

Precious Homes Support Limited

ABI Homes - Oxley Park

Inspection report

141 Harlow Crescent
Oxley Park
Milton Keynes
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MK4 4EP

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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

We inspected the service on 9 October 2018. ABI Homes - Oxley Park 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 accommodates up to 2 people with a learning disability and autism.

On the day of our inspection 2 people were using the service.

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 in June 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place. We saw that staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People told us that staff always checked with them before providing care.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and we saw that staff spoke with people in a friendly manner.

People were involved in their own care planning and could contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service notified the Care Quality Commission of certain events and incidents, as required.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

ABI Homes - Oxley Park

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.

This comprehensive inspection took place on 9 October 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with one person who used the service, the registered manager, the deputy manager and two care staff.

We looked at the care records of one person who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People were supported safely and were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relevant aspects of care and support. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Staff understood and told us about their responsibilities to protect people's safety. For example, one staff member said, "I would listen to the person, document everything, speak to the manager, or go to the local authority if needed."

During our inspection, we were made aware that a person who was using the service had absconded, and the police were involved in looking for them. We spoke with the registered manager about this incident. We saw that staffing levels were appropriate within the service, risks had been identified, and actions had been taken to reduce the likelihood of re-occurrence. After our inspection the person returned to the service, and the registered manager had sought support from other health and social care professionals to provide the necessary ongoing care for the person.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. The service supported people who may present challenging behaviours. The service had recognised the need to develop positive behaviour support plans and to improve the support that people received around their behaviours. The registered manager told us that a member of staff had taken the lead in this area, and they had training and input from the local authority to ensure people received the support they required. Risk assessments documented a proactive and reactive approach to different risks that may be present within people's lives, and considered their need for independence as much as was possible.

People were supported by sufficient numbers of staff. We saw that the service had recognised the times when a person required more support, and had acted to request this from the social care professionals that funded and reviewed the person's care. Staff had a calm approach and responded to people's needs in a timely manner. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

The service safely supported people with the administration of medicines. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area. Medicines were securely stored and signed in and out of the service accurately. There were clear guidelines in place to support the administration of medicines to be taken as and when needed, and staff were clear on when these medicines were needed.

People were well protected by the prevention and control of infection. The service was clean and tidy, and people were encouraged to clean their own rooms. A daily cleaning schedule was in place for staff to follow. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were recorded and reported accurately. The staff we spoke with felt that any

learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions. For example, changes to the way people were supported, and improvements to risk assessments and behaviour support plans.

Is the service effective?

Our findings

People's care was assessed to ensure their needs were met effectively. The registered manager told us they would meet and assess any person's needs before deciding about providing their care. This assessment process gave importance to the compatibility of people using the service. The registered manager told us that there was likely to be a vacancy in the near future, and said, "Any new person would have their needs assessed, and we would make sure they were the right person for [name] to live with."

The staff we spoke with were confident their training helped them support people in the service. One staff member said, "I feel confident in working with [name]. All the staff seem to do well. There is new work being done to improve the approach to challenging behaviour, so I can only see it continuing to improve." Staff had an induction period and were supported to understand each person's needs. Additional training had been arranged about people's specific needs and behaviours. Mandatory training and regular updates to training took place regularly, which included, autism awareness, equality and diversity, and medication administration.

People were supported to maintain a balanced diet. We saw that people could have food as and when they wanted. Menu planning took place and people were offered a choice of food. This included a '30 minute menu' for a person to ensure that meals could be prepared quickly which suited them. Some people could prepare meals for themselves at times, which promoted their independence. Food and fluid intake was monitored if required, and any dietary requirements were provided.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of professionals to monitor and contribute to their ongoing support. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns.

People used healthcare services they required. Staff were knowledgeable about people's health needs and knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals.

The premises and environment met the needs of people who used the service and were accessible. People could personalise their rooms and furnish them as they wished. People were also consulted on the furnishings and decoration within communal areas. They had their own rooms and living rooms, as well as communal spaces to socialise in if required.

Consent was sought before care and support was provided. 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's capacity to make decisions

was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

People had good relationships with the staff supporting them, and were treated with kindness and respect. We observed one person interact with several staff members and the registered manager. It was clear that they enjoyed communicating with staff, and that the staff gave them the time they required to talk. Staff understood the best way to talk to the person, and help them understand the day's routines. We saw that person laugh and joke with staff and the registered manager, and clearly felt at ease in their presence. When the person became concerned about a subject, we saw the staff effectively use strategies in place in their care plan which made the person feel comfortable and understand what was planned.

People were involved in their own care. In care plans, people's decisions were documented and respected. People chose when they wanted to get up in the morning, and what activities they wanted to do. For example, on the day of our inspection, one person's routine normally saw them attend a day service, but they had changed their mind and wanted to do other activities. Staff respected this decision and supported them appropriately. Regular meetings were held between staff and people to discuss their progress and health, and comment on any changes in support they felt were required.

Staff respected people's privacy and dignity when providing care. One staff member said, "[name] is supported with personal care. We know the help they need, and we know what they can do for themselves, and we respect their privacy." Staff knocked before entering rooms and treated personal information with confidentiality. We discussed the details of people's care with staff members, who were always considerate of who was around when they were talking, and made sure that personal information was not shared inappropriately. People's personal information was stored securely on the computer system, and staff were aware of keeping information safe.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans included a profile on the likes, dislikes and preferences of the person. Sections such as 'things that worry me' and 'what makes me anxious' documented important personalised information so that staff could provide the best support for the person. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements. Cultural and religious information was included when relevant for each person.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. One person had a passion for visiting new places and using buses and trains to get there. They told us, 'I'm going out on the train today. I'm going to London on the train at the weekend.' We saw that staff were researching the train times with the person, who found the planning of each journey important and enjoyable. The person had shown an interest in different countries, cultures, and maps. The registered manager had brought in maps and information to share with the person and help their learning and understanding about different places in the world.

People received information in accessible formats such as pictures. The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

No end of life care was being delivered, but people's preferences and choices for their end of life care would be recorded in their care plan. The registered manager told us that if anyone should require this type of care, then full training would be made available for the staff so that the person could remain in the service and receive the appropriate care.

Is the service well-led?

Our findings

There was 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. The registered manager understood their responsibilities and sent us the information required such as notifications of changes or incidents that affected people who used the service.

The service was open and honest, and promoted a positive culture throughout the staff team. All the staff we spoke with felt positive about working at the service, and told us they had good support from management. One staff member said, "I am very happy with the way things are here. The registered manager hasn't been here long, but she has already implemented changes that have really improved things. We are very clear on what we need to do, and feel more confident in our roles." During our inspection, it was clear that the registered manager was confident about implementing positive changes in the service, took responsibility to ensure the staff team felt good about their roles, and was able to provide positive support to people.

The people that use the service and the staff, were able to have their voices heard. They were able to express their opinions on the running of the service. Staff also held meetings where updates on the service were discussed, along with updates on the people being supported. Staff felt this was a good opportunity to raise ideas and concerns if necessary.

People who used the service were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys in an accessible format to enable people to understand and feedback their opinions.

Quality assurance systems were in place to help drive improvements. The management had carried out audits of all aspects of the service, and knew what areas needed updating and when. Actions were carried out when any errors or faults were found. Learning points were brought to the attention of staff through team meetings or supervisions.

Staff worked in partnership with other agencies, including day services for people and local authorities. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service, and visitors of our judgments.