

ABI Support Services Limited

Abi Homes - Tolcarne Avenue

Inspection report

60 Tolcarne Avenue
Fishermead
Milton Keynes
MK6 2SS
Tel: 01908 237937
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 

Overall summary

Abi-Homes Tolcarne Avenue is a three bedded terrace house situated in a residential area of Milton Keynes. It provides residential care for three people with Learning Disabilities and Autistic Spectrum Conditions.

The inspection took place on 26 March 2015.

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 living in the service. There were systems in place to protect people from the risk of harm and through our discussions with staff; we found that staff knew how to recognise abuse.

Systems were in place to ensure that risks to people were assessed and reviewed on a frequent basis, in order that people were kept safe.

Summary of findings

Staff were recruited safely and checks were made before staff were employed to ensure that they were considered suitable to work with people who used the service.

There was sufficient staff with appropriate skills and knowledge on duty to meet the needs of the people who used the service.

We found medicines were managed appropriately ensuring that people received their medication safely.

There was a full training programme in place and staff reported that they were able to access appropriate mandatory and additional training. Staff received supervision from more senior staff which enabled them to discuss any matters relevant to their work and to develop personally.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were able to make choices about what they did on a daily basis; about what they ate and about how their care was provided.

People were referred to appropriate health care professionals to ensure their health needs were maintained.

There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement. Staff were aware of people's individual health needs and supported people appropriately.

Staff treated people with respect and preserved their dignity. They knocked on doors and waited for an answer before they entered. They were attentive to people's needs and aware of possible triggers for people who had behaviour that may challenge others.

There was a complaints procedure in place and staff and people knew who to speak to if they wanted to raise a concern. There were effective systems in place for responding to complaints.

The registered manager monitored all safeguardings, incidents and accidents and told us that they learnt from incidents and concerns.

There was an effective quality assurance system in place which helped in the development of the service and making changes and improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare.

Staff had the right skills and knowledge to keep people safe from harm.

Recruitment procedures were in place and sufficient staff were available to keep people safe. Staff rotas were organised to ensure people received support to meet their needs.

Medication systems and processes were safe and supported staff to keep people free from harm.

Good



Is the service effective?

The service was effective.

Staff received an induction which was consolidated with more specific training.

Staff were supervised effectively by more senior staff.

The registered manager was following the principles of the Mental Capacity Act 2005 and was aware of how to make an application to request authorisation of a person's deprivation of liberty. This had been done where required.

People were supported to access a nutritious diet and where necessary supported to eat and drink.

Good



Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to develop independent living skills and to build their confidence.

Staff were respectful to people and were mindful of people's privacy and dignity when supporting them with their care needs.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed and reviewed on a regular basis. Care records showed how they wanted to be supported.

There was a programme of activities which were centred on each person and their interests and abilities.

People and their family were approached by the registered manager for their views on the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a good and stable management team in place.

The registered provider had effective systems for monitoring the quality of the service to ensure people received the support they needed to meet their care needs.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

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 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 26 March 2015 and was unannounced.

The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to

the local authority to investigate and for incidents of serious injuries or events that stop the service. We contacted the local authority that commissioned the service to obtain their views.

We spoke with three people, in order to gain their views about the quality of the service provided. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with three care staff and the registered manager, to determine whether the service had robust quality systems in place. We reviewed the care records of all three people who used the service to determine if they met their care needs and the recruitment and training records of three members of staff.

Is the service safe?

Our findings

Due to the complex needs of some of the people who lived at the service, not everyone could tell us whether they felt safe and protected from discrimination. One person responded positively by smiling when we asked if staff looked after them well and made them feel safe. We observed through people's non-verbal cues that they were relaxed in the presence of staff, and felt able to engage with them, raising any concerns they had. People felt safe and protected from harm.

The registered manager and staff worked hard to ensure that there were effective systems in place to keep people safe from abuse and avoidable harm. One member of staff said, "It is our responsibility to make sure people are kept safe, no matter how small." Staff explained to us what they considered to be abuse and discrimination. We were told, "There are many things that could be abuse or neglect, not looking after people's money properly or not giving them the right care." Staff were able to tell us how they would respond to allegations or incidents of abuse and understood the lines of reporting within the organisation. They were confident that any allegations would be fully investigated. People's care records showed that safeguarding concerns had been recorded within care plans and referred to the local authority for investigation when required. The safeguarding policy was accessible to people and their relatives and contained contact details for the local authority.

Risks to people's safety had been assessed and included those associated with behaviour that challenged, nutrition and more specific conditions, such as epilepsy. Staff confirmed that it was important to have such robust risk assessments for people because it helped to keep them safe, both within the home and in the wider community. They felt they were a valuable tool to help keep the people they supported safe and free from harm. Risk assessments were comprehensive and detailed the most effective ways to minimize risks. We found they were up to date and reflective of people's needs and helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased risk.

The service had emergency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak.

Staff told us that they were made aware of the plans. We saw that there were contact details and emergency telephone numbers displayed in the service, which were accessible to staff should they be required.

Staff knew they should always report an accident, no matter how small, so that correct action could be taken and discussed the reporting process for any accidents or incidents that occurred within the service. Learning from incidents and accidents was discussed at team meetings and shared with staff through the communication book and staff supervisions. Correct action had been taken by staff and appropriate documentation completed where accidents and incidents had occurred. The registered manager understood the importance of the monitoring of accidents and incidents within the home.

Staff underwent a robust recruitment process before they started to work at the home. The registered manager told us that it was important to make sure that they employed the right people, as it could be disruptive to the people who lived in the service if not. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

There was sufficient staff available to keep people safe. Staff told us, "There is enough staff and if we need more then we get them." Staff responded promptly to people's needs and spent time encouraging them to take part in things they enjoyed. People were supported by enough staff to ensure that each person had 'one to one' support in line with their care plans, both in the home and when out in the community attending activities. Staff confirmed that the numbers of staff on duty ensured that people received safe and effective care.

Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff told us that numbers were based upon people's dependency levels and were reviewed on a monthly basis. Records confirmed that an analysis of people's dependency levels took place to ensure that the numbers of staff was sufficient to meet people's needs. The

Is the service safe?

registered manager was included within the numbers of staff on duty so that they remained aware of people's needs and could monitor for any changes, whilst providing on-going support for staff.

People were supported by staff to take their medicines safely. We observed that they received their medicines on time and that staff administered additional medication when they asked for them. Staff told us that they would not use 'As Required' medication unless it was definitely

required; they did not like to use medication to control people's behaviour unless it was absolutely necessary. Staff had been trained in the safe handling of medicines and ensured that people received their medicines as prescribed. We saw evidence that people's medicines had been reviewed by the GP on a regular basis. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.

Is the service effective?

Our findings

People were supported to receive a good quality of life because staff had the appropriate skills and knowledge to meet their assessed needs. One person told us, “They know me well.” We observed that staff training enabled staff to provide timely support and to understand people’s care requirements. People and relatives were confident that their needs were met by staff that were competent, and able to carry out their roles and responsibilities.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff explained that this was beneficial in giving them experience of the work they would go on to do and helped them to understand people’s needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

Staff received appropriate support and training to perform their roles and meet people’s needs. A staff member said, “Yes the training is good here. We do get a lot but it is good to be reminded of things.” Staff had received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. Where additional training was required, staff told us that they could request this, for example in respect of person centred planning and autism. Staff confirmed that the training offered by the service was useful in ensuring that they were equipped with the skills and knowledge necessary to provide care for the people they supported. The staff files we looked at confirmed that training had been completed by staff. To support the staff and ensure they had up to date training the registered manager told us that they monitored the training needs of all staff. This was also discussed regularly at staff meetings. This meant that staff had up to date knowledge and were able to highlight further training needs when appropriate.

Staff felt supported by the manager and team leaders. One said, “We can always ask for support if we need it, supervisions really help as well.” Staff received regular supervisions and an appraisal each year and said they found supervision useful and used it to identify and

address their developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required. The registered manager told us that they monitored when supervisions were due by keeping a record of when supervisions were carried out and when they were next due. Records confirmed that supervisions had taken place.

The service ensured that people’s consent to care and support was sought in line with current legislation. We observed that people’s consent was obtained regarding decisions relating to their care and support. For example, one person was asked if they were ready to get changed before going out. Staff waited for their response before supporting them to choose their clothes. Staff told us that they obtained people’s consent before assisting them with care and support and we observed this in practice.

Staff and the registered manager were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity had been assessed and found that appropriate documentation was in place. Staff had been trained on the MCA and Deprivation of Liberty Safeguards (DoLS), and were able to tell us the action they would take if a person’s capacity to make decisions changed. The registered manager confirmed that some people in the service were subject to DoLS authorisation and their conversations with us demonstrated that they understood their responsibilities under DoLS arrangements.

People who used the service planned their own menus and assisted with shopping and cooking. We saw a completed list that one person had compiled and were told that they would undertake the shopping later, as part of their regular routine. On the day of our inspection people were eating meals according to their personal choices, such as sandwiches and pasta. Staff helped people to prepare food where required and some people had food prepared by staff for them. All staff had completed food hygiene training. People were given sufficient to eat and the menus showed us that people got a balanced diet which included all food groups. Drinks and snacks were offered to people throughout the day.

Is the service effective?

People's care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. Staff supported people to attend required appointments when needed and were swift to act when people's care needs changed. Arrangements had been made for one person to be reviewed when their needs

had changed, in order to ensure they remained well. People received on-going support from healthcare professionals in line with their needs and continuity of care because staff were guided within the records about how to meet people's care needs when their needs changed.

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. People were observed to be happy with the care and support provided. One person said, "I like the staff, they look after me." Another person told us, "This is my home; the staff are good to me." Relatives were satisfied with the care provided to family members and we found that regular communication took place between staff and the service.

People were involved in the planning of their care. We observed that people met with the registered manager and key workers to talk about their care and what they wanted to achieve over the week. This made them feel involved in their care and as though they had the ability to make independent decisions about their care. People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, according to their needs.

It was apparent that people considered the service to be their home. On arrival one person shook our hand and was pleased to welcome us into the service. People felt relaxed and had the freedom to do what they pleased. Support was provided in a kind and calm way and people were at ease in the presence of staff, being open and trusting of them and sharing a laugh and a joke. One staff member said, "We work hard to empower people to make choices and decisions." Our observations confirmed that people felt well cared and relaxed within their home environment.

During our inspection we saw that both people and staff went to the registered manager to ask for help and advice. People were listened to and the registered manager demonstrated that they treated people with respect and understood their individual needs and preferences.

Staff told us they involved people and their relatives in planning and reviewing their support. People confirmed this, and we found that relatives had been involved in making decisions about their family member's care and were supported to express their views about their care. Staff consulted with and involved people with their daily living activities. Feedback was given to the registered manager and staff so that the service could be improved.

Care staff were happy in their roles and worked hard to ensure that people received the care they needed. One said, "We work well together." Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. People were enabled to build meaningful and caring relationships with the staff.

We observed staff giving people information about what was going to happen to them. For instance, we saw a member of staff explain what was going to happen throughout the rest of the day and what the person would need to prepare for. This was done using appropriate language and with interest. The staff member listened when the person asked repetitive questions and answered each time carefully and sensitively. When we spoke with staff they told us about the ethos of the home and the importance of listening to each individual.

People were treated with dignity and respect. We observed that the way in which staff communicated with people, made them feel that they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They explained how they knocked on people's doors before entering their bedrooms and always support in a private area. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Each person had their own room and we saw staff knocked on the door before entering ensuring that people had their privacy maintained. Staff responded to people's wishes positively and spoke to them in a respectful manner. They were compassionate and supportive to people and worked in a discreet way when they were providing support such as personal care.

Relatives were involved in the care of people and acted on their behalf. Staff told us that access to advocacy services was available to people and had previously been used for one person. Records we viewed confirmed this.

Is the service responsive?

Our findings

People told us that an assessment of their needs had been carried out before they came to stay in the home.

Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. People told us that they had provided information about themselves so that staff would know how to support them. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff told us that people's needs were reviewed and changes were reflected in their care records. They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff, to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that people's care files were person centred and reflective of their needs. For example, in one person's care plan we saw that there was information regarding their life before they moved to the service, their night time routines, their hobbies and interests and their independent life skills. This was linked to relevant information to their support needs and areas of risk and meant that staff had a wide range of information to assist them to support people effectively. When people's needs changed this was clearly recorded and we saw evidence that as well as care plan

updates, the changes would be discussed in staff handovers and placed in the communication book. This ensured that everyone was aware if there were any changes in support needs.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at care plans for three people and saw they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented.

Staff told us they kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People had access to a range of activities which suited their individual interests. One person told us they were going to school on the day of our inspection and said they enjoyed this. Each person had their own activity timetable and this was based on their interests and skills. People were able to access planned activities such as horse riding and swimming. These activities and interests were clearly recorded within their care plans and staff we spoke with demonstrated good knowledge of what each person's preferences were.

Staff supported people to raise concerns if they had any and we found information in people's rooms that explained how they could complain and who they could talk to. People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. The complaints log showed that

Is the service responsive?

complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service was well led by an established team of staff. There was a registered manager and further support was given by the provider and management staff within the wider organisation. Staff told us that the registered manager was approachable and competent and had the right skills to fulfil the role. There were handover meetings which were detailed and informative. Regular staff meetings were also held for staff so that the manager could share information. Staff were encouraged to express their opinions and question practice and minutes showed that this happened in a constructive way on a regular basis. We observed staff approaching the manager during the day to ask for advice and guidance and they always got a polite response, including encouragement to make decisions for themselves, where appropriate.

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff found the staff team were close and worked well together, all having a common goal. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

When we spoke with the registered manager they were clear about the key challenges for this service and how they might address them. They told us there were regular meetings with people who used the service and within the minutes we saw that people were asked questions on a variety of topics and were able to make suggestions and give feedback about various elements of the service. When we asked the manager to provide a range of documents to demonstrate how the service was run they were able to do so immediately and were able to sit and discuss them with us. They showed a good knowledge of this service and of the needs of people who used the service.

People, relatives, staff and professionals were consulted regularly about the delivery of service. Staff told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, we found that action plans had been developed so that action could be taken.

Staff used a pictorial questionnaire to ask each individual for their views on the service they received. There were questions about safeguarding, food and activities and how happy people were with the other people they lived with. People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff felt able to challenge ideas when they did not agree with these. Communication was good and they were enabled to influence the running of the service.

Any accident or injury was documented so that appropriate action could be taken. Systems were in place for recording accidents and incidents and we found that these were linked to people's individual care plans. There was a clear record of any incidents that had occurred and these were properly recorded and analysed to identify any patterns within the service.

Audits had been completed in areas such as infection prevention and control, medicines administration and fire safety and where action was required to be taken, it was to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The provider worked hard to identify areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service. There were also monthly quality assurance visits from the provider which looked at areas such as communication, environment, staff files, supervision and fire safety. This ensured that the manager was aware of any potential improvements needed. The service monitored the quality of people's care and health and safety aspects of the home.