

Precious Homes Support Limited

ABI Homes - Dyers Mews

Inspection report

34 Dyers Mews
Neath Hill
Milton Keynes
Buckinghamshire
MK14 6ER

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

ABI Homes – Dyers Mews, is a small residential care home providing personal care to up to 6 people with learning disabilities and autism. At the time of inspection, 5 people were living at 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; however, the relevant documents and procedures had not always been followed to support this practice. We found that one person did not have a Deprivation of Liberty Safeguards (DoLS) procedure applied for, when aspects of their care were restrictive, in order to keep them safe.

Mental capacity assessments had been carried out to ensure people's capacity was assessed and they could be as involved in their own care and decision making as much as possible. However, these assessments were not always clear, and contained conflicting information.

Audits were carried out across all areas of the service, but they were not always effective at finding fault and highlighting improvements needed. Errors and omissions with the Mental Capacity Act 2005 (MCA) assessments and DoLS procedures were not identified by audits.

People received safe care from a staff team who understood safeguarding procedures and were confident in raising concerns if needed. Staff told us that management took appropriate actions to safeguard people.

Risk assessments were in place to manage risks within people's lives. This included positive behaviour plans for supporting people who may display behaviour which challenges. Staff were confident in supporting people in this area.

Safe recruitment procedures ensured that appropriate pre-employment checks were carried out, and staffing support matched the level of assessed needs within the service during our inspection. This included staffing people on a one to one basis at various times.

Medicines were stored and administered safely. Staff were trained to support people effectively and were

supervised well and felt confident in their roles. People were able to choose the food and drink they wanted, and staff encouraged healthy options. Cultural requirements were understood and respected by staff.

Healthcare needs were met, and people had regular access to health and social care professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care was personalised to each individual, and staff were passionate about supporting people to achieve independence where they could, and live full lives.

Care plans reflected people likes, dislikes and preferences. People were involved in activities that were important to them.

People and their family were involved in their own care planning as much as possible. An effective complaints system was in place.

The management team was open and honest, and worked in partnership with outside agencies to improve people's support when required.

The service had a registered manager in place, and staff felt well supported by them and the wider management team.

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, (14 July 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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

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 findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

ABI Homes - Dyers Mews

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 carried out by one inspector

Service and service type

ABI Homes – Dyers Mews 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. The registered manager was not available on the day of the inspection, however we spoke with them via phone after the inspection to gain further feedback.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

Not everyone using the service was able to share their views with us. We spoke with two people using the service and two relatives of people using the service to gain their views about the care received. We spoke with two care staff, the deputy manager and the operational manager. We reviewed the care plans and other associated records for four people using the service. We looked at other records in relation to the management of the service, these included staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

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 were safely supported. One person told us, "Yes, it's safe here, I have always felt safe here." Relatives we spoke with felt their family members were supported safely by trained staff within the service.
- All staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people using the service.

Assessing risk, safety monitoring and management

- Assessments were in place to document any risk present within people's lives. This included detailed plans in how to support people who may display behaviour which challenges. Staff were trained to safely support people to manage behaviours in the least restrictive way possible.
- Staff we spoke with said they understood and followed the risk assessments to ensure people were as safe as they could be. Assessments were regularly reviewed and updated as required.

Staffing and recruitment

- Staffing levels matched the support that people required. One staff member said, "There are enough staff now, it has been tricky in the past, but we have recruited and it's much better now." People we spoke with said they had the support they required, and we observed people had the one to one support they needed.
- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.

Using medicines safely

- Medicines were administered safely. They were stored within locked cabinets in a locked room, at the correct temperature. All medicine administration records (MAR) we looked at were used correctly and medicine stock was accurate.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The service was being kept clean and tidy, and people were encouraged to clean their own rooms and bathrooms with support. Staff understood infection control procedures, and told us they had the required equipment to carry out personal care safely, such as protective gloves and aprons.

Learning lessons when things go wrong

- A system was used to record all incidents or accidents that occurred. Staff told us they always recorded in detail, any incidents of behaviour which may challenge, to ensure it could be analysed and lessons learnt to reduce the likelihood of reoccurrence. Any issues arising were also discussed in team meetings to share learning and make improvements.

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 deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support was not always consistent.

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, and found this to be inconsistent

- 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; however, the relevant documents and procedures had not always been followed to support this practice. Some people living at the service had appropriate DoLS in place which legally authorised restrictions such as locked gates to the premises and continuous supervision, in order to keep them safe. We found that one person did not have a Deprivation of Liberty Safeguards (DoLS) procedure applied for, despite being under the same restrictions.
- Appropriate mental capacity assessments had been carried out to determine people's level of understanding and ability to make specific decisions within their lives, however, the recording on these documents was not always clear. We found some assessments to contain conflicting information about a person's capacity to make a decision.
- After our inspection, the registered manager was open and honest with their communication, and informed us that these issues had been an oversight, and the appropriate applications and documentation would be implemented immediately.

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

- People received a full assessment of their needs before moving into the service, and consideration was given to ensure compatibility with other people in the service.
- People's history, wishes and preferences had been identified so they could receive care and support how they wanted. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- Staff told us that the training they received equipped them for the role. One staff member said, "The training is really good here, I'm confident with managing any challenging behaviour. There is an in-house trainer we use who used to be a support worker, so they really understand what the job is and what we need." Another staff member said, "I've had an amazing induction so far. Working here has been very insightful and I have learnt a lot already."
- Staff were trained in the Management of Actual or Potential Aggression (MAPA) which is a programme that teaches management and intervention techniques to help cope with escalating behaviour in a professional and safe manner.

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

- People told us they had control over the food they ate, and chose what they wanted. We saw that people were given individual support to choose and prepare meals of their choice, and encouraged towards healthy options.
- Staff had a good knowledge of any dietary requirements that people had, including cultural preferences with food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to the health and social care professionals they required. One person described their ongoing relationships with other social care professionals in relation to their care and their future wishes. Staff we spoke with had a good understanding of the complexities of the support that was required, and who to contact for support.
- People's healthcare needs, including their oral health, was documented within their care plans. We saw that input was provided by speech and language therapists and doctors to support people's care needs.

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

- People had their own rooms and bathrooms which were personalised to their own tastes. There was a selection of communal areas and a kitchen which were all furnished appropriately and were accessible to people in the service.
- An outside garden space was available, which was safe and accessible for people to use.

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 relatives all said that staff were caring and respectful. One person said, "The staff are fine. I'd like to work with my keyworker more because we really get on, but all the staff are ok. It's a good place here, better than anywhere else I have been." A relative of a person told us, "I feel very lucky for [name] to be there. We are able to contact them at any time. There are good staff working there and we get good communication from staff."
- Staff we spoke with all had a good knowledge of how people liked to be supported, and respected people as individuals.
- We saw staff with people, giving them the time they needed to communicate and express themselves.

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

- People and their relatives were involved in their own care, and were supported to express their opinions and build independence wherever possible. Staff told us how they were supporting one person to talk about their concerns about their own care and future, alongside other health and social care professionals, in order to work towards what the person wanted in their life.
- Staff understood people's different communication needs, and provided different ways to support people to express their views and choices.
- Care planning was regularly reviewed with people and updated as required.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on people's doors and waited for a response before answering, and asked for permission to go in to people's rooms. One staff member said, "It's their house and their lives and we always try and promote their independence and help people move on."
- People's information was stored securely in an office, and staff were aware of keeping people's personal information secure.

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; 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

- The care plans provided good information about people's individual needs. Care plans contained a 'one page profile' which included sections such as 'what people admire about me', 'what's important to me', and 'how best to support me.'
- There were numerous examples of personalised care, including staff supporting a person to have work experience at a major supermarket chain. The person told us this trial went well, and they hoped to get permanent employment.
- One person was involved in the recruitment process for new staff by attending the interview panels. This enabled them to express their opinion on what type of person they would like for staff employed by the service.
- Staff understood everyone's likes, dislikes, preferences and cultural requirements. One person was supported to purchase and prepare meals specific to their religion and cultural background.

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 had different communication methods, and information was adapted to ensure they understood as much as possible. This included pictorial versions of documents, picture reference cards and signing.
- Social stories were used to help people understand different situations, and reduce anxiety around new environments and people. Staff produced pictorial information to explain upcoming events, and work through scenarios with people. One relative of a person told us, "The social stories work well, we do it so [name] has a visual reference to understand we will be visiting the following day. We can't just show up as it would cause too much anxiety."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. At the time of inspection, no recent complaints had been made. The system in place helped to ensure that complaints would be recorded and responded to promptly.
- People and relatives we spoke with understood complaints procedures and were comfortable to make a

complaint if needed.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The management were aware of what was needed to support people who may need to receive 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 deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality audits took place across all areas of the service, including audits which followed the key lines of enquiry (KLOE's) used by CQC. These audits were not always effective, as errors and omissions within the MCA and DoLS procedures had not been picked up.
- Other areas we looked at were effectively checked for areas of improvement, and actions taken when needed. There was a registered manager and operational manager in place who conducted quality checks and audits throughout the service.

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

- The home's culture was open and friendly and the staff all felt well supported by the registered manager and the wider management team. One staff member said, "The management team are all approachable and easy to talk to."
- All the staff we spoke with were confident in their roles and felt the service had improved a lot with the current management structure in place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their legal obligations including the conditions of their registration. Systems were in place for notifying the Care Quality Commission of serious incidents involving people using the service.
- Staff and the registered manager maintained records of accidents and incidents. Information and learning were shared with staff to reduce the likelihood of incidents re-occurring.

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

- People and their relatives were asked to feedback their views via questionnaires. We saw that feedback was largely positive. People and their relatives told us that they felt listened to by staff and were able to informally feedback at any time.
- The managers supported staff through regular meetings, supervisions and appraisals. Staff confirmed the service had an open and honest atmosphere, and they were listened to by management.

Working in partnership with others

- The home had links with organisations in the community to support them to meet people's needs, including links with health and social care professionals.
- We received positive feedback from the local authority about the service. The local authority fund care for some of the people using the service, and undertake quality monitoring visits to ensure the commissioned care is being delivered.