

Abilities Development Ltd

Abilities Short Breaks - Respite & Residential

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

We undertook an unannounced inspection on 13 June 2017 of Abilities Short Breaks - Respite & Residential. Abilities Short Breaks - Respite & Residential is a small care home registered to provide accommodation for persons who require personal care for a maximum of four people with learning disabilities. The home is owned and managed by Abilities Development Limited who provide a similar service in one other care home in North West London.

At the time of the inspection, the service was providing care and supporting four people.

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.

At our last inspection on 7 April 2016, the service did not meet Regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the premises were not secure and properly maintained and complete and contemporaneous records were not maintained in relation to the care and treatment provided to people using the service. This meant the quality rating we awarded was requires improvement.

After the inspection, we received an action plan from the service telling us what action they would take to meet legal requirements.

At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified. The premises had been maintained. Care plans had been updated, and clearly detailed the support people needed and received with all areas of their care. Care plans were reviewed and were updated when people's needs changed.

Relatives told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of care workers, manager and registered manager. Staff spoke positively about working at the home. There were systems in place to monitor and improve the quality of the service.

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. Relatives we spoke with told us their family members were safe.

Risks to people were identified and managed so that people were safe.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of people's care meetings had been conducted with relatives in which aspects of their care was discussed.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well-led. Relatives told us that management were approachable.

Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

Abilities Short Breaks - Respite & Residential

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were four people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with two relatives, two care workers, the manager and registered manager. We reviewed four people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home and they had no concerns about people's safety. One relative told us "[Person] is safe there."

At our inspection on the 7 April 2016, we found risk assessments lacked detail and had not been updated to reflect people's needs and risks to their care. We made a recommendation that the service review how they managed risk.

During this inspection we found the service implemented a new format of risk assessments. Risk assessments were more detailed and had been updated if and when people's needs changed. The level of each risk was assessed to establish whether it was low, medium or high. Records showed that when any risks were assessed as being high or medium there was a risk assessment management plan in place. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. The assessments outlined what people could do on their own and when they required assistance.

For example, one person needed support with their mobility as they, at times could walk unsteadily and would trip and stumble resulting in bruising. As part of their risk assessment management plan, there was guidance in place to help minimise the risk of the person falling and hurting themselves. The guidance included 'My staff must ensure to remind me to look and concentrate when out in the community and the ground, when I am walking' and 'My staff to prompt and remind me, when there are times I need to pay attention for e.g. looking where I am walking.'

Risk assessments also identified risks to people with particular eating and drinking needs such as the risk of choking due to a tendency to rush food and not chewing properly. There was guidance in place which detailed the support people needed from staff to ensure the person was safe from choking. The guidance included 'Please supervise the amount that I am loading on my spoon and after putting spoonful in my mouth, supervise me to put my spoon down and chew and swallow slowly.' At the last inspection we noted a small swing door in place which was a precautionary measure, as one person using the service if left in the kitchen was at risk of overeating and their risk assessment had not included this. During this inspection, we found the person's risk assessment had been updated to reflect this and it provided clear guidelines as to when the swing door should be shut to ensure the person was safe from overeating but also ensure minimal restriction to other people using the service having access to the kitchen.

Risk assessments provided comprehensive information on how to keep people safe when providing personal care in the bathroom. There were clear guidelines on how care workers supported people to ensure water temperatures were appropriate and not at risk of being scalded. The guidelines included 'Prior to me getting into the bath/shower, my staff must check the water temperature to ensure the water is within the safe temperature, for me to use.' Records showed daily water temperatures were being recorded and showed water temperatures were within a safe range.

Risk assessments also included information on behaviours by people using the service that may present a challenge. The assessments included information on the possible triggers and the support that was required by staff to help people to feel at ease and to minimise escalation of the behaviour.

Records showed the home used proactive strategies to deal with behaviours that challenged such as giving people space, reassurance or diverting the person's attention to something they liked and enjoyed. For example for one person, the guidance in place for staff was 'It helps me, if staff try to divert my thoughts, by asking me to help with general household chores such as cleaning, mopping, hovering or putting things away, as this makes me feel useful and of worth.'

Accidents and incidents were recorded and reviewed to ensure measures were in place to minimise the risk of reoccurrence.

Records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse.

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. The registered manager told us there had been some changes with staff and was pleased to confirm that all the staff currently working at the home were permanent and agency staff were not being used. This would help ensure familiarity to people using the service and a level of consistency in the care being provided to them.

There were effective recruitment and selection procedures in place to ensure prospective employees were suitable and did not pose a risk to people using the service. Records showed appropriate checks had been undertaken.

Medicines were managed safely. Staff received training to ensure they administered medicines safely. Medicines records were fully completed which indicated people received their medicines at the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines.

The registered manager told us and records showed comprehensive daily and weekly audits were conducted on medicines. The audits included medicines counts, ensuring medicines were appropriately labelled and checking of any discrepancies in the administration and recording of people's medicines. Records also showed a comprehensive check of medicines was also conducted during staff handover and 'Medication Shift Count and Balance' forms were completed to demonstrate people's medicines were being managed appropriately, safely and people received their medicines as prescribed.

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Care plans detailed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their finances. Records showed that people's finances were managed by family members.

Records showed people's money was accounted for and there were records of financial transactions. The registered manager conducted regular checks of expenditure to ensure accuracy of expenditure and recording. Receipts were numbered so it was easy to cross reference receipts with records of purchases. One relative told us that the registered manager went through the expenditure records with them. However,

one relative told us that they were not shown them. The registered manager told us they would ensure people's expenditure is discussed with all the relatives.

Is the service effective?

Our findings

At our last inspection on 7 April 2016, we found some parts of the premises were not secure and properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager. At this inspection, we found the service had taken action to meet the regulation.

We noted the registered manager had taken action to address the issues raised at the last inspection. We found the premises were clean and tidy. The stair bannister was fixed and sturdy so there was no risk of the stair bannister breaking which could have potentially led people to fall and sustain injury. Radiators were covered and fixtures and fittings around the home were fitted. Fire extinguishers were mounted and safely secured. The fridge was clean and food was appropriately labelled.

Since the last inspection, the registered manager had implemented a number of comprehensive health and safety checks to monitor the safety of the service. Records showed weekly health and safety audits were completed by staff and visual health and safety checks were also done daily during staff handover. Records showed areas such as the general maintenance, cleanliness, checks of fridges, freezers, fire equipment, windows, water temperatures and the home décor were checked. People's care plans outlined the support they would need in the event of a fire. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had been carried out. The registered manager told us they had a new maintenance person who was very good and regularly attended the home to ensure the home was maintained well and any outstanding jobs were promptly addressed.

Relatives spoke positively about the staff. They told us "Staff are friendly. They understand [person] and their needs."

Staff told us that they felt supported by their colleagues and management. They told us "It is really good here. I really enjoy it"; "Staffing is good. We work well together. We discuss things with each other. There is no 'me' in a team" and "[Colleague] has been lovely and supportive. I really enjoy working with them."

Records showed care workers received on-going training to ensure that they developed and maintained their skills and knowledge. Staff received supervision and appraisal to review and monitor their performance. Records showed care workers competency was being assessed by spot checks. The registered manager undertook unannounced visits to the home. Records showed that if there were any areas of improvement, this was noted and followed up by the service.

There were policies in place and care workers had received training on the Mental Capacity Act 2005 (MCA). Where people had been assessed to lack mental capacity to take particular decisions, records showed decisions were made on their behalf in their best interests which involved person's next of kin and relevant

healthcare professionals. Standard authorisations were in place for people using the service as it was recognised there were areas of people's care in which their liberties were being deprived to ensure people were supported appropriately.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary.

People were supported with their nutrition and hydration needs. People's preferences and support they needed with their food and drink were detailed in people's care plans so care workers knew what they needed to do. During the inspection, food was freshly cooked and care workers supported and prompted people only if it was needed. We saw people were not rushed and were left to eat at ease and at their own pace. There were clear records maintained of what people had eaten each day to ensure people using the service ate well.

Is the service caring?

Our findings

Relatives spoke positively about the service. They told us "[Person] is happy and settled" and "[Person] is always happy when we drop them off at the home and they wave goodbye...which is reassuring to us."

During the inspection, we observed positive relationships between people and the staff. Staff were kind, attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them. We observed people using the service were relaxed around staff. People were smiling and comfortably approached staff when they needed anything.

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted and their privacy was respected. Bedrooms had been personalised with people's belongings, to assist people to feel at home. Staff showed respect and accommodated people's choices and preferences.

Care plans set out how people should be supported to promote their independence and detailed what people could do for themselves and areas where they needed support. For example in one person's care plan it stated 'I do not need help moving around my home but need staff supervision to prompt me to look where I am going to ensure I do not stumble and fall.' During the inspection, we observed people independently did what they wanted to do for example going to the bathroom, sitting in the lounge area with care workers or going to their room whenever they wished to do so.

Records showed that people were encouraged to get involved and improve their daily living skills. One care worker told us one person loved doing the hovering and another person was happy to do the washing up. The care worker told us "You have to be there with [person] just to supervise but they can do dishes very well. Photographs showed people doing their laundry in the home.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity and demonstrated a caring approach in the way they supported people. They told us "You observe them and get to know them individually. They are all individual" and "They are like our family. We have to make sure they are safe, looked after and the place is clean for them. It's their home."

We noted the home took people's dignity and privacy into account with regards to the layout of the home. The home had two bathrooms situated on the ground and first floor. The registered manager told us to maintain people's dignity, one bathroom was used by the women and one used by the men. This was to ensure people using the service had their privacy respected and dignity maintained and people were comfortable and at ease knowing it was their bathroom to use.

People's care plans contained information on how people communicated and how staff should communicate with them. This helped ensure people were involved in making choices and decisions for themselves as much as they were able to do so. Information showed what gestures and behaviours people would display if they were happy or if they were sad or upset. For example in one person's care plan it

showed the person would smile and laugh a lot if they were happy and if they were sad, the person would sit quietly and refuse to engage.

When speaking with care workers, they were knowledgeable about people and how they communicated. One care worker told us of a specific gesture a person used when they would say 'sorry'. Care worker also told us "You get to know what they like. [Person] will just push food away. They will let you know what they want" and "[Person] will give a thumbs up to tell you they are okay."

There were annual review meetings with people using the service, relatives and healthcare professionals in which people's care was discussed and reviewed to ensure people's needs were being met effectively.

Is the service responsive?

Our findings

At our last inspection on 7 April 2016, we found that the contemporaneous records in respect of people and of decisions taken in relation to the care and treatment provided were not completed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager. At this inspection, we found the service had taken action to meet the regulation.

Care plans had been updated. Information was person-centred and clearly detailed the support people needed with all areas of their care. We saw that people's care preferences were reflected in their care plans and information was specific to people's needs and provided appropriate information for care workers to provide the appropriate support according to people's needs. Corresponding risk assessments were also in place to ensure any risks were identified and measures in place as part of their care to ensure people were kept safe.

The service had also implemented the PASS system, an electronic care management and information system. This system allows information to be recorded electronically and received by staff using an electronic tab or via an application on their mobile phone.

During this inspection we reviewed records of what was being recorded by staff using the PASS system. Records showed daily comprehensive notes were being kept on various aspects of people's care such as food and fluid records, personal care provided to people, night checks and well-being. This ensured staff had up to date information about people's current needs. Records also showed there was a handover amongst staff after each of their shifts which included checks on medicines, accidents and incidents and health and safety.

The PASS system also has functions which allowed for the live monitoring of care being provided and confirmation of tasks completed. The registered manager told us management staff would receive instant alerts if tasks were not completed. The registered manager told us this helped with improving record keeping in the home, identifying and minimising errors and monitoring the service more effectively.

The registered manager implemented a 'Tasks to do' system which listed what care workers had to do during their shifts so they were aware of what they needed to do. During the inspection, we observed staff using the PASS system and they showed awareness of the importance of good record keeping. They told us "Everything we do, we have to report it and write it down. Everything has to be written down and recorded" and "PASS – It's easy to do. As you do things you record it."

Throughout the inspection, we noted by observing and speaking to care workers, they were very knowledgeable about people's needs and likes and dislikes.

People were supported to take part in activities and maintain links with the community. During the

inspection, people went out into the community and day centre. Records showed people were also going to college and one person using the service went swimming.

Weekly reports had been introduced to demonstrate what activities people were involved in each week. The reports included lovely photographs of people involved in a range of activities. People appeared to be happy and enjoying themselves. For example, one photograph showed a person having a foot spa, they were laughing and had clapped their hands.

The weekly reports were typed and also sent to the relatives of people using the service. We noted positive feedback had been received about how actively engaged people were. Some of the comments included "Thank you for the weekly reports. It is good to see the variety of things [person] does during the week", "[Person] is looking their 'old self' and "Great to see [person] is having fun and enjoying their days."

People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with family members. Records showed relatives were involved in people's care when needed and were consulted where appropriate. We noted positive feedback had been received from relatives after a day out with their family member using the service. Comments included 'We had a wonderful day with [person]. We were at the zoo for four hours and it's the longest [person] has ever stayed that. She took a real interest in a wide variety of the animals and did lots of walking'

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Relatives we spoke with had no complaints about the service.

Is the service well-led?

Our findings

When speaking with relatives, they spoke positively about the service and the registered manager. They told us "[Registered manager] is good and you can see she is devoted to the service. She takes things on board but there are areas that could be improved" and "She does listen to your concerns. They are doing their best."

Since the last inspection, we found the registered manager had implemented a number of systems to address concerns raised at the last inspection and ensure the service was being effectively managed.

The service implemented the electronic PASS system which has improved the record keeping of the service. Daily and weekly audits were now being completed on various areas of people's care and management of the service such as health and safety, maintenance and accidents and incidents.

Management monthly reports had been completed which showed the registered manager undertaking monthly audits of the service. Areas audited included people's well-being, health and safety, staff development and training, management of the service, spot checks and repair and maintenance. Records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Improvement logs were in place which showed the progress made in implementing actions and demonstrated improvements were being monitored and ongoing. This ensured the quality of care was being monitored and evaluated and any areas of improvement were identified and actioned to influence best practice in the home.

The registered manager also told us the PASS system helped with managing training and supervisions. Objectives for staff could be set electronically and there would be alerts set up as reminders when training and supervisions were due. Staff would also receive updates and reminders about the service and about any upcoming events on their mobile phones. The manager told us this would ensure staff were continually updated about the service and kept informed of any developments about the home and staff issues.

The registered manager had implemented a work plan which provided guidelines to staff of when certain operational aspects of the service needed to be completed. This would ensure staff knew what they needed to do and aspects such as review of people's needs, audits, fire drills and service checks were completed in time.

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us "We all have input", "The staff meetings gives us an opportunity to speak out voice any concerns" and "Any concerns, they are well received by the manager and they deal with things well."

The registered manager also showed us an electronic 'community board' that was set up for staff to have the opportunity to praise and give positive feedback about each other. The registered manager saw this as a positive thing to have in place for staff so they felt their work was being appreciated and recognised. We saw

positive comments had been made from staff about each other and complimenting the work they did.

Care workers spoke positively about the registered manager and the open and transparent culture within the home. They told us "I can't fault this place", "[Registered manager] is open to suggestions and always there at the end of the phone" and "[Registered manager] is approachable, responsive and very much involved."

Care workers also spoke positively about the home was managed. They told us "[Registered manager] had made me what I am today and my respect for her has grown. She has supported me and does what she can to help the people using the service", "[Registered manager] puts in everything so everything is available for people" and "This set up is good for them. It gives them their space and independence."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.