

Ability 2 Achieve Care & Support Limited

Ability 2 Achieve Care & Support Limited

Inspection report

Unit 4 Olympic Court
Whitehills Business Park
Blackpool
FY4 5GU

Tel: 01253747550
Website: www.ability2achieve.co.uk

Date of inspection visit:
06 September 2022

Date of publication:
04 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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 108 people being supported by the service of which 22 received personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have choices and promoted their independence. Staff had completed training to ensure they understood the meaning of the service and to give people choices about their lives and support. People were supported to pursue their interests and to achieve their aspirations and goals. One person said, "I love helicopters and have been in one." People were encouraged to have maximum choice and control of their lives and their staff helped them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Peoples medication was managed by staff who had received medication training to ensure safe processes were in place.

Right Care:

People received kind and compassionate care from the agency. Staff and the management team protected and respected people's privacy and dignity. They spoke about people with respect and were proud of the skills they had gained. A staff member said, "Love the job and learn from the people I work with daily." Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse which was regularly updated. There were sufficient appropriately recruited and skilled staff to meet people's needs and encourage them to develop their life skills. Staff had good ways of communicating, using body language, sounds, and pictures so they could interact with people in a positive way. Staff, people supported, and their advocates cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks and live an independent life as possible.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their

families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised, so people received support based on transparency and respect. Ability 2 Achieve treated people and their families with respect. This was confirmed by comments we received. One relative said, "They always include us in what we think is required, our opinions and ideas matter. It is a great service." Relatives told us they felt comfortable to raise any issues and were confident they would be listened to and dealt with.

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

Rating at last inspection

The service was rated good on 18 December 2018.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow Up

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

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.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-Led.

Details are in our well-Led findings below

Ability 2 Achieve Care & Support Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 September 2022 and ended on 09 September 2022. We visited the location's office on 06 September. We gathered the views of people's relatives and staff from 07 September to 09 September 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two relatives, the registered manager and provider. In addition, we spoke with seven staff members including senior staff. We looked at a range of records. This included two people's care records, two staff recruitment files, training records, and audits of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff at Ability 2 Achieve matched the needs of people using the service. The management team ensured they only agreed to support people if they had appropriate staff available to care and support them.
- Recruitment procedures were in place. Staff told us the recruitment process was thorough and checks had been obtained prior to starting work. One staff member said, "All checks had been done before I started."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe.
- People we spoke with had no concerns about their safety. For instance, relatives told us they received the same carers most of the time and that made them feel safe in their home. A relative said, "We get to know the staff because they are the same and its good."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were kept safe because the management team assessed, monitored and managed safety well. A relative said, "We feel comfortable [relative] is safe because the staff care and the agency have the skills to support people with learning difficulties."
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible. This was because staff and the management team managed risks to minimise restrictions. People were supported in positive risk taking to gain life skills and confidence. This was confirmed by talking with people and relatives.
- The management team managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The management team investigated incidents and shared lessons learned with staff.

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible.
- Staff had received medicines training and had their competencies assessed, staff spoken with confirmed this. The management team checked medication administration was safe and acted on any discrepancies through their auditing systems they had in place.

Preventing and controlling infection

- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture throughout the service which focussed on providing people with high standards of support and care. A relative commented, "All staff have a wonderful attitude and really care for people."
- Staff told us they felt supported and valued by the management team. A staff member said, "Yes we are supported in our roles by a very good management team."
- The registered manager had the skills and knowledge to lead the service effectively. Staff spoken with confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had auditing systems to maintain ongoing oversight and continued development of the service. The management team had responsibility for areas of quality assurance. For instance, spot checks by senior staff were carried out. This ensured the quality of care remained good, and people were happy with the service they received. Relatives we spoke with confirmed this. Systems highlighted any potential issues and review dates so they could be responded to.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- Duty of candour was understood, and it was clear in the way if any complaints were made, they would be listened to and concerns and worries would be investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were developed to ensure people and relatives were fully engaged. The service sought feedback from people and those important to them. The feedback supported the management team to make improvements when identified so the service continued to evolve.
- The registered manager was available at any time. This was confirmed by staff and people we spoke with. A relative said, "Great management always available to share information."

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses. We found positive feedback from professionals, for example one survey said, 'Just wanted to put in writing to say how thankful for the way [person] has been supported. [Person] is a completely different person, we cannot thank Ability 2 Achieve for all the support given to them.'