

# Independent Lifestyles Support Services LLP

## Abi House

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Abi House is a care home providing accommodation and personal care for up to seven people with learning disabilities and autism spectrum disorder. There were five people living in the home at the time of our inspection. The service was one adapted building laid out over two floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and relatives spoke highly of the service they received at Abi House. Comments included; "I love it. It's lovely" and "My advice now is that Abi House marks high on all of your five key questions and high on another which is how well they have now managed change." The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. People's support plans contained personalised information which detailed how their care and support should be delivered to ensure they lived happy lives. Staff worked hard to provide people with varied activities and stimulation that met their interests and specific individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff actively involved external healthcare professionals in building and delivering people's support to ensure this best met their needs in a way which promoted their independence as much as possible.

People were supported by kind and caring staff who worked hard to promote their wellbeing. Staff knew how best to communicate with people and enabled people to make choices wherever possible. Staff knew

people well and could interpret people's communication methods, such as body language, facial expressions, exhibited behaviours and vocalisations. Staff were proud to work for the service and treated people with respect and dignity. The service promoted equality and diversity and worked hard to meet all of people's individual needs.

Risks to people's health, safety and wellbeing were identified, assessed and acted upon. People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable to abuse and avoidable harm.

People received their medicines as prescribed by their doctor and there were processes in place to manage the ordering, storing and disposal of medicines. Incidents and accidents were investigated, and actions were taken to prevent reoccurrence. Abi House was clean, welcoming and pleasantly decorated. People, relatives and healthcare professionals spoke highly of the staff who received training and supervision to meet the needs of the people living in the service.

There was strong leadership at the service. People and staff spoke highly of the registered manager and the service manager who oversaw day to day activity. There was a positive culture at the service with people, relatives and staff feeling their voices were listened to.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. Significant improvements had recently been made following the appointment of a new service manager and processes had been updated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published March 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Abi House

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

Abi House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

### During the inspection

During the inspection we observed how staff interacted with people. We spoke with one person who used the service and spent time with three others. We spoke with two relatives about their experience of the service provided. We spoke with three members of care staff, the registered manager and the service manager in charge of day to day management. We received feedback from one external healthcare professional. We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek further information from the provider to inform our judgements. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At our previous inspection we found issues relating to the storage and administration of medicines. At this inspection we found the systems and processes had been improved and we no longer had any concerns.
- Medicines were managed safely and people received their medicines as prescribed by their doctor.
- Only staff who had been trained in the safe management of medicines administered them to people. Staff competency was regularly assessed through tests and spot checks.
- Processes were in place for the timely ordering, storing and returns of medicines.
- Regular audits were conducted alongside reviews of people's medicines and medication administration records. Any issues identified were investigated and responded to appropriately.

### Systems and processes to safeguard people from the risk of abuse

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

- The service was managed in a way that protected people from abuse. People indicated they felt safe with staff by looking comfortable in their presence and telling them they loved them. Relatives made comments which included; "I have no worries about (Name of relative). I can go on with my life and know that she is happy. I feel she's safe here. I literally don't worry about (Name of relative) one bit now."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns about people's safety and wellbeing. We saw evidence of the staff and management having taken action in the past to ensure people were safe.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported concerns promptly.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. Staff were knowledgeable about identifying risks to people and knew how to raise this with the management and healthcare professionals.
- People were as involved as possible in their own risk management. Plans to minimise risks had been drawn up with their input and agreement wherever possible.
- Where necessary, specialist advice from external healthcare professionals was sought. For example, to best support people at risk of choking and at risk of isolation.
- The staff and management team had worked hard to ensure risks to people were mitigated whilst also enabling them to live as independently as possible. For example, during the heatwave in the summer, one person wanted to be outside whilst wearing unsuitable clothing. This person did not want to sit under a parasol and therefore two staff spent extended periods of time holding up a sheet to block the direct sun and reduce the risks of the person over-heating.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary to minimise the risk of reoccurrence.

#### Staffing and recruitment

- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to work in a care setting before starting work.
- Prior to our inspection the service had experienced a period of disruption. Feedback from staff and relatives showed the previous management of the service had not been effective, staffing numbers had not been sufficient and the quality of staff had not been acceptable. Several weeks prior to our inspection a new service manager had been appointed and had made a number of significant changes. This had had a positive impact on the service, as described by relatives and staff.
- At the time of our inspection there were enough staff to ensure people had access to care that met their needs and protected them from risks. The registered manager was still having to use agency staff, but they worked hard to ensure continuity of these staff.

#### Preventing and controlling infection

- All staff received training in the prevention and control of infection and we observed staff using appropriate protective equipment when performing care tasks.
- The service was clean, fresh smelling and welcoming. Where possible, people were involved in the cleaning of their bedrooms, bathrooms and the communal areas.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected when unexpected events occurred where lessons could be learnt. The service was part of a group of services and learning was shared between these to ensure people received the best possible care.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings, handovers and on an individual basis.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The person we spoke with spoke highly of the care they received at Abi House. Comments included; "I love it. It's lovely." Relatives said, "They are fantastic now. They know how to deal with her on her bad days" and "My advice now is that Abi House marks high on all of your five key questions and high on another which is how well they have now managed change."
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- The staff and management at Abi House were focused on achieving best outcomes for people and improving and maintaining their independence. For example, one person was supported to attend horse riding, which they enjoyed. The person started to experience anxiety when travelling to the activity by car. In response, staff reviewed transport arrangements and took the person there by bus which relieved the person's anxiety. Although this was more complicated for staff, this worked very well and the person was able to take part in horse riding once more which brought them joy.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. Relatives told us they had confidence in the staff who supported their loved ones. Comments included, "They understand her needs and go out of their way to put everything together to make (Name of relative) happy and to make things easier."
- Staff received regular training and told us they felt skilled to care for people well. Comments from staff included, "We definitely get enough support and training."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "There's a lot of team work and everyone gets on" and, "It's a lovely place to work. So supportive."
- Healthcare professionals spoke highly of the staff at the service, with comments including; "The staff members I have spoken with were informative, knowledgeable and experienced workers."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed help with cooking and eating, this was provided.

- People were supported to eat a varied and nutritious diet. People were given choices which met their individual needs and preferences. Where possible people were involved in menu planning, food shopping and preparation.
- Where people had specific needs relating to swallowing, staff had involved external healthcare professionals such as Speech and Language specialists to create personalised plans for people.

#### Adapting service, design, decoration to meet people's needs

- Abi House was adapted to meet the needs of people living in the service. The management had gone out of their way to meet people's individual needs. For example, one person lived in a self-contained flat attached to the house. This person displayed behaviours which meant they had caused significant damage to the fixtures, fittings, walls and fences of the property. Rather than seeing this as a negative, the management team had sought specialist guidance on how to renovate the flat in a way which best met this person's specific needs and preferences. Plans were in place to create a specialised environment for them with specially designed fixtures and fittings, along with one easily destructible wall for them to damage whenever they wanted. This had taken a great deal of planning, consultation and work. The service manager said, "We have now managed to go into her world instead of her having to live in ours."
- The communal areas were decorated to a high standard and were clean and welcoming. People's bedrooms were personalised and reflected people's interests and preferences.

#### Supporting people to live healthier lives, access healthcare services and support

- Staff had good working relationships with other professionals who had contact with the service.
- People were supported to live healthier lives through regular access to healthcare professionals such as their GP, dentist or optician.
- Guidance and advice from healthcare professionals was incorporated into people's support plans and risk assessments and these were followed by staff.

#### Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the service was acting within the principles of the MCA and appropriate assessment of whether people had capacity to make decisions was documented. Where people had legally authorised decision makers this was also clear from the records.
- Where having been assessed as required, appropriate DoLS applications had been made for people.
- Staff and the registered manager had good knowledge of the MCA framework and encouraged people to make choices wherever possible.
- Relatives made comments including; "(Name of relative) has a lot of choices. She is asked would you like to do this or that, be with this person or that person. She is able to make choices and she is very happy about that as well."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs, personalities, likes and dislikes well.
- One person told us they enjoyed the company of staff with comments including; "I love them, yes." One relative said, "The staff team who are here are really good. (Name of relative) loves the staff. They are very nice people and all of them are lovely. They all know her well and the staff know how to recognise her moods, how to make a bad day into a good day."
- Records showed people's views and needs were considered. The diverse needs of people using the service were met. This included individual needs relating to disability, gender, ethnicity, sexuality and faith.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personalities. Comments from staff included; "(Name of person) is amazing. I've never known someone with so much strength and intelligence" and "(Name of person using the service) was exhibiting challenging behaviours and could have been moved to another home. We didn't want her to go and the managers listened to us and so now we get to have her stay. She's so lovely. We're all really happy about it." People's care plans contained highly complimentary information about their individual personalities and attributes.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in all decisions about their care and support wherever possible.
- A number of people living in the home had difficulties with verbal communication. The service provided them with alternative methods of communication in order to gain their views and involve them in decision making. For example, some people used picture boards and event planning boards.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. We observed staff knocking on people's bedroom doors before entering and giving people privacy. Where remote observation methods were used these were thoroughly assessed and only used discreetly in order to protect people's right to privacy.
- People's independence was encouraged and promoted. Support plans highlighted what people could do for themselves and how staff should assist with this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs.
- People's support plans contained detailed routines for staff to follow to ensure people had the personalised support they needed.
- People's plans included information about how staff should respond to people's changing moods and behaviours in order to best meet their needs at specific times. Early intervention strategies, how to distract people, warning signs to look out for and crisis management plans were in place for people. This ensured people experienced care which reduced distress as much as possible.
- Support plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Support plans were regularly reviewed with people where possible and their relatives to ensure they remained current and provided accurate information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats for different people, such as pictures.
- Staff knew people well and could understand people's body language and facial expressions, as well as positive and negative verbalisations. Our observations during the inspection confirmed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the local community.
- During our inspection we saw people going out to a day centre, going for walks along the sea front, going out to the shops and enjoying some time in the garden.
- Staff, external healthcare professionals and relatives confirmed people were supported to participate in activities which interested and entertained them. One member of staff said, "People get good care here. We take them out all the time." One external healthcare professional said about one person; "(Name of person) has had support to access the community to a much greater degree than he had been accustomed."
- One person was receiving care and support in a way which isolated them from the rest of the house. This

was due to their individual needs and preferences. Along with staff, relatives and management, a number of external professionals had been involved in developing the support plan for this person and ensuring their isolation was kept to a minimum, so they had as much freedom as possible. Staff provided this person with personalised care and individual stimulation to reduce the impact of their living arrangements.

#### Improving care quality in response to complaints or concerns

●The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response. This ensured potential reoccurrence was minimised.

●People told us they knew how to make a complaint. Relatives told us their views and concerns were taken seriously and acted upon. Comments included; "The manager texts me every couple of weeks just to ask me how it's all going. I am not shy about sharing my opinions. My concerns are listened to and acted on."

#### End of life care and support

●People's care wishes at the end of their lives were recorded in their files wherever possible.

●Staff received training on how best to support people at the end of their lives. Staff knew to respect people's religious beliefs and preferences.

●At the time of our inspection no people living in the service were nearing the end of their life and nobody had previously passed away in the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives told us the service was well managed and spoke highly of the registered manager. Comments included "(Name of registered manager) is so supportive."
- The registered manager had recently appointed a new service manager to oversee day to day activity at the service. People, relatives, staff and healthcare professionals spoke very highly about the new service manager and the improvements they had made. Comments included; "(Name of service manager) is like a breath of fresh air", "Since (Name of service manager) has been here everything has been excellent. She is brilliant. I honestly can't fault her. She's turned everything around" and "I love her."
- The service had a clear, positive and open culture that was shared amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people. Comments included; "I absolutely love my job" and "It's a nice company to work for. We work very well as a team to make sure people get good care."
- The registered manager, service manager and all the staff we spoke with put people at the heart of everything they did. Staff talked about the satisfaction they gained from making a positive difference to people's lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Abi House had a registered manager in post. The registered manager oversaw the running of several services and undertook audits to monitor the safety and quality of the care provided. Where actions were identified these were acted on. The service manager oversaw the day to day running of Abi House and reported back to the registered manager who regularly attended the service.
- The service manager spoke highly of the support they received from the registered manager. They made comments including; "She is very involved in the running of the service. She comes in regularly and knows people well. She provides amazing support to me. I can contact her night and day and she will provide

support."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and service manager were committed to involving people in the running of the service. They regularly sought views from people, their relatives, staff and external healthcare professionals. Annual questionnaires were sent out to relatives to gain their views, as well as regular telephone and email contact.
- Regular staff meetings and handovers took place in order to ensure information was shared and expected standards were clear. One member of staff said, "We have regular team meetings where we get to discuss anything we want to discuss and share any ideas. They listen and take things on board."
- Staff told us they felt listened to, were supported by the management and had an input into the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continually working towards improvements and looking for new ideas.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider, registered manager and staff were enthusiastic and committed to further improving the service delivered for the benefit of people using it. Internal audits and inspections were carried out regularly by managers from other services within the organisation. This ensured objectivity in the findings. Where actions were identified these were acted on.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.