

Precious Homes Support Limited

# ABI Homes - Tolcarne Avenue

## Inspection report

60 Tolcarne Avenue  
Fishermead  
Milton Keynes  
Buckinghamshire  
MK6 2SS

Tel: 01908237937

Website: [www.abihomesuk.co.uk](http://www.abihomesuk.co.uk)

Date of inspection visit:

27 April 2017

03 May 2017

Date of publication:

31 May 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

ABI Homes - Tolcarne Avenue is a three bedded terrace house situated in a residential area of Fishermead in Milton Keynes. It provides residential care for three people with Learning Disabilities and Autistic Spectrum Conditions. At the time of our inspection there were three people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and these were followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

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?

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 - Tolcarne Avenue

## **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 checked 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 27 April 2017 and was announced. We also made telephone calls to relatives on 3 May 2017.

The provider was given 24 hours' notice because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in March 2015.

During our inspection we observed how staff interacted with people who used the service.

We spoke with two people who used the service and two relatives of people who used the service. We also spoke with the registered manager, the deputy manager, a senior support worker, three support workers and the director of operations.

We reviewed two people's care records, two medication records, four staff files and records relating to the

management of the service, such as quality audits.

# Is the service safe?

## Our findings

When asked if they felt safe one person who used the service nodded and replied, "Yes." People were protected from avoidable harm and abuse by staff who showed a good understanding of the subject. One staff member said, "I would report it to the manager, or provider and if I thought they had not done anything I would whistle blow." They knew who they could contact within the organisation if they thought it needed to go further. Posters were displayed explaining how to report suspected abuse. These were also in easy read pictorial versions.

Each person had risk assessments in place to enable them to be as independent as possible taking into account the associated risks. These included for; accessing the community, finance and personal care. These had all been reviewed regularly. Staff we spoke with told us they updated risk assessments when required and carried out additional ones for extra activities such as holidays.

Staff were recruited following a robust procedure. One staff member told us about the checks that were carried out before they started to work. The registered manager told us all recruitment checks were carried out by the provider's human resource team. Documentation was kept at the providers head office but had been scanned into the computer system. Documentation showed that correct checks had been carried out for all staff before they started to work.

It was obvious from our observations that there were enough staff of varying skills on duty to support people with their chosen activities. Some people had one to one support and another needed two staff when they went out during our inspection. Staff told us the rota was flexible to accommodate individual's choice of activities. The registered manager said, "We have a number of services near to each other so staff will cover if needed, but the staff usually cover any hours themselves." They went on to explain that people had allocated hours and the rotas were planned around those.

Medication was managed safely. Each person had their medication securely locked in the office. We observed some medication administration. This was carried out following correct guidance. We carried out a stock check and found they were reflective of numbers recorded on Medication Administration Record (MAR) charts. Each person had a medication profile which explained what medicines they were taking and the reason why. It also gave an overview of how the person liked to take their medication.

## Is the service effective?

### Our findings

People received care and support from staff with the required skills and knowledge. One staff member said, "There is a lot of training, some e-learning and others are face to face." A relative we spoke with told us they thought the staff were well trained to support the people who used the service. The registered manager told us the provider had a training department who arranged and booked any training requested. They also kept a matrix and the registered manager was able to inform staff when any training was due. Documentation we saw showed all staff training was up to date. Staff also had their competency observed annually. One staff member said, "We have supervisions every eight weeks." Documentation we saw confirmed this.

Staff told us they were supported by the registered manager and the provider. One staff member said, "[Name of registered manager] is very good. He is very supportive."

Throughout the inspection we observed staff gaining consent from people. For example, asking if they were ready to go out. We also saw staff ask the persons permission to enter their room. Where they had been able, people had signed to give consent for their care and support.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to a DoLS and staff knew who they were and why they were in place.

The registered manager told us staff assisted people with their choice of meals, using pictures where necessary. We observed one person prepare their own lunch with staff observing from a distance. We saw documentation for each person detailing their meals of choice for the week and what they had actually had to eat. this was to monitor people's actual nutritional intake.

We saw that people had attended appointments with health care professionals to maintain their health. For example, visits to the doctor, dentist and hospital appointments. Each person had a 'health passport'. This was a file which contained all relevant information regarding the person's health and medication with contact numbers and information. The person took this with them if they had to go into hospital.



## Is the service caring?

### Our findings

People were treated with kindness. When asked one person said, "Yes they (staff) are nice." A relative said, "The staff are nice, they seem to look after [Name of person]." We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff.

Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people, making sure they understood what was happening and what they wanted to do.

Where possible people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed.

The registered manager told us that they had access to an advocacy service if it was needed by anyone. A poster advising of this was displayed.

The registered manager told us that all confidential information was kept in the locked office. The computer was password protected. This ensured information was only accessed by people who had permission to access it.

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people had privacy when being supporting with any personal care needs. Staff spoke with people in a calm manner and encouraged independence.

We saw that people had received visits from family. A relative told us they visited on a regular basis.

## Is the service responsive?

### Our findings

Staff told us they had meetings with each individual to update their support plans. They said they involved the person as much as they were able to ensure their views were documented. Records we viewed showed this had taken place. A relative told us they were involved in the reviews for their loved one and were always kept informed of any changes. Support plans were personalised and written for each individual and had been reviewed regularly.

Staff told us that activities were planned for each individual and planned into their week. On the day of our inspection one person was supported to play football locally. They told us they enjoyed going and that they supported the local football team and went to see them when possible. There were pictures displayed showing people enjoying a number of days out and activities.

There was a complaints policy and procedure which was also available as an easy read to enable people who used the service to complain. A relative told us, "I would complain if I had to but I have not had to." We saw that complaints had been responded to in accordance with the provider's policy.

The registered manager told us that they gave each person a questionnaire annually. This was in an easy read/pictorial format. People were encouraged to get family or a member of staff to assist them with completing it. There had also been annual questionnaires for staff to complete and the Local authority also sent one for people to complete. We saw completed questionnaires and where there had been any comment, the registered manager had responded to the individual.

## Is the service well-led?

### Our findings

Staff we spoke with told us they were involved in the development of the service. They told us that the house was just coming to the end of some refurbishment. This included a new kitchen, new flooring and redecorating. Staff told us they were able to voice their opinions, which would be listened to, at regular staff meetings.

On the day of the inspection the area manager visited to provide support to the registered manager. They told us they had recently recruited a deputy manager to the service. This was a new post within the organisation. The registered manager told us they could call anyone in the provider team if they needed any support.

Staff told us, and we saw, that there was a positive, open and transparent culture in the service. One staff member said, "We can talk to [name of registered manager], he is always about." Staff told us that the provider had a whistleblowing procedure and they would use it if required.

There was a registered manager in post who met their CQC registration requirements. 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 was aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

A number of quality audits had been carried out by both the registered manager and a provider representative. These included; health and safety, medication and care plans. Where any issues had been found, action plans were in place.