PA Ark Projects Limited

Abelands

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

Abelands is a residential care home registered for nine people living with a learning disability, complex needs, autism, sensory impairment or mental health conditions. At this inspection on 30 April 2018, there were eight young men living at the home. The registered manager said it was "not planned to be all male but has evolved that way". Accommodation is a mixture of individual rooms with en-suites and self-contained premises. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 01 December 2015, we rated the service good. At this announced inspection on 30 April 2018, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems and processes were in place to safeguard people from abuse. Staff had a good understanding of the signs of abuse. Accidents and incidents continued to be recorded and analysed and action taken to improve and learn when issues were identified. Risks, including risks from medicines and behaviour that could challenge, continued to be identified and action taken to reduce these. People were supported to take positive risks which improved their quality of life. For example, one person with complex needs could not go out into the community at a previous home. Staff worked with the person to understand their needs, risks and supported them in managing their behaviour. This person can now access the community safely with the support of staff which has had a positive impact on their life.

People's care was provided in line with the Mental Capacity Act (2005) and staff understood the importance of gaining appropriate consent for care and treatment. Staff were knowledgeable and trained to meet the needs of people living at the home. Assessments of people's needs were in place and included assessments of any health-related needs as well as any behavioural needs. People's dietary needs continued to be met and any specific dietary needs were identified. When people required healthcare from other professionals this was arranged to ensure people received timely support. One person was supported to have their blood taken in a way that supported their needs and reduced their anxiety. The bloods were taken at the home in a safe environment for the person and a member of staff had their blood taken to show the person what would happen. This reduced their anxiety and ensured they had access to the healthcare they required.

Staff continued to have a caring approach with people and understood them well. Staff promoted people's independence and respected their individuality. One relative said of their son, "He has been given independence by living at Abelands and is able to take opportunities to broaden his horizons. Abelands has given us all a life it has changed the whole family's life in a positive way." People were supported to be actively involved in decisions about their care, support and wellbeing. People's privacy and dignity

continued to be respected. People were protected from discrimination. One relative said "'My son is treated fairly, there is no discrimination at Abelands. Everyone is accepted for who they are." Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual orientation. One staff member said, "people are supported to express their feelings and we discuss topics such as sexuality and gender at resident's meetings."

People's care and support reflected their interests. It was clear what their preferences were and what was important to them. People and where appropriate, their relatives, were involved in making decisions about their care. Care was very responsive to people's changing needs. For example, one person 'bounced' as part of their behaviour. Staff looked at ways they could support the person to do this safely by adapting the environment and reinforcing the ceiling rather than stopping them from doing this. The manager provided guidance to help staff understand this behaviour, this ensured staff could respond to this person's needs safely.

Systems and processes were in place to monitor and improve the quality and safety of the care provided at the home. Staff continued to work in partnership with other health and social care professionals to meet the needs of people. People, their relatives and staff had opportunities to engage and be involved in the development of the service. The management team lead by example and promoted an inclusive ethos within the home. People spoke positively about the management of the home. A relative said, "The management team run the home well and are very involved with the staff and people living there. They are very helpful and understanding."

Further information is in the detailed findings below

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 home remains good.	**Good**
Is the service effective? The home remains good.	**Good**
Is the service caring? The home remains good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains good.	**Good**

Abelands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection which took place on 30 April 2018 and was announced. The last inspection was on 01 December 2015 and we had no concerns. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be available to talk with us.

The inspection team included an inspector and an inspection manager. We spoke to the registered manager, six members of staff, two relatives and five people who live at the home. We completed observations in communal areas throughout the inspection, pathway tracked the care of two people and reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures, two positive behaviour plans, two records relating to care and two records relating to staffing.

Before the inspection, we reviewed information relating to the home including correspondence from people, professionals, and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We requested the registered manager send documents relating to one person's care plan and positive behaviour plan after the inspection which they did in the requested timeframe.

Good

Is the service safe?

Our findings

People were safe. The staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. One relative said "The staff are really good and keep my son safe. I have no concerns about his safety."

People were supported to take positive risks. For example, risks were managed effectively so one person could become more independent in the community and, to reduce the number of staff needed to support them. They have now been able to go swimming with one member of staff. This approach to positive risk management has allowed them to have new experiences. Risk assessments continued to be person centred and addressed individual needs. The home had a flexible approach to risk management which ensured good outcomes for people. For example, they regularly assessed the number of staff needed to support people to go out of the home to ensure they were safe and not unduly restricted.

There continues to be sufficient numbers of staff to meet people's needs. A staff member said, "staff turnover here is very low, which reflects how they are recruited and supported." Another staff member said that staffing levels are flexible depending on the changing needs of people living there. The registered manager said, "The management team work on the floor if there are periods of sickness to provide continuity of care. People living here have complex needs and need to be supported by people who know them." Staffing was managed particularly well; the team were well coordinated and flexible to meet the changing needs of people living at the home.

Medicines management remained safe. There was an electronic medication administration record (EMAR) which adds additional safeguards by having a scanning process to ensure the medicines being administered are correct and for the right person at the specified time. Staff who administer medicines had regular competency checks to ensure their practice remained safe. One person was prescribed when required medicines to help with their anxiety and behaviour and there were personalised PRN protocols in place. This guided staff in how and when to give PRN medicines. However, staff had not needed to administer this medicine due to knowing the person well, their triggers and needs and being able to deescalate situations in other ways without the use of medicines.

The home was clean. There was a cleaning rota in place which the care staff took part in. The staff had training in infection control and information was readily available in relation to cleaning products and cleaning processes.

Lessons were learned when things went wrong and accidents and incidents were managed safely. We reviewed incident logs which detailed what had happened and actions taken to ensure people's safety and reduce the risk of a similar incident. Incidents were reviewed regularly to identify any trends to improve outcomes for people. For example; one person required three members of staff to support them due to a high number of incidents of behaviour that could challenge. In reviewing these incidents, staff could try different techniques to support the person more proactively. This person now requires less staff to support them and can access the community which they had not been able to do previously. One staff member said,

"this has had a positive impact on their lives as they are more in control and able to do more community based activities, which they were not able to do in their previous homes" This consistent approach ensured the safety of the people living at the home and the staff. One relative said, "Staff respond to issues quickly and they are always open with me when something goes wrong. There was an incident with my son, they told me about it straight away and put measures in place to ensure it did not happen again."

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to people moving into the home and regularly thereafter. Care plans showed people had initial assessments to ensure their needs could be met at the home. Their care plans were enhanced and updated as staff developed a deeper understanding of people's needs and preferences. A 'team teach' technique and positive handling plans (PHP) were used. Staff said the use of these techniques had reduced the number of physical incidents significantly. One staff member said of one person, "They had three support staff at first but due to team teach and his PHP this number has reduced as we can manage his behaviour proactively. This has had a positive impact on his life as he is more in control and can access community activities which he couldn't before."

Staff continued to have skills and knowledge to deliver effective care and support. Staff received a range of training opportunities including supporting people with a learning disability, autism and 'team teach' to support behaviour that could be challenging to others. A Staff member said, "This training is designed to provide staff with the confidence to support people who have more complex and challenging needs." We observed staff to have a good understanding of people needs and how to support them effectively. For example; staff gave a person space when they displayed visual cues that this is what they needed, which allowed the person to remain calm. One person was being supported at lunchtime, them member of staff spoke clearly and in a calm tone and was able to help the person remain calm when they became overstimulated. A relative told us "The staff training is brilliant and meets the needs of my son. When I visit the staff even offer to show me different ways to interact and support him which is really helpful." The provider information return (PIR) stated 'regular team meetings give staff a platform to discuss areas of concern.' Staff told us they receive regular supervision and team meetings which supports them to deliver their role effectively. A staff member said, "I feel supported and I can talk about anything."

People were supported to maintain a balanced diet. A staff member told us that menus were based on what people like and feedback from staff. People are shown pictures of everything on the menu so they can make an informed decision of what they would like to eat daily. A staff member said, "If people change their mind it is never a problem we can always provide an alternative." We observed the lunchtime meal it was relaxed and flexible. People could have their lunch when they were ready and they appeared to enjoy their meals. The manager ensured people's specialist dietary needs were catered for. For example, one person required a specialist diet to increase their weight and to consider low sugar due to dental issues. Following the guidance from healthcare professionals, staff worked with the person and introduced a high fat and low sugar diet which ensured their needs were met.

Staff worked well within their team and across organisations. One staff member said, "I feel very supported by all of the team, we all help each other out and are approachable at all times. We have team meetings and suggestions boxes so not short of ways to give feedback" Staff appeared to work well together and were communicating with each other to support people living at the home. This positive approach to team work ensured people felt comfortable with staff and their needs were met.

People continued to be supported to access healthcare services as and when needed. We saw evidence that

people had access to a variety of healthcare professionals such as; GP's, community psychiatric nurses, social workers, dentists, chiropodists and opticians. Staff worked proactively to support people who are anxious about medical appointments. For example, one person required blood tests, they did not like to go to medical centres and were very anxious about the procedure. Staff arranged for the bloods to be taken at the home, a safe environment for the person. To ease the persons anxiety a member of staff also had their blood taken so the person could see what would happen. This approach ensured positive outcomes for the person which resulted them having their blood taken without considerable anxiety.

Peoples needs were met by the design and adaptation of the building. People could move freely around the communal areas and in the gardens with the support of staff. The building was safe and communal areas accessible to all people living at the home. People had access to equipment to meet their needs, this included door viewers and external locks on bedroom doors. These measures for part of people's depravation of liberty safeguards (DoLS) authorisations, are risk assessed and used to support people to remain safe in a less restrictive way than other techniques. A day centre is being built by the provider on the grounds of the home which the people living at the home will be able to access.

People were asked consent before being supported. We observed staff asking people what they would like to do before assisting them to do it. For example; a person was thirsty and indicated this to a member of staff visually. The member of staff asked them if they would like a drink and offered them a choice before assisting them to get the drink.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the principles of MCA, one staff member said, "I assume they all have capacity until it is assessed that they don't'. The MCA process involved a multi-disciplinary team to ensure good outcomes for people. For example, following a best interest meeting a decision was made that a person's weight was impacting on their health conditions and he was started on a calorie controlled diet. This person lost a substantial amount of weight over two years which improved their health.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People at the home were subject to a high level of restrictions due to the complex nature of their needs, DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. Staff had a good understanding of individual DoLS and what this means for people living at the home.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. Staff spoke passionately and respectfully about people and the challenges they face due to their complex needs. We observed one staff member responding to a person's visual clues to what they wanted, the staff understood these quickly and supported the person. One relative said, "Staff are patient and caring, they know my son really well and are respectful of him and his needs."

People had access to information in a format to help their understanding. For example, people were given feedback forms before resident meetings in a picture format. This gave them time to express their opinion and to be able to raise things they wanted to be discussed. We saw evidence of this when reviewing minutes from resident's meetings.

People were supported to be involved in decisions about their care and given support to express their views. The provider information return (PIR) said 'Abelands supports residents to explore their interests via 'goals boards' including short-term, quarterly and annual goals.' These were displayed visually on 'goal boards' in their bedrooms. We observed that these boards were actively used and represented the interests of the individual. One person we spoke with said a trip they went on was "fun" and we saw photos of this event. There was information available regarding advocacy services and the registered manager had ensured that, where required, people had access to an advocate to assist in making decisions in their best interest. This enabled people to be involved in decisions about their care and support.

Peoples independence was promoted. People were encouraged to make decisions where appropriate and supported to be independent. For example, all people living at the home were supported to go out into the community and take part in activities. Staff had taken extra steps to ensure everyone had access to interests they enjoy. For example, some people required adapted cars to take them out safely which the provider ensured they had. Links had been made with local groups that people could attend, such as 'Hub Club' and '1066 football league'. One relative said, "My son has been given independence by living at Abelands and is able to take opportunities to broaden his horizons."

People's privacy and dignity was respected. Staff spoke about giving people space and time alone when they requested it. One relative said "My son is treated fairly and with dignity, there is no discrimination at Abelands; everyone is accepted for who they are." Staff spoke respectfully and with compassion about people when discussing challenging situations or supporting people and we observed this in practice.

Parents were involved in decision making and in reviews of care where appropriate. One staff member discussed the importance of listening to parent's comments and concerns and balancing this with people being able to make choices as adults. This ensured the people had their right to choice and privacy respected. We observed that all bedroom doors had external locks and door viewers regardless of whether this was necessary for the person. We asked the registered manager how they ensured that people's privacy and dignity was maintained. They told us that these were only used for people that needed additional

support and said they would review the need for door viewers and external locks for people who do not require them. This was detailed within people's risk assessments and care plans. Staff were aware that these interventions were only needed for some people at specific times. This meant that people's right to dignity and privacy was being respected.

Good

Is the service responsive?

Our findings

Relatives told us the staff was responsive to people's needs. One relative described how their son had displayed behaviour that challenged frequently before moving to Abelands. They said staff had taken the time to understand his needs and the number of these incidents had reduced. They know my son's triggers and avoid challenging situations. My son barely needs physical intervention anymore." People living at the home had key workers who spend one to one time getting to know them and their needs. This ensured staff were responsive to any change in a person's needs and provided continuity of care for people.

Care was very responsive to people's changing needs. For example, one person 'bounced' as part of their behaviour. Staff looked at ways they could support the person to do this safely by adapting the environment and reinforcing the ceiling rather than stopping them from doing this. The manager provided guidance to help staff understand this behaviour, this ensured staff could respond to this person's needs safely. One person had epilepsy and there was a 'my health action plan' in place which gave clear guidance to support them should they have a seizure. The guidance gave staff clear instruction on how to support the person with medicines and the importance of timing seizures. This ensure that staff would be able to respond quickly if the person had a seizure. Due to the complex needs of people living at the home, some people need to be supported with physical restraint to keep them safe when their behaviour presented as challenging. Staff have worked closely with people and ensured this is a last option in helping them manage their behaviour. They have responded to incidents and learnt from them to develop different techniques to support people in a less restrictive way. Staff have developed 'positive handling plans' (PHP's) which helped them respond to peoples changing needs safely. We reviewed two of these plans which both showed physical restraint as a last option. There had been a significant drop in the number of physical restraints due to these plans and the 'team teach' method which is mainly focussed on preventative aspects of behavioural support. These techniques coupled with staff's positive relationships with people ensured that their needs were responded to in a safe way, this had a positive impact on their lives.

Care continued to be personalised to meet the needs of individuals. Staff knew people well and could identify triggers and signs identifying a change in people's mood or health. For example, when one person began to refuse personal care, their care plan was updated with 'prompt guidance.' This changed the routine and allowed them additional time to support the person. This clear guidance ensured the person's personal care needs continued to be met in a consistent way. Another person could not communicate verbally, their care plan had clear communication guidance for staff to use 'objects of reference' to ensure they could identify his needs. This helped ensured they had access to information in a format that met their needs. We saw the use of this communication guidance in practice at lunch time, Staff understood his non-verbal cues, used simple language and showed the person visual options to aid in their decision making. This ensured he could eat food that he wanted.

People had access to activities that met their interests. Activities were an important part of people's lives and were led by people's choices. We observed people listening to music, one person watching cooking shows which their support worker said they enjoyed. One person was going out with a member of staff to play pool in the morning, he said that it was fun and he likes playing it. He appeared very happy, smiling and

laughing as he left the home. Resident meeting notes showed that activities were discussed with everyone and people can make suggestions as to what they would like to do in the coming months. There were photos of all the people living at the home on a notice board taking part in recent activities that they had chosen to do. The manager told us they update this board regularly for the people to look at and remember then fun things they have done and what they have achieved.
Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual orientation. People were supported to maintain personal relationships, based on staff understanding who was important to them. One staff member said, "people are supported to express their feelings and we discuss topics such as sexuality and gender at resident's meetings."

There were systems in place to deal with concerns and complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy. A relative said they didn't have any complaints but when there are any changes or concerns, "I am involved in my son's care and they respect my opinion."

There was no one receiving end of life care at the home. End of life care was considered at the home but there were no formal plans in place to record people's wishes at the end of their life. A member of staff said this was due to the people living at the home being, "all young and relatively healthy young men," but acknowledged this was an area for further development at the home. The staff were aware of people's current needs, health conditions and preferences and were responsive when these changed.

Good

Is the service well-led?

Our findings

The home continued to be well-led. A relative told us, "The home is very well managed. The management team are always present and approachable." Another relative said, "The management team run the home well and are very involved with the staff and people living there. "The manager and deputy are very helpful and understanding"

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Management of the home was robust and the registered manager understood the regulatory responsibilities of their role. Staff and relatives were complimentary of the manager and the deputy and said they felt supported within their roles. A member of staff spoke on an incident when they were injured and said, "Management provided emotional support but then also went back to team teach to seek further guidance and techniques on how to deal with such a situation in the future. I felt really listened to and assured."

The culture of the home was positive and respected people's equality, diversity and human rights. There was a calm atmosphere within the home and it was evident the people living at the home were the focus by the personalised support they received. A member of staff said the ethos was "Making a positive difference to people's lives." They said this was achieved by working as a team, having goals, setting clear boundaries and using the 'Team Teach' approach to positive behaviour management. We saw a positive approach to supporting people and the achievement of good outcomes for people living at Abelands. The provider information return (PIR) said 'Abelands operates an 'Open door' management policy, with support workers able to access a manager when required.' We saw this in practice on the day, staff spoke with the manager regularly throughout the inspection and they were visible within the home all day.

People, staff and relatives were engaged and involved in the service provided. Feedback was sought by people living at the home daily upon engagement with the staff they were working with and through resident's meetings. A member of staff said "Communication is key here. We have regular team meetings and have introduced resident meetings too." Relatives told us they talk to the management about things openly and are involved in their son's care and reviews of their care.

Systems and process were in place to monitor the quality of the service being delivered. These included regular checks of different aspects of the services provided including; cleanliness and health and safety. If there were any issues, these were documented, actions taken and lessons learned. The management team undertook regular audits personal handling plans, care plans and risk assessments to ensure they were up to date and the information was accurate. This ensured staff had access to the appropriate guidance to support people effectively. The manager told us of plans their plans to drive service improvement. These included increased oversight of incidents within the home and greater analysis of data in relation to incidents of restraint, with the aim of further reducing these. They also plan to improve quality assurance by introducing quarterly surveys which focus on specific areas for improvement. The registered manager said

this approach would allow them to look closely at their performance and improve the quality of care they deliver.

Staff continued to work in partnership with other organisations to ensure people's needs are met. We saw evidence that people have access to a range of other health and social care professionals such as GP's, social workers and positive behaviour specialists, as and when they needed. One member of staff said, "We use one GP surgery as they have a good understanding of our client group and are very helpful." One person had a detailed plan to manage their epilepsy which had been written with the guidance of medical professionals, this ensured the persons complex health needs were met by effective partnership working.