

Precious Homes Support Limited

Abi Homes - Dyers Mews

Inspection report

34 Dyers Mews
Neath Hill
Milton Keynes
Buckinghamshire
MK14 6ER

Tel: 01908605066
Website: www.abihomesuk.co.uk

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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

This inspection took place on 03 March 2016 and was announced.

The inspection was carried out by one inspector.

Dyers Mews is a six bedded house situated in a residential area of Milton Keynes. It provides residential care for six people with Learning Disabilities and Autistic Spectrum Conditions. People who live at Dyers Mews are supported to live as independently as possible. On the day of our inspection five people were using the service.

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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

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.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

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 very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

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.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive 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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received appropriate care or treatment.

Is the service caring?

Good 

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the registered manager and were able to see him when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Abi Homes - Dyers Mews

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 03 March 2016 and was unannounced.

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 April 2014.

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

Some people had limited verbal communication and did not wish to communicate with us. However we were able to observe their interactions with staff.

We spoke with one relative, two people who used the service, the registered manager, three support workers and the operations manager.

We reviewed three people's care records, two medication records, three staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

One person who used the service told us, "The staff are nice and make me feel safe." A relative we spoke with said, "Yes, I know [person's name] is very safe here." We saw that people were relaxed in the company of staff.

We observed that the service was secure. All visitors were asked to sign in as they entered the building. The garden was secure, enabling people to go out when they wanted to.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report it immediately to the manager or senior." Another explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Safeguarding referrals had been made when required.

There were notices on the notice board giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's support plans were risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and refusing medication. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was an emergency grab bag available for staff. It contained; contact numbers for people's relatives, emergency contacts for professional and a set of floor plans. People had their own Personal Emergency Evacuation Plans (PEEPS) within their support plans. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies.

Staff told us there was always enough of them to support people. The registered manager told us they did not use agency staff if possible, due to the complex needs of the people they were supporting. On the day of our inspection there was enough staff to provide support for each person. We looked at the rota for the

following month and found that it was based around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time.

We found safe recruitment practices had been followed. One staff member said, "I had to take proof of identity to the office and get references and have checks carried out before I was able to start." We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

The registered manager told us staff were only allowed to administer medicines if they had completed training and competency checks to do so. They also told us that two staff members carried out all medicine administration. People were given their medication in their rooms and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) at each stage and completed a stock check of medication before and after each medication administration. The staff member said, "We always do a stock count every time." We checked two people's medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited daily.

Is the service effective?

Our findings

The provider had an induction programme which all new staff were required to complete. The operations manager told us they were in the process of introducing the new care certificate for new staff. All registered managers were training to be assessors to enable them to assess their own new staff. The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, "We can talk to him at any time about anything." Another said, "He is very supportive. He works shifts with us." We were told that staff had regular one to one supervision and annual appraisals with the registered manager. The registered manager had received supervision from the operations manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing that dates for future supervisions had been made for the whole of the year.

Staff told us they received a lot of training. One staff member said, "There is a lot. I have learnt how to deal with each person as an individual." Another said, "It is very good." The operations manager told us they accessed training from a variety of sources to enable the best training possible, which kept staff practice up to date. We reviewed the training matrix and found this showed training which included; safeguarding, MCA/DoLS and food safety along with more specialised autism specific such as; working with people that challenge and concept of expressed emotion and therapeutic approaches. Some staff had completed nationally recognised qualifications at both level two and three.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw evidence within people's support plans that mental capacity assessments had been carried out, along with best interest meetings, when required. Some people were subject to DoLS. Staff were able to tell us who were subject to a DoLS and why it was in place.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. We observed staff gaining consent throughout our inspection, for example, when asking if ready for medication, if wanting to get up or wanting to go out.

We observed people having their lunch time meal. They had food of their choice. One person told us they all decided on the menu and staff helped them to write a shopping list. They were then assisted to log on to the computer and process the shopping for delivery. Staff were aware of people's individual tastes. Staff told us that if anyone had a problem with nutrition they would seek advice and support from professionals. People were offered a variety of foods to choose from, and were supported to prepare and cook their meal of choice. A variety of drinks was also offered. Staff explained that the menu was developed weekly with the people who used the service and shopping was then done. There was a plentiful supply of food in the kitchen, including fresh fruit and vegetables. Each person had a daily record kept of food eaten to enable staff to make sure they are having a balanced diet.

Staff told us that each person was supported to see or be seen by their GP, optician, dentist or other health care professionals. The staff told us that each person had a 'health passport'. They explained that this contained all documentation regarding the person's health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

A relative we spoke with made comments regarding the kind and caring approach of the staff. They said, "They are all lovely, the manager is excellent."

We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. Some people were becoming unsettled due to strangers being in their home, staff knew how to respond to help them settle. They spoke to them in a calm and reassuring manner. This settled them and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. One person had an appointment with the psychologist who was visiting, however, they refused to speak with them as they had spoken to the inspectors and did not want to see anyone else. Staff explained the importance of keeping the appointment but respected the person's choice to refuse.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at mealtimes and when people got up or went to appointments. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

The registered manager told us visitors were able to visit at any time and people went to visit family and friends when they wanted. We observed a family member visit during our inspection. We saw within care plans we reviewed that visitors had been and people were routinely assisted to travel to stay with family.

Is the service responsive?

Our findings

A relative told us they were involved in their daughter's support plan and the staff would ring and keep them informed of any changes. There was evidence in the support plans we reviewed that people and their families or representatives had been involved in writing them.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. The registered manager told us that part of the assessment was to also check the person would fit in the service with the other people who already lived there. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. On the day of our inspection we observed that one person was due to go on an activity, staff reminded them of the time and what time they needed to leave. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker, and showed a variety of activities. This was displayed on a white board on the kitchen wall to enable everyone to see who was doing what that day. Staff showed us new scrap books they had recently developed with each person that contained photographs of various activities they had been involved with. Staff explained these were used to remind people of activities they had participated in and also to share with family.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint and was on the wall. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey was sent out to people and their relative's. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2015 survey. The comments were all positive.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact. They also said they knew who the senior management in the organisation was and could call or email any of them and felt able and comfortable to do so.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, "[registered manager's name] is very good; he is here a lot and really good with the people who live here." A relative said, "[registered managers name] works really hard he has worked wonders with [persons name]."

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post who was supported by staff team and a management team based at head office.

During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes including care plan audits, daily checks of water temperature and medication. When actions had been needed, we saw they had been completed. The provider employed the services of an external company to carry out an annual quality monitoring visit which rated the service. We saw issues which had been found on the previous visit had been actioned and completed.

The registered manager told us that all accidents and incidents were recorded and reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; residents, staff and managers meetings.

Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed suggestions were acted on.