

Venus Healthcare Homes Ltd

Abbey Lodge

Inspection report

3 Finch Lane
Bushey
Hertfordshire
WD23 3AH

Tel: 02089507164

Website: www.venushealthcare.co.uk

Date of inspection visit:

14 July 2017

24 July 2017

Date of publication:

22 September 2017

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

This inspection took place on 14 and 24 July 2017 and was unannounced. At our last inspection on 24 April 2015 the service was found to be meeting the required standards in the areas we looked at.

Abbey Lodge is a care home for people who are living with learning disabilities or an autistic spectrum disorder. There were six people living at the home at the time of this inspection. The home consists of one large detached house spread over two floors. Each person has their own bedroom with shared bathrooms/shower facilities, one large sitting room and conservatory and shared kitchen/dining room.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. People welcomed us into their home and told us they felt safe and happy living at Abbey Lodge.

Staff were clear about their role in supporting people and about how they positively managed risks to people's safety and well-being. There were clear plans on how to support people to have independence and control over their lives while promoting their safety, comfort and wellbeing.

Staff had received training in how to safeguard people from abuse and knew how to report concerns. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. There were sufficient numbers of suitable staff available to meet people's individual needs. People were supported to manage their medicines safely.

The atmosphere in the home was welcoming and there were positive and caring interactions between the staff and the people who lived in the home. People told us they were fully involved in planning their care and they were encouraged to develop their skills and interests. There were clear plans on how people wished to be supported and the goals they wanted to achieve. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

We found that people's lives were significantly enhanced by a staff team who were committed and enthusiastic in striving to support people who live with complex needs and every day challenges.

People's permission was sought before staff assisted them with care or support. Staff were supported to develop the required skills and knowledge to provide care effectively to people.

People's relatives were encouraged to be involved in reviewing people's support plans. People were actively supported to maintain family relationships and friendships.

The home was well led by a registered manager who knew the people and staff and supported them to have their views and ideas heard and acted upon. There was a positive open culture with staff working together in an atmosphere which valued their contribution to the service. Systems were in place to monitor the quality of the service and promote continuous improvement.

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.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs).

People's health and nutritional needs were effectively met.

Is the service caring?

Good ●

The service was caring.

People said staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred, detailed and contained information to enable staff to meet their identified care needs.

People were empowered to make meaningful decisions and significant changes about how they lived their lives.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to people

A wide variety of activities were available within the home provided by staff, and local community groups.

Is the service well-led?

The service was well led.

There were opportunities for people and staff to express their views about the service via meetings, discussions with the management and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good ●

Abbey Lodge

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 inspection took place on 14 and 24 July 2017. We conducted the visit over two days in order to ensure that we had an opportunity to spend time with everyone who lived and worked at Abbey Lodge and also to ensure we had the opportunity to contact and obtain the views and experiences of the everyone involved in the service provided at Abbey Lodge.

Before the inspection, we reviewed the information we held about the service. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. A Provider Information Return [PIR] had not been requested on this occasion.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounges, and also met with individual people in the privacy of their own rooms. This enabled us to observe interactions and the support offered to people throughout the two day visit.

During the inspection we spoke with two people who used the service, five staff members, and the registered manager. We looked at care plans relating to three people who used the service and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. We also toured the building. Following the inspection we contacted four relatives and two professionals to obtain feedback.

Is the service safe?

Our findings

We were unable to seek the views of everyone who lived at Abbey Lodge due to their complex needs. However with the support of the staff on duty and the use of both sign and body language we were able to establish that each person at the home felt safe and happy. We saw people were relaxed and related comfortably with staff throughout our visits. There was a calm friendly atmosphere. One person told us, "Staff are kind to me and take me to lots of places, I like going shopping." We spoke with two relatives who both told us they were confident about the care their relative received, that it was safe and there were sufficient staff available to keep people safe at all times. One relative said, "They are all very competent and they show nothing but kindness and compassion towards everyone at the home, even through the most challenging times. I have seen this first hand." We spoke with staff members who told us that were confident that they provided people with safe care. One staff member told us, "It is an amazing home, everybody is really friendly and people definitely have safe care here."

Where people were deemed to be at risk of harm we saw that records were in place to monitor and respond to these risks. For example we saw a risk assessment for one person who had epilepsy. The risk assessment was both detailed and precise with a step by step guide on how to support the person if they had an epileptic fit and the control measures in place to protect them from harm and keep them safe. We saw that this risk assessment had been recently updated.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were clear about what constituted abusive practice and were able to describe how they would report concerns both within the organisation and externally. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example road safety and using public transport. We found these risk assessments had both been updated and reviewed within the past six months.

We asked four staff if they thought there were enough staff provided to do their job effectively and safely. All four told us that there was. The registered manager confirmed that there was always a minimum of three to four staff provided throughout the day time which ensured people had the opportunity to go out on social trips but this also meant that for people who chose to remain at home, the staffing levels were also adequate. One staff member told us "I feel the rota gives us the time to provide the standard of care that people deserve as well as having time to take people out and about. Also we have enough staff so we have time to just sit with people or help them with activities. Throughout the course of the day we noted that there was an energised atmosphere with a variety of activities taking place before people had their tea time meal. We saw that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked the medicine administration records [MAR] for all six people and found that these were all up to date with no gaps or errors found. We found that boxes of tablets were dated to indicate when they had been opened and the amounts held agreed with the amount recorded on the medicine administration record. People's individual plans of care contained detailed information about the medicines they used what they were for and guidance about potential side effects. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Everybody who lived at the service had personalised guidance in place to help staff evacuate them quickly and safely in the event of an emergency situation.

Is the service effective?

Our findings

Although most people who used the service were not verbally able to tell us about the care and support they received, we were able to observe positive interactions between staff and people who used the service throughout our visit. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. For example one person had become agitated when we arrived to carry out our visit. We saw that a staff member intervened and reassured the person in a calm and gentle manner and refocused them towards an activity that they knew they enjoyed thus avoiding the person becoming anxious and upset.

We spoke with one professional who visited the home regularly and they told us, "I feel that the staff do possess the necessary skills to support the service users. They clearly know each service user well and seek out training where there is a gap in knowledge. They had requested some simple Makaton signs to be able to better communicate with some people who lived at the home."

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example with behaviour that challenges and how to support a person when they became distressed or anxious. One member of staff said, "We have so many opportunities to do training here. The registered manager supports with us with a diverse range of training over and above the mandatory training we are provided with."

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing more experienced staff before working with people independently. One staff member explained how they had 'shadowed' a senior member of staff when they first started and confirmed that they were able to do this until they felt confident to work alone. The registered manager explained that the induction period for new staff varied depending on the individual's competency but confirmed that new staff were not put under any pressure to rush through their induction period. This was confirmed by all five staff we spoke with. One staff member told us, "The registered manager is very supportive and there is no pressure from them to complete my induction before I feel ready."

We saw evidence that staff received regular support and supervision from the registered manager. An annual appraisal system was in place and all three staff on duty told us that they felt they received the support and guidance they needed from the registered manager. One person [staff] told us that, "The manager is fantastic, they are very hands on for advice and support as well as having formal supervision every two months and regular staff meetings."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which related to keeping people safe within the home.

People's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example, consent had been obtained for the person for their photograph to be taken and consent to administer their medication. We saw that there was pictorial information within each person's care plan which detailed all aspects of the care provided by the home, which included a pictorial 'Consent to Care' document. This information also included medication, finances and money, health and personal care and information about advocacy services. We also saw evidence of a Mental Capacity assessment [MCA] that had been completed with regard to specific decisions for one person who required urgent dental treatment. We saw evidence that this document had been signed by both parties. This meant that people were supported to make informed consent in a way they could fully understand.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. Staff encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. We saw from the pictorial menus that people were supported to eat 'healthy options'. For example we saw that one person's diet had previously consisted of only eating biscuits and drinking water. The registered manager and staff had developed a 'Social Story of their diet' and through staff encouragement, a consistent approach and offering the person more visibly interesting meals, the person now ate a healthier and nutritionally balanced diet. We saw that people's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw evidence that each person was reviewed by the community dietician with regard to the management of their dietary needs, when necessary.

People were supported with their healthcare needs and staff worked in partnership with other healthcare professionals to meet people's need promptly. They were supported to attend dental and opticians appointments regularly with the support of the staff. Information about people's health conditions and any medicines they took was in their care plans for staff to access. One person [relative] told us that, "The staff always do make sure my [family member] goes to the dentist for their check-ups." They also told us that they were confident they would be told of any concerns and kept up to date if there were any health concerns about their relative. Staff helped people understand, manage and cope with their health needs by sharing information and supported them to attend their appointments. We saw records that demonstrated that people were linked to local mental health and learning disability services, when required. The registered manager and staff said they worked in partnership with all parties which ensured the best outcome for people. We received positive feedback from two professionals about the support the staff offer people in the home.

Is the service caring?

Our findings

Although not everyone who lived at the home was able to verbally communicate their views about the staff with us, we observed relationships and interactions between people and staff were positive. For example we saw that staff joined people for their evening meal which we saw was a lively and social occasion where people talked about their day and planned the evening's activities.

We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example one person became anxious as they had mislaid their diary. We saw the staff member calmly reassure the person and spoke to them in a manner that helped reduce the person's anxiety. We saw they returned five minutes later, holding the staff member's hand and appeared relieved and happy after having located the lost diary. Staff demonstrated that they knew people very well and we saw that they anticipated what might cause people concern so that they could put strategies in place to help keep them calm. One person told us that, "I like it here, staff are kind to me especially [name]. They let me sit in the office and we look at our diaries together."

We saw that staff were consistent and kind when they related to people. They listened and responded clearly. For example one person wanted staff to do something with them immediately by grabbing their arm even though this staff member was busy supporting someone else. We saw that the staff member responded in a calm and patient manner and explained they would help them once they had finished what they were doing. We saw that the level of support offered helped the person remain calm until the staff member was available to join them.

One visiting professional told us, "I feel that the staff working at Abbey Lodge know the service users well that they support and genuinely care about their health and wellbeing."

One person offered to show us around the home and was very proud to show off the many photos of social events and holidays that they had enjoyed, which were also displayed throughout the home. The atmosphere throughout this visit was friendly, relaxed and very caring towards the people who lived at Abbey Lodge.

People and their relatives had been invited to take part and contribute to regular reviews of their care. There was good use of photographs and also a profile of people that stated what people liked, what was important to them and how they wished to be supported. We saw that each person's plan of care was produced in a pictorial format and with the involvement of the person and their family. Where possible this document had been signed by the person themselves. This meant that people received care that met their needs and took into account their individual choices and preferences. One relative told us, "We are kept informed of anything that is relevant or important and I have seen my [family members] care plan but usually its more informal and I can ask when I visit if I want to read it but usually I don't need to as I am very happy with the care they give to my relative."

We saw that people chose where they wanted to spend their time and were able to fully access both the communal areas within the home or their own bedrooms, whenever they wished. We saw that people also

had access to a large recreational building within the garden where they were able to take part in a range of social activities. Throughout our visit we saw that staff positively engaged with people and enquired whether they had everything they needed and how they wanted to spend their leisure time.

We saw a range of documents that had been produced in a format that could be easily understood by the people who lived at Abbey Lodge. For example pictorial menus, a pictorial complaints procedure, a consent to care and support document, the fire evacuation procedure had also been produced in a pictorial format. We also noted that each person's 'social story' had been produced in picture format. This showed us that people had information provided about the service in appropriate formats that they could fully understand.

We found that all three care plans seen reflected the involvement of families and social care professionals who had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people's health support needs and medical histories was kept secure.

Is the service responsive?

Our findings

Abbey Lodge provides a service to people with both complex and challenging needs. People, and their family members, said that they considered staff met their [relatives] care needs. One relative told us, "All the staff are friendly and approachable and if ever I need to know anything any one of them will know about it."

The registered manager met people before they moved into the home and they carried out a `pre-admission` assessment. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. We saw that people were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with care planning.

The registered manager and staff empowered and supported people to maintain their independence where ever possible. Since the last inspection took place the registered manager and staff have introduced a system called 'You said... We did'. This involved consulting people who lived at Abbey Lodge and their relatives to develop new ideas and initiatives to further improve the service people received. For example people said they wanted to do gardening as part of their activity programme. We saw that the home had responded by providing raised beds in the garden area in order to create an area for people to grow their own vegetables and flowers. People also said they would like to become fitter and healthier and as a result an exercise bike had been purchased for people to use in the garden/activity room.

We saw another example where the registered manager and staff had supported a person who wanted to stop smoking. We saw they had devised a pictorial care plan which detailed the risks associated with smoking on their health and well-being. We saw that the staff had provided this information in simple terms which the person could comprehend but equally not to cause the person unnecessary anxiety. We saw that this person had gradually reduced the amount of cigarettes from 10 per day to their ultimate goal which was not smoking any cigarettes in the past year. We found the introduction of these new initiatives had greatly enhanced the lives of the two people involved. We saw evidence that their general health and well being had been significantly improved as well as their self esteem and self worth. One person was very proud to show us their pictorial progress plan and told us that they had not had a cigarette in over a year. This target was achieved by the excellent working relationship between the staff and this person and with the constant support and encouragement they provided.

The home also provided a range of diverse and interesting activities for people to enjoy seven days a week. We saw that this programme had been produced in a pictorial format in order to ensure people could make an informed choice about how they wanted to spend their day. These activities included, going to the golf range, regular trips to the cinema, cycling and exercise sessions, educational sessions, outings to local community events, pampering sessions as well as some people attending their local day centres. People also had the opportunity to go away on annual holidays. This year people had chosen to go to Blackpool.

We saw that staff supported people to play an active part in their community and to follow their own interests and hobbies. Records showed that people attended a variety of social events as well as accessing

local services such as shops, using public transport, visiting local pubs and cafes. We were told that one person was a volunteer at a charity shop, one day a week. People also attended local daycentres where they enjoyed art and craft sessions, gardening and music therapy. We saw that each person had an individual pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time. People had enjoyed a range of holidays which included a trip to a holiday camp. There was a pictorial holiday planner in place that detailed the cost of the holiday and how much people would need to save in order to be able to go.

We saw that staff were consistent and kind when they related to people. They listened and responded clearly. For example one person wanted staff to do something with them immediately by grabbing their arm even though this staff member was busy supporting someone else. We saw that the staff member responded in a calm and patient manner and explained they would help them once they had finished what they were doing. We saw that the level of support offered helped the person remain calm until the staff member was available to join them.

People's care plans contained specific documents, which were maintained by staff, and detailed care tasks such as personal care having been undertaken. We saw that daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

All five staff we spoke with were knowledgeable about the people they supported. We saw from the information provided during our visit that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. We also saw that there was a poster displayed within the main hallway which depicted all the religious festivals that took place throughout the year, which ensured people from all faiths had an opportunity to celebrate on these special occasions.

Staff demonstrated that they were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred.

One person we spoke with was able to communicate through their body language and through signing that they were happy by pointing to a staff member and saying "friend" and gesturing to this person with a smile. Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the computer.

The environment was generally maintained to a good standard where several areas of the home had been refurbished within the past twelve months. This included a new bathroom /wet room on the ground floor. We saw that there were repairs and a replacement schedule in place for the forthcoming year, which included replacing carpets and the redecoration of some bedrooms. One person told us "I always choose what colour walls and duvet I have in my room. I like pink best."

The service had a complaints policy in place. This had been produced in both a written and pictorial format which ensured people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year.

Is the service well-led?

Our findings

All five staff we spoke with told us that they considered the registered manager to be supportive and professional. One person described the registered manager's style as open and inclusive. Another person explained how they considered that they all worked well as a team and that everyone was passionate about the care and support provided to people at Abbey Lodge.

One member of staff said, "I have worked in other places but this is the best yet. The manager is very knowledgeable about the people who live here and has known the majority of them a long time. They really understand what good care should be and they promote that with us all the time."

One visiting professional told us, "I feel that the staff working at Abbey Lodge know the service users well that they support and genuinely care about their health and wellbeing."

We saw minutes from staff meetings which were held regularly and included recent topics discussed such as best working practice and the planning of up and coming holidays.

The culture of the home was based on a set of values which related that promoted people's independence, celebrating their individuality and provided care and support they needed in a way that maintained their dignity.

The registered manager had worked extremely hard to provide a range of documents in a format that ensured people were given full opportunity to gain an understanding of the service provided and helped empower people on how they lived their lives and the choices and decisions they made.

There was a clear management structure in place. The registered manager had the day to day responsibility of running the home but was also seen during our visit to provide hands on support to people who lived and worked at the home. The manager said there was good communication between with themselves and the staff team.

Although the service had not needed to submit any 'significant' notifications since the last inspection took place, the manager was able to provide a good understanding of their responsibilities and when statutory notifications were required to be submitted to us for any incidents or changes that affected the service.

We saw that people who lived at Abbey Lodge were asked for their views and opinions on the service provided both formally through an annual satisfaction survey and informally, through house meetings. The registered manager operated an 'open door' policy where people could call into see them if they had any problems or concerns. The most recent quality monitoring audit carried out by the local authority in December 2016 gave the home an overall score of 88% with a rating of good.

There were systems in place to monitor the quality of the service. For example, medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. There was an overview of

training undertaken and the registered manager identified which staff needed to have their training refreshed within the required timescales. We saw that all staff training was up to date. Records seen for the people who lived in the home and staff were well organised, clear and kept confidentially within the main office.