

Precious Homes Support Limited

ABI Homes - Roman House

Inspection report

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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

About the service

Roman House is a residential care home service registered to provide accommodation with personal care for up to six people who have a learning disability. At the time of the inspection there were six 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 and what we found

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

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

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

Systems and process were in place to keep people safe. Staff understood their role in safeguarding and knew how to report any concerns. People received medicines as prescribed. Staff had been trained in medicine administration and had their competencies checked.

There were enough staff on duty to meet the needs of people. Staff had been recruited properly and had received training to complete their roles. Staff told us they felt well supported by management and that information was shared.

People were involved in developing their plans of care and were supported by staff who were appropriately inducted and trained. People were supported to eat and drink what they had chosen. Staff were responsive to people's needs and people were supported to access healthcare and referral were completed as necessary.

People had comprehensive care plans in place which included information about their likes and dislikes,

communication needs, routines and preferences. Care files also contained risk assessments with preventative strategies documented.

People told us staff were caring and knew them well. Staff respected people's privacy and dignity and promoted independence. Staff supported people to have meaningful relationships and engage in activities that were important to them.

The house had a sensory room, hot tub, trampoline and sensory garden for people to use. The home was decorated and was personalised to the people who lived there.

Systems and processes were in place to ensure staff completed person centred care. Audits were completed to identify any gaps and action plans were put into place to ensure best practice was being completed.

Information was given to people in a format that suited them. For example, easy read or another language.

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

Rating at last inspection

The last rating for this service was Good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive below.

Good ●

Is the service well-led?

The service was well led

Details are in our well led below.

Good ●

ABI Homes - Roman House

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Roman House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person told us, "Staff make me feel safe." A relative said, "I have no worries about [relative's name] safety."
- Staff had been trained to recognise abuse and protect people from the risk of harm. They understood how to report any concerns if needed. We saw that information about how to raise a safeguarding alert was readily available. One member of staff told us, "I would go to [managers name] without a doubt. I have full confidence they would deal with it."
- The registered manager understood their responsibilities in relation to safeguarding and they had made appropriate referrals to agencies and CQC where there had been potential safeguarding concerns.

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage any identified risks. For example, when people's behaviour may pose a risk to themselves or others. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- Risk assessments were up to date and accurate and available to staff. Staff told us the risk assessments gave them all the information they needed to keep people safe

Staffing and recruitment

- There were enough staff employed and deployed to meet people's assessed needs. Staff told us that staffing was flexible, in case of people's changing needs. Staffing showed that when a person needed two staff for certain activities this was provided.
- People were protected against the employment of unsuitable staff. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed.
- The provider was following safe protocols for the administration and recording of medicines. Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Medicines administration records and stock checks were regularly audited. Any discrepancies identified in audits were followed up with staff to improve practice.

Preventing and controlling infection

- Staff received infection control training and there was an infection control policy that provided guidance for staff to follow.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed for trends and patterns to identify any learning that could be shared with staff.

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 has remained the same. This meant 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

- Assessments of people's needs were comprehensive and expected outcomes were identified. The care and support was regularly reviewed.
- People had care plans in place detailing how they liked to be supported. For example, one person's care plan stated they wanted staff to stand in the room next door while they were showering to support with anxieties.
- People's communication and understanding was clearly documented. This helped staff to ensure they communicated in the correct way for a person.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included full training and shadow shifts.
- The staff training records confirmed they received training appropriate to their roles and responsibilities and additional training was offered to keep up to date with best practice guidelines.
- Staff told us they were confident in their roles and the training provided covered all areas of their jobs. One staff member said, "Training was really good, I got the information in needed." Another staff member told us, "Within our training we also get feedback on how we can improve."
- Staff supervision meetings were held regularly, and staff said they felt supported and regularly saw the manager. One staff member told us, "I feel supported and listened to in every way."
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Supporting people to eat and drink enough to maintain a balanced diet

- People's food and drink, likes and dislikes were recorded in their care plans.
- Care plans documented people's preferences and skills regarding cooking and preparing food.
- People told us the food was good. A person said, "I choose my own food, staff support me but it's my choice." Another person told us, "Staff encourage me to cook from scratch as it's better for me."
- Staff received training on food hygiene and were aware of people's dietary needs and preferences such as vegetarian and any support people needed.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- Staff communicated effectively with other staff. Staff told us that communication was "good" and "effective"
- Care plans were regularly updated and audited to ensure changes in need were documented. This meant staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs were met.
- People were supported to maintain good health and were referred to appropriate health professionals when required. Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals.

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

- People's bedrooms were personalised and decorated to individual preferences.
- There were different areas within the service for people to use for activities, such as a sensory room, hot tub and sensory garden. People had planted the flowers and were in the process of decorating the 'hot tub room'

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we were told by people that they were involved, and that staff asked for consent before carrying out any care tasks. One person told us, "Staff always ask me if they can do something, before they do it."
- We saw evidence of mental capacity assessments and best interest decisions being carried out as required.

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 has remained the same. This meant 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

- People and their relatives told us that staff were caring and supportive. One person told us, "[Staff name] is the best staff ever." Another person told us, "Staff are kind and talk nicely to us. They can also be quite good fun."
- We saw written compliments received from people and relatives who had used the service.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included whether people preferred a female or male carer and how they wished the staff to communicate with them.
- Staff we spoke with had a good knowledge and understanding of the people using the service. One person told us, "Staff know me very well."
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People and when appropriate, relatives were involved in their care planning. Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- People's communication needs were fully documented in all care records, this supported staff to understand and communicate effectively with each individual person.
- People were fully supported to express their views and be involved, in making decisions about how they wanted their care to be provided.
- Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity was fully maintained. People's feedback was positive about this. One person said, "Staff always knock before coming into my room. They never come in if I am bathing or using the toilet."
- People told us that staff supported their independence and helped them learn new skills. One person told us, "Staff are helping me move on independence. They [staff] talk to me to help me understand things so I can do them myself."
- All staff were aware about the importance of maintaining people's confidentiality. They confirmed they

had read the confidentiality policy and would not share information with people unless it was necessary.

- Electronic care records were password protected and information about people's care was only shared with people's consent and on a need to know basis.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. One staff member told us, "Everyone has choices, we always ask for consent, we support people how they want."
- We saw evidence within care plans and through observations that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs.
- The staff supported people to move on to more independent living when appropriate. This was discussed with people regularly and options explored with them.

Meeting people's communication needs

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

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- We saw care plans and complaints forms in people's files had been put into an easy read format.

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

- When staff completed the initial assessment of people's needs staff recommended local social activity clubs that they may be interested in joining.
- People were supported to maintain and develop relationships with people who were important to them.
- People were supported to participate in activities of their choosing. These included swimming, shopping, walking, theatre trips, cinema and attending the local gym.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people using the service and was also in an easy read format.
- People and relatives told us they knew how to make a complaint if they needed to. A relative told us, "I have made a complaint in the past, it was dealt with and I was happy with the outcome."
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "Managers are open to listen to your point of view and will respond. If I had any concerns I know they would deal with."

- The provider had responded and investigated complaints in line with their complaint's procedure.

End of life care and support

- At the time of our inspection the service was not providing any end of life care to people.
- The registered manager had sensitively explored people's preferences and choices in relation to end of life care where it was required, and this had been documented in their care plan. There were policies and procedures in place to meet people's wishes for end of life care.

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

- Systems and processes were in place to ensure person centred care was always offered and that people's choices and routines were documented.
- Spot checks and competency assessments were carried out on staff to ensure staff were completing care tasks and support in line with best practice.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People and their relatives told us that the registered manager was always available to them, and they knew them well.

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 registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "I am thoroughly supported and respected by my manager. I would recommend this company to anyone."
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed.
- We saw evidence of audits completed for a range of topics including care plans, medication administration charts, staff records and policies and procedures. Action plans were completed and reviewed to ensure all documentation was up to date and reflected best practice

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

- The provider had systems in place to receive feedback regarding people's opinions of the service.
- Team meetings and supervisions took place to communicate updates. All the staff we spoke with were confident they could raise concerns and speak openly about any ideas they had.
- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person centred care
- Staff and people told us they felt listened to by the registered manager.

Continuous learning and improving care. Working in partnership with others

- The registered manager worked closely with the local community team to ensure they had the most up to date knowledge and best practice.
- The service had links with external services that enabled people to engage in the wider community.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.