

Ability Housing Association

Your Ability Surrey

Inspection report

Cavell House
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Farnham
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GU9 9RE

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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

This inspection took place on 09 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

Your Ability Surrey provides domiciliary and community support to people with learning disabilities, physical disabilities and mental health conditions. They provide a supported living service. At the time of our inspection, two people were receiving personal care.

There was not a registered manager in post. At the time of our inspection, the manager was going through our registration process. 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.

People were supported by staff who understood their roles in safeguarding people. Staff assessed risks to people and provided support that minimised risks whilst encouraging people to be independent. Where incidents had occurred, actions were taken to prevent them from reoccurring.

Staff were trained in how to administer people's medicines safely and staff worked alongside healthcare professionals to ensure that people's needs were met.

Staff provided people with choices and people were involved in their care as well as the running of the service. Staff had a good understanding of the Mental Capacity Act (2005).

People were supported by staff that knew them well. People told us that staff were consistent and punctual which demonstrated that they were deployed appropriately.

Staff were involved in making decisions about the running of the service and regularly shared best practice. Staff received training suitable for their roles and regular supervision.

Care plans were person centred and people's needs were reviewed regularly. People's preferences around food and nutrition were recorded and staff acted in accordance with these.

Management regularly sought feedback from people and carried out audits to ensure quality. People were aware of how to complain and complaints were responded to by management.

Staff provided support in a way that promoted people's privacy and dignity. Checks were undertaken to ensure that staff were suitable for their roles.

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 role in safeguarding people from abuse.

Risks to people were assessed and plans were in place to minimise risks whilst promoting independence.

Accidents and incidents were documented and actions were taken to prevent them reoccurring.

Staff were deployed in a way that ensured staff arrived on time and people received care from consistent staff.

People medicines were administered safely by trained staff.

Is the service effective?

Good ●

The service was effective

Staff worked alongside healthcare professionals to ensure people's health needs were met.

People were supported by staff who were trained to carry out their roles.

Staff had a good understanding of the Mental Capacity Act and systems were in place to support people if they were unable to make their own decisions.

Staff supported people to prepare a meal of their choice.

Is the service caring?

Good ●

The service was caring

People were supported by staff who knew them well.

Staff provided people with choices and people were involved in decisions about their care.

People were supported to remain as independent as possible.

Staff provided support in a way that promoted people's privacy and dignity.

Is the service responsive?

The service was responsive

People knew how to make a complaint. Complaints were responded to and documented.

People's care plans were person centred and contained information on what was important to people.

People received a thorough assessment before starting a service and care plans were regularly reviewed to identify changes in need.

Good ●

Is the service well-led?

The service was well led

Management sought people's feedback and carried out regular audits to ensure people received quality care.

The provider was developing links with the local community.

Staff were involved in making decisions about the running of the service as well as sharing good practice.

Good ●

Your Ability Surrey

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 09 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available. The inspection was carried out by one inspector, due to the small size of the service

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at two people's care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

Following the inspection we spoke to two people to gain their views of the service. We spoke to the manager, one senior staff member and two care staff members.

This was the first inspection since the service became registered.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I do feel safe." Another person said, "Yes, I feel safe."

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I'd flag anything up to my line manager. Then I'd contact police or social services. It depends on what you're faced with." Staff had attended safeguarding training and it was discussed at one to ones. Where staff had concerns, we saw evidence that these were fed back to the local authority safeguarding team. Staff were working alongside social care professionals to keep one person safe after they raised concerns. People were given information on how to stay safe and how to contact outside agencies if they were concerned about their safety.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. The provider told us in their PIR that, 'risk assessments are reviewed every six months or sooner if there is an incident or accident that affects the content.' We found this to be the case. One person was at risk of becoming depressed and isolated. Staff encouraged them to be active in the community and supported them to go out. Staff engaged with the person and encouraged them to pursue hobbies in areas they were interested in. Another person was diabetic but chose to eat foods that were outside the recommendations of healthcare professionals which placed them at risk of hypoglycaemia. Staff prompted the person to take their own blood sugar readings and helped them to monitor this. The person administered their own insulin with staff encouragement. Before baths, staff reminded the person to drink a glucose drink to maintain their blood sugar levels. If the person became unwell, staff were to support them to access healthcare professionals.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. Accidents and incidents records included a record of all incidents. They documented the outcome and what had been done as a result to try to prevent the same accident happening again. Each person's records had a tool to analyse accidents and incidents in order to identify patterns or repeat incidents. One person had become verbally aggressive to staff. The incident was recorded and staff contacted healthcare professionals. Staff who the person were informed of the incident to ensure that they were mindful when supporting them.

People told us that staff were deployed in a way that ensured they received the support they required safely. One person told us, "They get to me on time." The manager deployed staff based on location. Where people had preferences about which staff members supported them, the manager was usually able to accommodate this. There had been no missed calls and people told us that staff were not rushed and were able to spend time with them. One staff member told us, "They seem to allow enough time to do everything in the plan which is nice."

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had

obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Staff administered people's medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test and shadow an experienced member of staff before being signed off as competent to administer medicines. At the time of our inspection, staff were only observing people taking their medicines. Medicine Administration Records (MARs) were up to date, recording each time staff observed people taking their own medicines.

Is the service effective?

Our findings

People told us that staff supported them to access healthcare when they needed it. One person told us, "They call the doctor for me." Another person said, "They help whenever my nurse needs to see me." One person had ongoing appointments with a healthcare professional and this was part of their care plan. Staff supported the person to schedule and attend the appointments. Care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Where people needed quick access to healthcare professionals, this was arranged by staff.

People were supported by staff who were trained to carry out their roles. Staff told us that they received training specific to the needs of the people that they supported. One person had a specific medical condition. A staff member who supported them told us that the provider arranged training for them which has improved their practice. They said, "It's been really helpful, I went on the training and learnt how to deal with it." Staff received an induction and the mandatory training included safeguarding, health and safety and moving and handling. Another staff member told us, "Overall the training is good, I'm due to do some of the core training soon." The provider kept a record of staff training and had a system in place to ensure that mandatory training units were regularly refreshed. This ensured that staff were always up to date with current practice.

Staff received regular supervision and they told us that they found it beneficial. The provider told us in their PIR that they had, 'a supervision and induction policy which sets forth expectations and provides guidance to colleagues around supervision and appraisal.' Our evidence supported this. Notes from supervision showed that staff used meetings as an opportunity to ask advice as well as to identify training opportunities and learning needs. One staff member had recently discussed a person's benefits applications and where they could find information for the person so that they could be supported to apply. An appraisal system was in place to support staff development. At the time of our inspection, staff had been working at the service for less than a year and had appraisals scheduled.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. At the time of our inspection, all people receiving care were able to make the decision to do so and give consent. Staff demonstrated a good understanding of the mental capacity act and were aware of how it applied to the people that they supported. Where one person had support from the local authority to manage their finances, we saw evidence of staff working alongside social care professionals to act in the person's best interests. Staff had obtained appropriate documentation from the local authority to ensure that the person's rights were protected.

People were supported to have a meal of their choice by organised and attentive staff. One person told us, "I choose all my food when I go shopping. They cook for me and give me a choice." Records contained information on what people liked to eat and how much support they needed from staff. Staff helped one person with planning meals, to assist them to maintain a healthy diet. At the time of our inspection, staff were not supporting anyone with any specific dietary needs. Information about people's dietary requirements was gathered in assessments and discussed at reviews.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "I'm thrilled with them and very happy," Another person said, "Yes they are very caring."

People were supported by staff who knew them well. People's care was scheduled to ensure they received support from consistent staff. Whenever new staff members were scheduled to work with people, they always shadowed another member of staff first to give people an opportunity to get to know them. There was a keyworker system in place. A keyworker is a dedicated member of staff who oversees a person's care and gets to know them well. One staff member told us about a person they were keyworker for. They said, "We work with people consistently. (Person) managed to get a voluntary job recently which was really positive." When we spoke to staff, they demonstrated a good knowledge of people's backgrounds and life histories.

Staff knew how to involve people in their care and support them to make choices. The provider told us in their PIR that, 'Customers at this service make choices about every aspect of their daily lives including access to social and leisure activities, diet and decor of their homes.' We found this to be the case. People receiving care were able to make their own decisions with support from staff. Staff demonstrated a good understanding of how to help people to make daily choices. One staff member told us, "If helping someone choose what to wear we'll look at what's in the wardrobe with them and make sure they know what the weather's like. We help people make meal choices as people don't just want the same thing every day."

People were involved in the running of the service. The provider had a committee in place known as 'The Q Team'. This was a group of people from different services who met regularly and discussed their experiences in order to identify improvements and provide feedback. This provided people with opportunities to be involved in the care that they received, as well as the overall running of the service.

People were supported to remain as independent as possible. Care records contained information on people's strengths and goals. Initial information sheets in care plans were completed by people, in which they wrote what was important to them and information such as how they wished to be addressed. One person wanted to become more active and independent in the community. Their care plan contained details for staff on their interests as well as what support they needed to become more independent in this area. Staff spent time with the person to explore their interests and to find volunteering opportunities and clubs in the local community. Staff supported them to go out into the community to develop confidence so that they could go out independently.

People told us that staff respected their privacy and dignity when providing support in their homes. One person said, "They (staff) are considerate." Staff demonstrated a good understanding of how to care for people in a way that maintained their dignity. One staff member said, "(Person) has an intercom system so I ring the doorbell first. If they can't answer then I will let myself in and call out to them. I will always knock on the bedroom door and ask to come in." This reflected the instructions for staff that were in the person's care plan. People's personal information was stored safely and staff had undergone training in how to manage

people's information.

Is the service responsive?

Our findings

People told us that they felt confident to make a complaint. One person said, "I could if I needed to (complain)" Another person said, "I've not complained but when I had a problem they sorted it."

The manager kept a log of complaints and recorded any actions that had been taken. There had not been any complaints from people receiving personal care, but complaints were documented from people who were supported in other ways. People who had complained had been responded to and management had ensured they were satisfied with the outcome. Where people had requested changes to their care, these had been actioned. One person told us they did not get along well with one staff member. They requested a change and management actioned this quickly.

People knew how to make a complaint. The provider told us in their PIR that, 'We have created an Easy Read complaints leaflet which uses plain English and pictures which gives customers guidance on making a complaint as well as signposting them to advocates and other external agencies who can support them if they would prefer not to complain directly to Ability.' Our evidence supported this. People were given information in an accessible format. Keyworkers discussed the complaints procedure with people and supported them to complain. One person had a problem with their housing and staff had worked alongside them to help them to raise a complaint, which was then addressed.

People's care plans contained detailed information about their preferences and how they liked to be supported. Records contained information on what support people needed from staff to meet their needs, as well as their preferences and daily routines. One person's care plan stated that they did not always want support with having a shower, and support was flexible around their choices. Staff asked them each day if they wished to have a shower. The person had a detailed timetable in their care plan as they were active in the community and their support was arranged around this. Care plans also reflected people's interests so that staff could support them to engage in activities. One person liked art and animals. This was clear in their care plan, along with activities that they enjoyed as part of their hobbies. When we spoke to staff, they demonstrated a good understanding of people's interests and activities, as well as their needs.

People received a thorough assessment before receiving support. Assessments provided an opportunity for people to tell staff what was important to them and to identify goals. One person had stated at their assessment that they wished to engage with a particular healthcare professional, as well as to be supported to maintain their personal care. This goal was documented and staff recorded when it had been achieved. People's care needs were reviewed regularly which meant that changes in need could be identified and people had opportunities to identify new goals that they wished to achieve.

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person told us, "(Manager) and (Deputy manager) are always there and I can ring them." Another person said, "(Manager) is doing well."

The manager had put systems in place to assess the quality and safety of the service and make improvements. The provider told us in their PIR that, 'The service has been subject to audits both by managers and by Ability's Q Team in 2016.' We found this to be the case. People were regularly asked for their feedback. The provider also regularly consulted a group of people, The Q Team, to discuss improvements that could be made. A recent report from The Q Team had identified that people would like a database of local activities they could engage with. This had been put in place by staff. Feedback was collated and a report published which detailed what people had asked for and what had been done as a result. Actions from the most recent feedback had been implemented by staff.

The provider carried out their own regular and thorough audits and where issues had been identified they were addressed. The last audit had identified only minor issues but demonstrated that a system was in place to ensure a good quality of care. Records showed that spot checks were happening regularly and where changes were identified, they were acted upon.

The provider was building links with the local community. When new flats were opened, people and staff were joined by health and social care professionals. The fire brigade attended along with the mayor. This provided an opportunity for people to meet representatives from local services and organisations as well as helping the provider to develop relationships with the local community. People's care plans contained evidence of staff working with local services that people used, and staff demonstrated a good knowledge of services and organisations that people could access in the local area.

Staff told us that they could raise issues or make suggestions to management. One staff member said, "We have regular meetings. We usually talk about the people we support and can make suggestions about how the service is running." Minutes of meetings showed staff had input into decisions and used it as an opportunity to share good practice. Staff also used emails to highlight important information about people. Following an emergency hospital admission, one person's needs had changed. The person's keyworker quickly got information out to staff who supported the person to ensure they were aware.

Staff were given responsibilities to ensure that they were involved in the running of the service. Staff were 'Ability Positive Champions' for a variety of responsibilities such as health, first aid and health and safety. One staff member told us that their responsibilities had helped them in their career development and made them feel valued. They said that the responsibility they had helped people whilst also providing them with experience that would benefit their career.

The manager understood the challenges facing the service. They told us that they had identified that record keeping was taking up time that staff should be spending with people. To ensure this did not happen the manager always added in time for administrative tasks when arranging funded hours from the local

authority. This ensured that staff were able to spend the time required with people to ensure that their needs were met.