

Precious Homes Support Limited

ABI Homes - Oxley Park

Inspection report

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05 July 2016
15 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 June 2016 and was announced. We received information from the person who used the service 05 July 2016 and spoke with a relative 15 July 2016.

The inspection was carried out by one inspector.

ABI-Homes Oxley Park provides residential care and support for two adults with learning disabilities. On the day of our inspection one person was using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

The person had risk assessments in place to enable them to be as independent as they could be, whilst keeping safe. There were environmental risk assessments in place to keep staff and visitors safe.

There were sufficient staff, with the correct skill mix, on duty to support the person with their needs. Effective recruitment processes were in place and followed by the service to ensure staff employed were suitable for the role.

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

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

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

The person was able to make choices about the food and drink they had, and staff gave support when required to encourage a healthy and balanced diet.

The person was supported to access a variety of health professional when required, including dentist,

opticians and doctors.

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

The person's privacy and dignity was maintained at all times.

The person was supported to follow their interests and join in activities of their choice.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support the person with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

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

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

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

Is the service caring?

Good ●

The service was caring.

The person was able to make decisions about their daily activities.

Staff treated the person with kindness and compassion.

The person was treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected the person's individual requirements.

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

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

Is the service well-led?

The service was well led.

The person and their relative knew the registered manager and were able to see him when required.

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

Quality monitoring systems were in place and were effective.

Good ●

ABI Homes - Oxley Park

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 28 June 2016 and was announced. The person who used the service sent us information 05 July 2016 and we spoke with a relative 15 July 2016. We gave the provider 48 hours' notice as only one person was using the service and we needed to ensure the registered manager was available to speak with and access records.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in May 2014.

The person using the service had been informed of our visit and did not wish to speak with us. They had requested to stay at their activity until we had left. They did agree to answer some questions we had left with the registered manager, which were emailed to us following the inspection. Due to the person who used the service not returning we were unable to observe any staff interactions.

We spoke with one relative, the registered manager, and two support workers.

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

Is the service safe?

Our findings

One person who used the service told us, "Am safe, staff always with me." A relative we spoke with said, "Yes, I know [person's name] is very safe there."

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

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would challenge it if appropriate, then report it to my manager or on call." They went on to tell us about an incident in the past they had reported and what had happened including meetings with a case manager and additional support provided. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. We saw evidence that safeguarding referrals had been made when required.

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

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

Within the person's support plan were risk assessments to promote and protect their safety in a positive way. These included; accessing the community, family contact and going to the cinema. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. There was environmental risk assessments in place to keep staff and visitors safe.

There was an emergency grab bag available for staff. It contained; contact numbers for the person's relatives, emergency contacts for professionals and a set of floor plans. The person using the service had their own Personal Emergency Evacuation Plan (PEEP) within their support plan and in the grab bag. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies. They were sent monthly to the provider who monitored and reported back to the registered manager, and recorded if actions were required to stop or reduce the risk of it happening again.

Staff told us there was always enough of them to support the person. The person who used the service said, "I have got enough staff to support me." The registered manager told us they did not use agency staff, due to

the complex needs of the person they were supporting. On the day of our inspection there was enough staff to provide support for the person. We looked at the rota for the following month and found that it was based around the dependency needs and planned activities of the person who used the service.

We found safe recruitment practices had been followed. One staff member said, "I could not start to work until my checks had been completed and they had my references." We looked at staff files and found that they contained copies of appropriate documentation. These included copies of the application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph. This ensured staff employed were suitable for the role.

The registered manager told us staff were only allowed to administer medicines if they had completed training and competency checks to do so. They also said the person was given their medication in their rooms and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) at each stage and completed a stock check of medication before and after each medication administration and at handover. We checked the person's medication records. These contained information and a photograph of the person and of the medicines they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited daily. A quality monitoring visit had been carried out by the local pharmacist and there were no actions from the visit.

Is the service effective?

Our findings

The provider had an induction programme which all new staff were required to complete along with the Care Certificate. The registered manager was trained to be an assessor to enable them to assess their own new staff. The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this. This showed new staff were assessed as competent to work with the person who used the service before being allowed to work alone.

Staff told us they were very much supported by the registered manager. One staff member said, "He is very supportive. He is always around if we need him." Another said, "We have supervisions every six to eight weeks. They are planned and we have an agenda. They are very useful." We were told that staff had regular one to one supervision and annual appraisals with the registered manager. The registered manager had received supervision from the operations manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing that dates for future supervisions had been made for the whole of the year.

A relative we spoke with told us, "The staff are trained to support people; they know what they are doing." Staff told us they received a lot of training. One staff member said, "The training is good. It can be intense but it is good." They went on to tell us what training they had received already this year. This included; Person Centred Planning (PCP), Mental Capacity Act (MCA) and computer skills. The registered manager told us they accessed training from a variety of sources to enable the best training possible, which kept staff practice up to date. We reviewed the training matrix and found this showed training which included; safeguarding, MCA/DoLS and food safety along with more specialised specific training such as; working with people that challenge physical intervention. Some staff had completed nationally recognised qualifications at both level two and three.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw evidence within the person's support plan that mental capacity assessments had been carried out, along with best interest meetings, when required.

The person who used the service said, "(Staff) do always ask." This was regarding consent to care and support. Staff told us that even if the person was unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree.

The person using the service told us they were involved in their meal planning and staff helped them to prepare meals. Staff told us that if anyone had a problem with nutrition they would seek advice and support from professionals. The person was offered a variety of foods to choose from, and was supported to prepare and cook their meal of choice. Staff explained that the menu was developed weekly with the person who used the service and shopping was then done. The staff used some pictures of food to aid the persons understanding if required. There was a plentiful supply of food in the kitchen, including fresh fruit and vegetables. The person had a daily record kept of food eaten to enable staff to make sure they were having a healthy balanced diet.

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

Is the service caring?

Our findings

A relative we spoke with made comments regarding the kind and caring approach of the staff. They said, "They are all nice and kind to [name of person]." The person who used the service said, "Staff are kind to me."

The person who used the service told us, "Staff know about my important things." Staff told us they knew the person well, including past history. They were able to tell us about them, and this corresponded with information in the person's support plan.

The person who used the service told us, "Yes, I am involved in my care plan." And, "I am supported to help staff update my care plan." Staff said, "We update [name of person] support plan on a monthly basis or if needed in-between. We always sit with them and get their input. They know what is written about them. This showed that the person had as much input as possible regarding their support and any decisions regarding this.

When asked about meetings with their key worker the person said, "Yes and I discuss what I want." And, "I do have one to one time with staff." Staff explained that the person using the service had allocated one to one time all day.

The person who used the service told us they had someone who could speak on their behalf, and went on to name them and tell us who they were. The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate.

Staff spoke about offering choices when dressing, at mealtimes and when the person got up or went to appointments. They told us that the person attended activities on a daily basis, but they made choices about all aspects of their daily life.

There were some areas within the home and garden where the person could go for some quiet time without having to go to their rooms. The person who used the service said, "I can go somewhere for my privacy." This showed that the person could be as private and independent as they were able.

The registered manager told us visitors were able to visit at any time and the person went to visit family and friends when they wanted. The person who used the service said, "I can have visitors when I want." We saw within the support plan we reviewed that visitors had been and the person was routinely assisted to travel to visit family.

Is the service responsive?

Our findings

A relative told us they were involved in their son's support plan and reviews and the staff would ring and keep them informed of any changes. There was evidence in the support plan we reviewed that the person and their family had been involved in writing them.

Staff told us they knew the person in their care but used their written support plan to confirm there had been no changes since they were last on duty. They also had a handover between shifts to pass on information to ensure continuity of care and support. This was recorded and signed to say the information had been passed on.

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

The person had an individual plan of activities for each day. They told us, "I am able to follow my interests and do different activities." Their weekly plan had been developed with their key worker, and showed a variety of activities. This was displayed in their sitting room on the notice board. They had told the registered manager they could show the inspector their art which was displayed. The registered manager told us the person attended an activity each week day which included art and learning life skills. They also went out on evening walks and different evening activities of their choice with staff support. These had been recorded in the person's support plan.

The registered manager told us they had recently introduced reflective practice to be used each day with the person who used the service when they returned from their activity. This was in response to some behaviour they had exhibited. They now sat with a member of staff to discuss how their day had gone and if there had been anything they had been unhappy about. The registered manager told us it was working well, and if there were any issues they could be sorted out immediately.

There was a complaints policy and procedure in place. The person who used the service said, "I know how to complain." They told us they had never had to. The policy was also available in an easy read pictorial format to assist people with making a complaint and was on the wall. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties. There had been no complaints since our last inspection.

The registered manager told us that an annual survey was sent out to the person and their relative's. The survey for the person who used the service was in pictorial and easy read format to assist with completion. We saw a positive response from a relative and notes from the person using the service stating they did not

want to complete the survey.

Is the service well-led?

Our findings

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

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, "[registered manager's name] is very good; he is here a lot and really good with the person who lives here." The person who used the service said, "I know who the manager is [said their name] I see him often." A relative said, "[registered managers name] is available if I need to speak with him, if he is not there when I call he always gets back to me."

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

There was a registered manager in post who was supported by the staff team and a management team based at head office. They told us they received regular support and supervision from their line manager.

During our inspection we observed the registered manager chatting with staff on the phone. It was obvious from our observations of this that the relationship between the registered manager and the staff was open and respectful. Staff told us they had a good relationship with the registered manager and the provider.

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

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

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

A variety of meetings had been held on a regular basis, including; resident, staff and managers meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed suggestions were acted on, for example, staff having specific tasks allocated to complete. This enabled the registered manager to know who was responsible and to check they had been completed.