

# Independent Lifestyles Support Services LLP

## Abi House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Abi House is a residential care home registered to provide accommodation and personal care for up to 7 people, who have a learning disability and/or autistic people. There were 6 people living in the home at the time of our inspection. The building has 2 floors and a communal kitchen, dining area and lounge. The service is located in Worthing, close to the seafront and local shops.

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.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence. The service follows a low impact, low demand model of support; for example, minimising intrusive sensory barriers. This means reduced unnecessary noise and visual stimulus with the aim to provide a calm home which supports people to enjoy their life with reduced anxiety or emotional upset. Abi House used assistive technology to support people to engage in the world around them. For example, 1 person had a therapy /companion robotic cat, which responds to the person and has cat like movements and sounds.

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.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff, people and their relatives cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

People's care, and support plans reflected their range of needs and promoted their individuality, wellbeing and enjoyment of life. People could take part in activities of their choosing at the service or in the wider community and pursue their own interests. Staff received training and support to provide care effectively.

Staff worked in partnership with healthcare professionals to maintain people's health and wellbeing.

People told us they felt safe with staff. A person told us they liked all the staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Staff placed people's wishes, needs and rights at the heart of everything they did. The stable management and staff team supported people to receive consistent care from staff who knew them well. We observed people receiving compassionate and empowering care which was tailored to their needs throughout the inspection.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. All the relatives we had contact with were complimentary and positive about the service and the care and support their loved ones received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 23 October 2019)

Why we inspected

The inspection was prompted in part due to concerns received about maintaining family contact. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, caring and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Abi 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Abi House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Abi House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who live at Abi House. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 3 relatives and 5 members of staff. This included the nominated individual who is responsible for supervising the management of the service on behalf of the provider. The registered manager and 3 support workers. We reviewed a number of records including, support plans and medicine records, staff recruitment and training records and a range of other records relating to the management and safety of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked with other agencies, for example, if safeguarding concerns were identified they were reported to the local authority safeguarding team. Investigations were completed and appropriate action was taken to prevent harm occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager and they were confident action would be taken. They also knew who to report concerns to externally.
- People told us they felt safe at Abi House. One person said, "I feel safe here, I like living here." Another person said, "I feel happy and safe, the staff are good."
- Relatives were confident that their loved ones were safe living at Abi House. One relative told us, "The registered manager gives me confidence (Name of loved one) is safe here."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible.
- Staff understood the risks to people and knew how to support them safely. For example, there was detailed step by step guidance in place for a person with epilepsy and how to manage seizures safely. Staff spoken with were able to give the detail of these plans, demonstrating clear understanding of their role in supporting people's health needs.
- People's individual health risks had been assessed, monitored and managed. For example, people who lived with mental health conditions had guidance in place for staff to follow.
- Staff recognised when people were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent but individual approach with each person when they were upset. They knew what to say and what not to say to the person to minimise the impact of their distress.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.
- People showed us the pictorial fire evacuation poster everyone had in their rooms. One person explained exactly how they were to evacuate the building using the pictures as prompts.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff to support people. This included 1 to 1 support for people to take part in activities and visits how and when they wanted. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed or attend health appointments. Staff knew how to consider people's individual needs, wishes and goals.
- Staff told us they had a wide range of training and had a robust induction including enough time to get to know the people living at Abi house. One staff member said, "I've learnt so much and the people teach me something new every day."
- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out by the provider to ensure that staff were recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). There was clear guidance in place for each person who was prescribed 'as and when' medicines. People's medicines had been successfully reduced when appropriate.
- Staff ensured people received the support they needed to take their medicines safely, including communication support. People were given choices about how they took their medicines. We observed staff giving medicine with care, maintaining people's dignity. One person told us, "They (staff) help me with my medicine, they get me a glass of water to take my tablets."
- Staff had undertaken training and competency checks for the administration of medicines. Staff had knowledge of people's medicine needs and how the system for storage and administration worked, including what to do if an error occurred.
- We reviewed medicine audits which showed that the management team checked for any potential errors and lessons which could be learnt in relation to medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was supporting visits for people living in the service in accordance with the current government guidance. We saw family members visiting people during the inspection.
- People and relatives told us they were freely able to visit according to their preferences and the person's agreed best interests. For example, a different time might be suggested if the person had already booked in an activity. One person told us they could chose when their relatives visited.

#### Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and actions put in place to minimise the same situation happening again.
- Staff knew how to respond to, and report, any accidents and incidents. All significant events were reviewed and analysed by the registered manager.
- Lessons learned were shared with the staff team. For example, someone who had difficulty settling to sleep, had tried a white noise machine and this had worked well. This significantly reducing the person's anxiety, the person had control over when to turn it on and off. The registered manager told us, "This has resulted in the most amazing positive way on his wellbeing." The person's relative shared? the registered managers view.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 received good care from staff who knew them well. People had developed positive relationships over time as they were supported by the same staff on a regular basis. One person told us, "Staff are very good, they help me." Another person listed a number of staff member's names and told us what each one did to support them. The person spoke of the registered manager and staff with genuine affection." A relative told us, "Staff know (name) well and are very kind to him, he likes them."

- We observed staff communicating with people respectfully. Time was given for people to respond using their individual communication methods. Staff and people demonstrate a genuine regard for each other.
- People were supported to participate in their local church services and activities as they wished.
- Staff followed a low impact approach, this meant minimising sound and visual stimulation for people who had sensory sensitivity. Staff were calm, focused and attentive to people's emotions and support needs. TV and radios were not used unless by a specific person who wanted to do so. Staff moved calmly about the building and voices were moderated to be slow paced and low in volume when talking with people.

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

- People told us they felt listened to and valued by staff. People and their relatives told us people liked the staff. One relative said, "(Name of loved one) has come so far, can tolerate much more now, he trusts the staff."

- People were involved as much as they wanted to be in shaping their care and outcomes. For example, 1 person had the household responsibility of managing the opening and closing of the hard to reach windows, a task they took personal pride in.

- Relatives told us they were involved in decisions and their views we sought. One relative told us, "I am always called and included."

- We observed staff effectively using people's preferred communication methods to support them to make choices. For example, a therapy cat is used to help a person chose what to do next without making any demands directly to the person. This had the positive effect of helping the person manage their anxiety about making choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. For example, we observed staff knocking on doors and offering personal care in a way that did not attract attention, which then took place in private.
- We observed people being involved in everyday tasks, like food shopping and keeping their rooms tidy.

This was achieved using a low demand approach, using declarative terms like, "let's see", "I wonder" rather than "no", "don't" and "can't." which suited the people who live at Abi house.

- Staff had made safe arrangements for relatives to visit people in private if they wished. There had been 2 heated garden rooms erected for people to use. One person used one of these rooms to talk to us privately during our visit.
- The principle of promoting independence was embedded in the culture of support. Staff proudly spoke of people's achievements, such as people independently going to the autism-specific showing at the local cinema.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- The registered manager and staff understood the aims and values of the service were to provide personalised care and support. This was the culture amongst the staff team. People were the priority and at the heart of the service.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. The registered manager worked directly with people, their relatives and the staff team. They led by example. People approached and interacted with the registered manager throughout the inspection.
- The registered manager and staff understood the importance of working with families. Relatives spoke highly of the registered manager and the staff team. A relative told us, "(Name of registered manager) is a phenomenon, I don't know where she gets her energy, if I had all the money in the world, I could not get a more nurturing environment for him."
- The registered manager spoke about providing care and support to people which promoted their independence, valued them as individuals, identified positive personalised outcomes which was evidenced in peoples care. For example, a person had been supported to safely recognise and manage their own anxiety using the principles of positive behaviour support (PBS).
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff said, "I feel like I am a team player, we communicate and share information."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to appropriately notify CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred. 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. The registered manager kept relatives informed of concerns with their loved one, when appropriate.
- A relative said, 'Transparency is the key, we have constant dialog – very open.'

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of Abi House and the people who lived there.
- Governance processes had been effective in identifying shortfalls and action was taken when these were found. Regular audits of care were carried out, action plans were in place to address any shortfalls.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected. People were communicated with in ways they understood and suited them best. People had a 'voice' and their views were listened to and acted on.
- The registered manager and staff worked with people and those important to them to develop and improve the service. One relative told us of there was an approach for consistent support, "We work together so we use the same words when with (Name of loved one) so they understand." The registered manager sought feedback from people and those important to them, to help develop the service. Relatives told us they were regularly asked for feedback and suggestions.
- Staff told us they had supervision with the registered manager who was supportive. The registered manager also held team meetings where staff could discuss issues and ideas.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff had good working relationships with other agencies, including local primary care services. People were supported to have contact with the Speech and Language Therapy (SALT) Team, Occupational Therapists and positive behaviour support (PBS) specialist. One health professional told us, "I find the staff to be professional, kind and knowledgeable. They represent their clients where appropriate and escalate problems with a problem-solving approach."
- The registered manager worked closely with staff to help them develop their knowledge, skills and confidence. Staff demonstrated clear understanding of the principles of PBS, creating a low demand environment and of their role in improving people's experiences. Staff were supported by the registered manager to learn these approaches. Staff talked of "pride and passion" in their work.
- The registered manager was updated by provider meetings, news and information in relation to any changes in legislation or good practice guidance.