regularly by

groups of between one and six adults on weekdays. The respite, outreach and day activity services provided by Natural Ability did not fall under the registration criteria set by the Commission.

The service is required to have a registered manager in post and the provider had registered herself in this role with the Care Quality Commission. A registered manager is a person who has registered with the 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 provider told us that she planned to relinquish her registration as the registered manager of this service, as soon as practicable, in favour of a manager who now oversees the day to day operation of the service.

The person in receipt of care told us they felt safe in the presence of staff and fully supported in their daily life. The registered provider had systems in place to limit the risk of abuse, including financial abuse. Assessments of risk had been undertaken to ensure that the person remained as safe as possible whilst living their life as fully and independently as possible. Regular checks on the person's own home were carried out so that they were not exposed to dangers of a health and safety nature. Medicines were managed appropriately and safely, and records related to medication were well maintained.

Summary of findings

Staff records showed that recruitment processes were robust and staff were vetted before they started working for the organisation to ensure that they were suitable to work with vulnerable people. Other records related to the operation of the service and the person's care records were well maintained.

The person told us that staff supported them to achieve goals in their life and to make informed choices. Care plans contained detailed information about what the person needed support with and how staff should provide this support. Staff had the relevant information they required to provide effective care, and the person's care records were regularly reviewed and updated. Training records showed that staff were trained in areas relevant to their role and this training was up to date and monitored.

The registered provider and the manager both had an understanding of the Mental Capacity Act (2005) and it was evident in the person's care records that they had the capacity to make day to day choices in their life. Where bigger care based decisions were made, the service had involved the person's relative and local authority care manager, so that a communal decision could be reached in the person's best interests, with their agreement.

The ethos of the service was very much about promoting people's independence and developing their potential to live their lives as independently as possible. Evidence showed that the service achieved this and the person's relation said they were thrilled with the progress they had made since receiving care and support from the service. The person was actively involved in the local community and pursued a variety of different activities such as attending clubs and choir practice, which promoted their well-being.

The person was supported to maintain their own home so that it was safe and quality assurance checks on tasks undertaken by staff were carried out by the manager. Staff meetings took place regularly and the manager met with the person in receipt of care on a regular basis to obtain their feedback about the service they received, and to address any issues that may have arisen or changes that were necessary. The person confirmed that they were very happy with the service and the staff who supported them.

Summary of findings

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

The person told us they felt safe when receiving care and support from the service.

Care had been planned and risk assessed to reflect the person's needs and these had been reviewed. Staff who worked at the service had been appropriately recruited and vetted before they started work.

Medicines were managed safely.

Is the service effective?

The service was effective

Staff and the manager told us they undertook training regularly and there were plans to expand the training offered to staff.

The person's capacity levels had been considered and measures were in place in line with the legal requirements of the Mental Capacity Act 2005. The person was not subject to any restriction under the Deprivation of Liberty Safeguards.

The person told us they were actively supported to do their shopping and they made their own choices about the foods and drinks they consumed.

Is the service caring?

The service was caring

The person told us they were happy with the staff and the care and support they received whilst living in their own home.

They told us that staff respected their privacy and dignity and that they were free to make informed choices in their day to day life.

Records showed that the person was supported by the service to access health professionals for assessments and checks when necessary to maintain their health and well-being.

Is the service responsive?

The service was responsive

Care plans and risk assessments reflected the person's needs and these were reviewed regularly and updated as their needs changed.

The person attended a range of activities within the community such as going to the cinema, shopping and choir practice. They also attended horticultural activities daily which were facilitated by the provider.

The person told us if they were not happy with anything, they would tell staff or the manager.

Is the service well-led?

The service was well-led.

A range of policies and procedures were in place to support and inform staff.

Summary of findings

Checks and audits were undertaken within the person's own home to ensure they remained safe and that the service was delivered safely and effectively.

The ethos of the service was to encourage and support people to have ambition and to take as much responsibility for their own lives as possible.

Natural Ability

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 February 2015 and was announced. The provider was given 48 hours notice because the service is a supported living service and the person in receipt of care and support may not have been available. This was also so that the person was aware we were visiting and they were able to prepare for the inspection in advance.

The inspection was carried out by one inspector.

Prior to our inspection we reviewed the information that we had available to us. We contacted Northumberland safeguarding team and Northumberland contracts team to ascertain their views of the service. They did not highlight any concerns.

We spoke with the only person who was in receipt of regular care and support, on a supported living basis, from the service. With their permission we observed care being delivered in the person's own home and we reviewed records related to their care and the operation of the service. In addition, we studied two staff files. We also spoke with three members of staff, the new manager and the registered provider, to gather their views about the service. Following the inspection we attempted to speak with the care manager of the person in receipt of care, however we were informed that they were no longer available and the newly appointed care manager had not had any contact with the service. Therefore, we were not able to gather this healthcare professional's views about the service and its leadership.

Is the service safe?

Our findings

The person told us they felt comfortable and safe in the presence of staff. He told us, “Staff are never nasty or shout. The staff are nice”. The manager and the registered provider told us there had not been any safeguarding incidents within the service and this tallied with our records.

Staff told us they had received training in safeguarding, which involved identifying signs of abuse and what action should be taken, and training records confirmed this. They informed us of the procedures they would follow should they need to report anything of a safeguarding nature and staff were aware of their personal responsibilities to protect people from abuse. There were safeguarding and whistleblowing policies and procedures in place which contained contact numbers for the local safeguarding authority. Safeguarding systems were in place related to the person’s finances which reduced the likelihood of financial abuse. The manager told us the service enjoyed a good relationship with the person’s care manager and they would contact the care manager about any concerns or issues should they arise.

Systems were in place to record accidents and incidents should they occur, although there had not been any incidents of a reportable nature since the service was registered with the Commission. Risks that the person was exposed to in their daily life had been assessed and written instructions were in place for staff to follow about how to manage and reduce these risks. These risk assessments were regularly reviewed. The manager told us that these risks had been assessed by a multi-disciplinary team including staff, the person’s care manager, their relative and the management of the service. The manager and the registered provider told us the person had developed their independent living skills in recent years and they had made significant progress. They told us the organisation encouraged positive risk-taking, once this had been appropriately assessed.

Four staff supported the person on a rotational basis and this gave consistency in care. A rota was available for the person to follow, which informed them which staff member was due to be on duty. The person told us, “The staff are

nice. It’s X (staff name) today and then Y (staff name) tomorrow. Wednesday is Z (staff name) and Thursday it’s Y again”. The manager told us that any shortfalls in staffing due to, for example, unexpected sickness, would be covered by either themselves or the registered provider. Staff told us that staffing levels were adequate as they provided one to one support which allowed them to see to all of the person’s needs. Our observations confirmed this. Time was incorporated into each shift changeover so that staff could pass information onto the staff member coming on duty and this ensured that care delivery remained as up to date as possible.

Staff files showed that recruitment procedures were appropriate and protected the safety of

the person. We saw that application forms were completed including previous employment history, staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks (or previously CRB checks) were obtained before staff began work. This meant the registered provider had systems in place designed to ensure the person’s health and welfare needs were met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

The person’s medicines were managed safely and appropriately. Current and historic Medication Administration Record Sheets were all well maintained. Information about the medicines currently prescribed to the person was held within their care records. These included details of medicines that were taken daily and those that were taken on an ‘as required’ basis. Staff told us they supported the person to take their own medication independently once they had dispensed it from the relevant container. Systems were in place to dispose of medicines that were no longer required, by returning them directly to the supplying pharmacy. A medication policy was in place for staff to follow.

The manager and registered provider ensured staff supported the person to carry out checks of a health and safety nature within their own home. For example, records showed that checks on cleanliness levels, health and safety and the fire alarm system were all carried out regularly to ensure that they remained safe.

Is the service effective?

Our findings

The person told us he felt supported by staff and received all the help that he needed to live as independently as possible in all areas of his life. He said, “They help me with things like cooking and sorting out my television. I am happy with everything. I go to the torch centre in Hexham. I like it there”.

The registered provider and the manager had a good understanding of the Mental Capacity Act (2005) and the capacity levels of the person they supported. They told us the person had the ability to make their own decisions in most areas of their daily life and staff told us about two recent situations where they had supported the person to achieve specific goals in their lives. We observed the person was able to make their own decisions and they gave consent for us to visit them and look around their home. In addition, they had signed consent forms held within their care records consenting to photographs they featured in whilst partaking in activities facilitated by Natural Ability, to be used in their promotional literature.

The person told us they were able to make choices about the food they purchased and consumed.

There were stocks of healthy foods available within the home and on a board in the kitchen meals for the forthcoming week were listed. The person told us they decided on the meals that they would eat in the week ahead, with support from staff who took them food shopping. The person offered staff a drink when we visited them at their home and promptly made a cup of tea for themselves and the staff member on duty. There was sufficient access to food and drink to maintain the person's well-being.

On weekdays the person told us they attended the day-farming service facilitated by Natural Ability which they thoroughly enjoyed. They told us this involved undertaking gardening tasks in the local community and other similar outdoor projects. The person referred to this activity as ‘work’ and showed a real sense of responsibility for what they achieved through this initiative. The manager told us that the day farming service involved training and teaching people environmental skills, horticulture and life skills. They told us there were plans to expand this teaching into community bronze, silver and gold awards which involves

teaching people life skills ranging from getting ready in the morning, to organising an activity. People are required to keep evidence of their achievements in a book to be assessed at the end of the course. The manager told us they were trained to deliver these life skills awards and that once funding has been secured, the service would be looking to offer this course to the person. The manager told us the service was already working with the person to develop their independent living and travelling skills. The person's relation told us they were “thrilled” with the progress the person had made in relation to their independent living skills, since receiving care and support from the service.

The person told us they were supported by staff to attend routine healthcare appointments such as going to the dentist and opticians, as and when necessary.

Staff told us communication between themselves and the management of the service was good and a computer provided by the service was available for staff to access when in the person's home. This gave staff access to care plans and risk assessments about the person's care and support, via a shared drive. The manager told us that they communicated with staff regularly via email and by telephone if necessary.

Staff displayed an in-depth knowledge of the person and their needs, which we saw they used to provide effective, personalised care. Records showed that staff had received training to equip them with the relevant skills to carry out their roles and training in a number of key areas such as safeguarding, infection control, medication and food safety was up to date. A training matrix helped the manager track when this training needed to be repeated. The manager told us as part of their induction, they took new members of staff to meet the person at their own home, and learn about the systems that were in place to support them to remain as independent as possible.

Staff told us they received regular supervision and appraisal from the manager and they felt supported. Records confirmed that supervisions and appraisals were held regularly and were used as a two-way feedback tool through which the manager and individual staff could discuss, for example, the needs of the person the service supported, any issues or concerns, their own training needs and personal matters if necessary.

Is the service caring?

Our findings

The person told us he enjoyed a good relationship with staff who treated him well. He said, “I am very happy with staff. They have nice smiles”.

During our inspection we observed that the relationship between the manager, staff and the person was good. The person was included in all conversations and staff engaged with them in a kind, respectful and caring manner. The person confirmed that staff respected their privacy and dignity. For example they said, “The staff knock on my door before they come in”. Staff provided examples of how they respected the person’s privacy, dignity and confidentiality, when in their home and out and about in the community.

The person confirmed that staff explained matters which they did not understand in a way that they could follow, reflecting that staff were aware of the person’s diverse needs. The ethos of the service was very much about promoting independence and encouraging people to do as much as possible for themselves. The person proudly told us they travelled alone on public transport after getting on

the bus, until the point that they reached their destination, where they were met and supported by staff from the service. We observed the person made his own drink, he showed us around his home independently and there was a list of daily household chores on a board in his kitchen, which he told us he was encouraged to complete, with support from staff. This showed the registered provider encouraged the person to take responsibility for their own living environment.

The person told us they felt included in their care and the manager told us the person had been given a copy of their own plan of care and risk assessments which they retained within their home. In addition, the manager told us that the person’s relative received a copy of their care plan and risk assessments. Evidence was available which showed that the person and their relative were both included in their care as much as possible.

The manager informed us that the person did not currently have a formal independent advocate acting on their behalf, but that their relative took on this role, so the person’s voice was heard, as and when necessary.

Is the service responsive?

Our findings

The person told us they felt involved in their care and they lived their life the way they wanted. They said, “I am very happy. The staff help me when I need them to. I like my house. I want to move into Allendale. They are looking into it”. The person’s relative said they couldn’t be happier with the service and the changes they had seen in the person’s abilities.

The person had a care plan which covered what they were capable of and what they needed help and support with. This meant staff had a clear picture of the person’s abilities and needs, and when, and how, they would be required to support them. There was a summary about the person within the file and a list of their likes and dislikes were recorded. The person’s care records were very much person-centred and staff confirmed they had enough information available to them about the person and their needs, to provide effective and responsive care. Risk assessments and the person’s overall plan of care were reviewed regularly, which ensured that information relevant to care delivery was up to date. The manager told us how the service encouraged the person to do as much as possible for themselves. They said the service responded to choices the person made in their life, and any short or long term goals that they set for themselves. The manager said the service were currently supporting the person to move house, by their own choice, from their home in a rural setting, into the local town where they felt they would enjoy life more. This showed the provider was

responsive to the person’s needs and their desired outcomes. The person told us they were very happy with the support they were receiving from the service in this matter and we could see it promoted their wellbeing.

The person told us, and their care plan and daily notes reflected that they were involved in a range of activities in the community, which included attending evening activities at a local community centre, such as playing dominos and pool. Staff told us they transported the person to and from events and evening activities that they enjoyed. The manager and registered provider told us the person kept in regular contact with their family and they had made many friends, and met a partner, through their pursuit of activities within the community.

The manager told us they met with the person regularly to discuss the care and support they received and also talked with their relation in order to measure the standard of service delivered and to address any concerns raised. The person told us that if they were not happy with something they would tell staff or the manager. A meeting for those staff involved in the person’s care took place regularly and staff told us they had the opportunity to feedback their views either at staff meetings, in supervisions or appraisals, or by approaching the manager or registered provider directly. There was no record of any formal complaints being made to the service, and the manager told us that through regular contact with the person and their relative, any issues that were raised, were addressed immediately before they escalated.

Is the service well-led?

Our findings

At the time of our inspection the registered provider of the service was also the registered manager of the service. However, in recent months another person had taken over the day to day management of the service and they informed us they were in the process of applying to register as the registered manager of this location. Our records showed that the location had been under the personal supervision of the registered provider since it was first registered with the Commission.

The registered provider told us that the ethos of the service was to enable people to live as independently as possible in their own lives and achieve their potential. She said, “We want ambition for people. We want them to make the best of themselves and take responsibility for their own lives. It is about getting people outdoors and involved in the community and getting them physically active also”. She told us that the children’s support side of the business, which involved assisting children with learning disabilities to access the community, had developed since April 2014 and there were plans to develop this further. In relation to the supported living service, the registered provider told us she hoped to develop this further in the future. She told us “We want to develop what it needed in this service slowly, so that it is done right”.

The registered provider had employed a business development manager who worked closely with the manager. Clear line management structures were in place for staff and we saw that monitoring systems such as supervisions, appraisals, staff meetings, a training matrix and up to date clear records were in place to assist the registered provider and the manager in their regular assessment of the service and its progress. The manager

told us that the service had historically enjoyed a good relationship with the person’s local authority care manager who they had kept informed and involved in any changes or reviews of the person’s care.

The registered provider told us they tried to keep abreast of best practice guidance related to the care of people with learning disabilities. The manager discussed future plans the service had to introduce training initiatives for people who used the service, which they envisaged would provide a positive outcome for people and a sense of achievement.

The manager showed us that checks were carried out on the person’s home from a health and safety perspective, such as monthly checks and audits related to cleanliness and fire alarm testing. In addition, the manager showed us historic Medication Administration Record sheets that they checked. They explained how they provided feedback about any concerns or, for example, errors in recording, directly to the staff members involved. Staff also conducted daily checks at the person’s home on finances and water and fridge temperatures. The manager told us they reviewed these checks during visits to the person’s house and an overview of any issues or concerns that needed to be addressed was documented. Staff members were then allocated actions they had to complete. The manager showed us evidence that they monitored completion of these tasks by carrying forward the action until they witnessed it had been done at their next visit to the person’s home.

We saw that records were up to date and a daily log maintained by staff contained details of daily activities, events, healthcare appointments and other key information. Other care records and risk assessments were also up to date.