

Precious Homes Support Limited

Veryan Place

Inspection report

40 Veryan Place
Fishermead
Milton Keynes
Buckinghamshire
MK6 2SR

Tel: 01908664329
Website: www.abihomesuk.co.uk

Date of inspection visit:
12 September 2023

Date of publication:
17 October 2023

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

Veryan Place is a residential care home providing accommodation for people who require nursing or personal care for up to 3 people. The service provides support to younger and older people living with a learning disability and / or autistic people. At the time of our inspection 3 people were living at the home.

The home is set within a residential estate, with public transport links giving access to the local and wider community.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported by a staff team that were committed to providing them with a good quality of life and to lead fulfilling lives.

Personalised support plans gave clear information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible.

People were fully involved in managing personal risks and in taking decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

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. People were supported to understand their rights. People knew how to raise concerns and were confident these would be dealt with properly.

Right Care

People's support plans were personalised, and they were supported to follow their hobbies and interests. Staff ensured people had full access to healthcare services.

Systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents.

Right culture

A culture of inclusion, diversity and equality was embedded into the service. People were supported to express their individuality. People were supported to develop their skills and independence. Staff supported

people to follow their cultural and religious beliefs.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised. People's quality of life was enhanced by the service's culture of transparency, respect, improvement, and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 November 2017).

Why we inspected

This was a planned inspection based on the information we held about the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Veryan Place on our website.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Veryan Place

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Veryan Place is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Veryan Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to

Speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 relatives to seek their experience of the care provided to them or their family members. We spoke with 5 members of staff, which included care workers, the deputy manager, the registered manager, and the operations manager.

We reviewed a range of records, which included 3 people's care records, 2 staff recruitment records and a variety of other records relating to the management of the service, including policies and procedures, quality audits and checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood the procedures for reporting and acting on concerns to protect people from the risk of abuse. Staff knew people well and understood each person's communication style to recognise when people felt unsafe or uncomfortable.
- Relatives told us they felt their family members were safe living at the home and staff protected from the risk of any abuse.
- The registered manager responded to safeguarding concerns following the safeguarding policy and collaborated with the safeguarding authority to investigate concerns.

Assessing risk, safety monitoring and management

- People's care plans had clear guidelines and strategies for staff to follow in keeping people and others safe from harm.
- Staff knew about each person's individual areas of risk. Staff supported people who at times presented distressed behaviours, which could place them and others at risk of harm. Risk assessments and strategies were in place for staff to identify and respond appropriately when people who expressed distressed behaviours.
- Risk assessments were in place for activities of daily living, and the environment such as, checking hot water, crossing the road and out in the community.

Staffing and recruitment

- Systems were in place to safely recruit new staff. All new staff underwent a range of employment checks to include checks with the Disclosure and Barring Service (DBS). The DBS provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- People received care and support from a consistent team of staff. Staff took on the role of a keyworker and were allocated to meet people's individual needs. This helped ensure people received continuity of care from staff they knew well and had built trusting relationships with.

Using medicines safely

- Systems were in place to safely manage people's medicines. Staff received medicines training and had their competency to administer medicines observed and assessed. Staff followed the medicines policy and procedures for receiving, storing, administering, and returning medicines.
- Protocols were in place and followed to ensure the administration of medicines prescribed to be given as required (PRN) were closely monitored.

- Staff completed daily checks on the quantities of medicines in daily use and held in stock. Weekly audits also took place to check that medicines were safely managed following the medicines policy.
- The provider followed the medication principles of STOMP, (STOMP stands for stopping over medication of people with a learning disability, autism, or both with psychotropic medicines). The registered manager worked closely with other healthcare professionals to ensure people were protected from the use of excessive or the inappropriate use of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received regular visits from friends and family.

Learning lessons when things go wrong

- Systems were in place to monitor and accidents and incidents.
- Staff used briefings and reflective practice to analyse and learn from incidents and to mitigate the risk of reoccurring incidents.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- People's needs were continually assessed, and their care plans reflected their needs and choices.
- People's care plans contained important information for staff to follow in safely meeting people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had received training appropriate to their roles and responsibilities. Staff confirmed the training gave them the knowledge and skills to enable them to provide the right care and support for people.
- Staff were supported to complete the Care Certificate within the first three months of employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated they had good knowledge and understanding of the needs of the people they supported. Staff told us they received continued support from the registered manager and the deputy manager.
- Staff received 1-1 formal support and supervision meetings with the registered manager and the deputy manager. This gave staff opportunities to reflect on their work and discuss their learning and development needs.

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

- People were supported to maintain a healthy and balanced diet and had full choice over the food they ate. Staff supported people where possible to prepare their own meals.
- Staff ensured people received support from appropriate healthcare professionals to safely eat and drink. For example, the involvement of the speech and language therapist (SALT). Staff followed the advice from the SALT to provide effective support for people with swallowing difficulties and at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, and healthcare appointments. Staff worked with other services and professionals to support people to lead healthy lifestyles.
- People were registered with a dentist trained to support their specific support needs. The service was recently accredited with a good practice member award from an oral health group. We saw feedback from the oral health trainer who praised the staff team for 'being ahead of the game' saying 'they were very

impressed with the staff team who were a credit to the company.'

- The service service had introduced a digital health screening monitoring tool. This quickly identified any deterioration in people's health and instantly shared the readings electronically with the person's GP.

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

- The design of the home fitted in with the local residential area.
- People had personalised their own rooms and the communal areas of the home were personalised to the people who lived there.
- Private space was available for people to meet with friends and family and staff respected when people wanted to have time alone.
- There was a pleasant sensory outdoor seating area, which all people living in the home could access.
- The provider had introduced an acoustic monitoring system to identify sounds and movement at night. People living at the home and their relatives had given permission for the equipment to be installed. We saw that since the introduction of the equipment, the number of falls at night had greatly reduced and people benefitted from better quality of sleep and improved wellbeing.

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 MCA 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 found the service was working within the principles of the MCA.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff received training on equality and diversity, which was embedded in practice. Staff had an awareness and understanding of the importance of respecting people's diversity, culture, ethnicity, gender identity and sexual orientation.
- Relatives told us the staff cared for their family members with kindness and compassion. Throughout the inspection we observed staff supported people to make choices and express their views.
- People's support plans had communication profiles explaining how the person communicated. For example, through using pictorial symbols and social stories. This helped people with limited verbal communication to make themselves understood and make choices. Staff listened and gave people time and space to communicate their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were friendly and caring. One relative said, "Since [Person] came to live at Verryan Place they have come on in leaps and bounds." Staff interacted with people with warmth and kindness. A relative said, "[Person] needs full care and support with everything they do, the staff are very respectful."
- Staff supported people to take positive risks to increase confidence and promote more independence. One staff member said, "I really enjoy working here, I find it so rewarding, it's a fantastic feeling being able to help people develop their skills and become as independent as possible."
- Staff ensured people's right to privacy was respected. We observed staff knocked on doors before entering. Personal information was only shared with people's consent and with relevant professionals involved in their care and support.

Is the service responsive?

Our findings

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 and / or relatives were involved in putting together personalised support plans. One relative said, "[Registered manager] and the staff keep in regular contact with me, I am very involved in making decisions regarding [Person's] care."
- The service was person-centred and the registered manager and staff team staff knew every person using the service in-depth. The key principles of choice, independence and inclusion were embedded into the culture, which ensured people had maximum choice and control of their lives.

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

- Staff were matched with the people living at the home, so they shared the same hobbies and interests.
- Staff supported people to keep in contact with family members and friends. We saw photographs of people enjoying spending time with their friends on outings, and social events.
- People were supported to achieve their personal goals. . For example, one person had anxieties around meeting new people and social situations. Their relative said, "The staff have worked very hard to gain [Person's] trust. [Person] used to spend most of the time playing electronic games in their room. But now enjoys spending time speaking with the staff and other people living at the home, they are going out much more and have a much better quality of life."

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and described in their individual communication profiles. Staff communicated with people in their preferred way and were skilled in active listening and responding to nonverbal communication, body language and sounds.
- Staff were trained on using a symbol language system and staff had produced picture cards and symbols that were meaningful to individual people. They were used to create social stories to help people make choices, set daily goals, and review what they had achieved. A relative said, "The staff communicate extremely well with [Person], what is nice is [staff] use a soft tone of voice, which [Person] really responds well to. [Person] uses the pictures on their story board to tell me what they have been doing."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon.

- There was a complaints policy and procedure in place which included accessible easy read information for people. Complaints were investigated and responded to appropriately and promptly.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care. End of life support documentation was in place, which recognised the importance of respecting people's end of life wishes.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- The registered manager and deputy manager were passionate about achieving good outcomes for people living at the home. Relatives confirmed they had confidence in the management and staff team.
- The staff and management team took pride in being committed to delivering a service that followed the company values of 'kindness, quality of life and progress'. They strived to continually give people, autonomy, choice, and control over their own lives. One relative said, "I have every confidence in [Registered manager] and the care staff, they are all on the same page."
- Staff told us they felt very supported, valued, and treated with fairness. They told us the registered manager and deputy manager were very approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had the skills, knowledge, and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were effective in continually assessing, monitoring, and driving improvement of the service, which were closely monitored by the registered manager and the operations manager. Information was cascaded and shared with staff regarding current best practice in meeting the needs of people with learning disabilities and/or autistic people
- The registered manager was fully aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Statutory notifications of notifiable events were submitted promptly to CQC.

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

- Regular meetings took place with people living at the home and with staff. Feedback was sought from people and relatives about the support they received, and we saw the responses were positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the staff team had strong relationships with healthcare professionals. Staff had consulted timely, with health and social care professionals in response to people's changing needs. This had a positive effect on people's mental and physical health and well-being.

