

Abilities Development Ltd

Abilities Short Breaks - Preston Road

Inspection report

340 Preston Road
Wembley
Harrow
Middlesex
HA3 0QH

Tel: 02034112330

Date of inspection visit:
07 June 2019

Date of publication:
01 July 2019

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

About the service

Abilities Short Breaks - Preston Road provides accommodation and personal care for a maximum of three adults who have learning disabilities. The home is a two-storey detached corner house. The service provided short stays for people with learning disabilities. The local authority agrees an allocated number of nights for people with learning disabilities as part of their care package. Relatives of people then book short breaks at the home for people. At the time of this inspection, there were three people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

There was only one person in the home during this inspection who could provide us with verbal feedback. The other two people had gone out for the day. Staff informed us that these two people were not able to provide verbal feedback. The person who used the service told us they were happy living in the home and they were well cared for. We observed that staff interacted well with this person and were attentive towards them. People's relatives were positive about the care provided. They stated that staff were able to meet people's needs and treated people with respect and dignity.

Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse

The service had a policy and procedure to ensure that people received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs. This was also confirmed by staff and relatives.

People looked comfortable in their environment. The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The healthcare needs of people had been assessed. People could access the services of healthcare professionals when needed.

Staff had received appropriate training and they had the knowledge and skills to support people. The registered manager and senior staff provided staff with regular supervision and a yearly appraisal of their performance.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. DoLS authorisations were in place for all three people.

People's care needs had been assessed prior to them coming to the home and staff were knowledgeable regarding these needs. The service provided people with person-centred care and support that met their individual needs and choices.

Staff supported people to participate in various activities within the home and in the community. They were encouraged to be as independent as possible and also engaged in household chores.

There was a complaints procedure and people's relatives knew who to complain to. Complaints recorded had been promptly responded to.

The service was well managed. Morale among staff was good. Relatives told us that management listened to them. Management monitored the quality of the services provided via regular audits and checks. The results of satisfaction surveys indicated that the representatives of people were mostly satisfied with the care and services provided. Two recent suggestions made by relatives had not been responded to. The registered manager stated that he would respond to them.

Rating at last inspection: The service had been inspected on 18 and 21 October 2016 and rated as Good.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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

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

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Abilities Short Breaks - Preston Road

Detailed findings

Background to this inspection

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.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Abilities Short Breaks - Preston Road is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home 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: This was a comprehensive inspection, which took place on 7 June 2019 and was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information

about important events which the provider is required to send us by law. The provider completed their Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service.

During the inspection

We spoke with one person who used the service. We also spoke with the registered manager, the operations manager and two care workers. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of three people using the service, four staff employment records, policies and procedures, maintenance and quality monitoring records.

After the inspection

We also spoke with three relatives of people who used the service. We received feedback from one care professional.

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 Requires Improvement. At this inspection this key question has now improved to Good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were being abused.
- Relatives told us that that people were safe in the home. One of them said, "My relative is safe in the home. They take good care of my relative."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded in people's care records. Risk assessments included risks of self-neglect, choking, risks from certain medical conditions such as epilepsy and behaviours which challenged the service. At the last inspection we found that they contained insufficient detail. At this inspection we found that improvements had been made and they were sufficiently detailed. The service had also continued to take appropriate actions to ensure people were kept safe and protected from foreseeable risks. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information about how staff should support people in the event of a fire or other emergencies.
- The home had an updated fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out and documented. We however, noted that the fire alarm tests did not contain the names of staff who were present. The registered manager stated that they would in future include the names of staff to monitor that all staff had an opportunity to practice what they would do in the event of a fire emergency.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, portable electrical appliances and electrical installations.
- Staff checked and recorded the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- Staff were carefully recruited to ensure they were suitable. They had the appropriate checks prior to being employed. Staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The service had adequate staffing levels to meet the needs of people. Staff and relatives told us that there were sufficient staff to meet people's needs.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) indicated that people received their medicines as prescribed. There were no unexplained gaps.
- Medicines were stored securely at the home. Staff recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.
- Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Staff had received training in infection prevention and control. Protective clothing, including disposable gloves and aprons were available for staff.
- Relatives told us that the home was usually clean when they visited. One relative said, "The home is clean. They are hygienic."

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- A relative told us that staff were aware of the preferences, likes and dislikes of their relative and their relative looked forward to going to the home for their respite.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received a comprehensive induction. New staff had started the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control, Positive behaviour Support management and safeguarding,
- Staff were well supported by management and there were arrangements for regular supervision and an appraisal of their performance. They told us that their managers were supportive and approachable.

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met. People's nutritional needs had been assessed. There was guidance for staff on the dietary needs of people and how to promote healthy eating. Fresh fruits and vegetables were available for people.
- One relative said, "The food is OK, my relative does not eat certain types of food and they do not give my relative these foods." Another relative said, "Staff know my relative's dietary needs. They prepare food in a special way for him."

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with social and healthcare professionals to meet the needs of people when required. However, the registered manager explained that people only stayed a few days as the service was set up to provide short stays for people.

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

- People's bedrooms were comfortable and well furnished. Window restrictors were in place to ensure the protection of people.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff when people were distressed and needed special attention.
- Staff were aware of action to take if people experienced a seizure. They had been given information on when they should contact the emergency services if people's condition or health deteriorated.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked and noted that the service was working within the principles of the MCA and DoLS.

- Care plans included detailed information about people's capacity, their mental state and cognition.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. One staff had not received training on the MCA. The registered manager stated that this staff was newly recruited, and he would be arranging training for them.
- All people in the home had been assessed and had DoLS authorisations.

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's diverse needs and were non-judgemental in their work. This was confirmed by relatives we spoke with. One relative said, "They treat my relative with respect and dignity. They know about our culture and what my relative can eat and cannot eat." Staff had received training in ensuring equality and promoting diversity, inclusion and protecting the human rights of people.
- On the day of the inspection, we observed positive interaction between people and staff. Staff talked to the person using the service in a pleasant, respectful and friendly manner.

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

- With one exception, people who used the service did not communicate verbally. Therefore, staff used a variety of communication methods. Staff communicated with people by various means such as via hand gestures and talking slowly and clearly. Relatives told us that staff understood people and communicated well with them. One relative said, "They use pictures to communicate with my relative and they sometimes use a computer to refer to items and places of interests."
- There was information on what people liked and disliked and what made them happy or unhappy. This enabled staff to support people in the way they liked.

Respecting and promoting people's privacy, dignity and independence

- Relatives of people told us that staff treated people with dignity and respect. This was reiterated in completed survey forms. Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains too.
- People were encouraged to be as independent as possible. Staff prompted them to prepare simple meals, make a cup of tea, wash their cups or plates and tidy their bedrooms. People could participate in activities they liked such as swimming, shopping and going for walks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Care plans detailed people's individual needs and included guidance about how care workers needed to support them. Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they required. One relative said, "Staff are good. My relative got to know them well and looks forward to going there. They know how to care for my relative's needs."
- One person had epilepsy. Staff knew how to care for the specific needs of this person. One of them stated that she was aware of how to keep this person safe by clearing the area around the person and removing objects which may cause harm. This staff also said that if this person needed emergency assistance, they would ring the emergency services.
- We discussed with another staff the care of a person with behaviour which challenged the service. The staff member was able to tell us of action they would take to calm the person down such as talking calmly with them and diverting their attention. Staff had received training on supporting positive behaviour in people.
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances. They told us how they supported a person to eat food that was in line with their religious requirements and enable them to attend their chosen place of worship. One relative said, "We have special beliefs and they are aware of these and they do their best to respect our beliefs."
- The home had a programme of specific activities for each person depending on their interests. The registered manager stated that some people who came for short stay already had activities organised for them by their families. Staff ensured that people continued attending them.
- The registered manager stated that people's preferences for the gender of staff who attended to them were respected. For example, if a person wanted to be supported by female staff, they would arrange for this to happen.

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.

- The registered manager told us that certain important documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how people communicated and what their expressions, signs and noises made by them meant. Staff also used

computers to communicate by showing pictures of places where people would like to visit.

Improving care quality in response to complaints or concerns

- Relatives knew how to make a complaint. The service had a formal complaints procedure. We looked at three complaints recorded. These had been promptly responded to.
- One relative complained about an aspect of the service. This was discussed with the registered manager who informed us that they would record and follow up the complaint.

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide guidance for staff.

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 Good. 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

- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- Relatives were mostly positive about the way the home was run. One relative said, "I have done a satisfaction survey recently. On the whole the service is well managed." A second relative said, "The home is well managed. My relative likes to go there. They take good care of my relative."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The registered manager knew when he needed to report notifiable incidents to us.
- Relatives told us that people were well cared for. They were kept well informed about people's progress and involved in decisions to do with people's care.
- Care documentation and records related to the management of the service were well maintained and up to date.

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

- Relatives of people who used the service had opportunities to feedback about the care provided. Completed feedback forms indicated that relatives were mostly satisfied with the services provided. We however, noted that two suggestions made recently by relatives for improving the service had not been responded to. This was discussed with the registered manager who stated that he would contact the relatives concerned and follow up on these suggestions.
- The registered manager stated that they did not have regular contact with care professionals. This was because people only stayed for short periods of a few days. He however, stated that if needed they would consult with social and healthcare professionals.
- Relatives told us that the diverse and individual needs of people had been met. One relative said, "They treat my relative well. Staff know about my relative's special cultural and dietary needs and they attend to them."

Continuous learning and improving care

- The service had a quality assurance system of checks and audits. Audits took place monthly and were carried out by the registered manager. These audits included areas such as medicines management, maintenance and cleanliness of the home, health and safety and accidents. Outcomes of audits were discussed with management and staff so that action could be taken to improve the service.