

Precious Homes Support Limited

# ABI Homes - Roman House

## Inspection report

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Date of inspection visit:  
16 February 2017

Date of publication:  
21 March 2017

## 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 16 February 2017 and was announced.

The inspection was carried out by one inspector.

Roman house is a service registered to provide accommodation with personal care for up to six people who have a learning disability. At the time of the inspection there were six people 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.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service.

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

Staff received a comprehensive induction process and ongoing 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.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were 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 people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

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 people 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.

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

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were 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 people's

individual requirements.

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

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

### **Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives knew the registered manager and were able to see him when required.

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

Quality monitoring systems were in place and were effective.

# ABI Homes - Roman House

## **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 checked 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 comprehensive inspection took place on 16 February 2017 and was announced.

The provider was given 24 hours' notice because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

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. This was the first inspection since registration.

During our inspection we observed how staff interacted with people who used the service.

Some people had limited verbal communication but we were able to interact with them and to observe their interactions with staff.

We spoke with three people who used the service and two relatives. We also spoke with the registered manager, deputy manager, chief operating officer, and seven support workers.

We reviewed two people's care records, three medication records, four staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Yes." Another nodded when asked.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would tell the shift leader, then go up to the deputy and manager." They explained what would make them think someone was being abused. They told us they had received safeguarding training. They were aware of the company's policies and procedures and felt that they would be supported to follow them. Safeguarding referrals had been made when required.

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

Within people's support plans were risk assessments to promote and protect people's safety in a positive way. Staff explained how they were used to assist with the safe support of people. These included; accessing the community, personal interactions and keeping safe in the kitchen. 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.

The deputy manager showed us their 'grab bag'. This was kept by the front door and contained everything needed in the event of evacuation. For example, torches, emergency contacts, floor plans and Personal Emergency Evacuation Plans (PEEPS) to assist the emergency services.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies.

People told us there were enough staff on duty. The deputy manager said, "We do use agency staff, but we use a small core number of them. This helps with continuity as they know the people we support." We looked at the rota and found that it was planned around the dependency needs and planned activities of people who used the service and the correct amount of staff with differing skill levels were on duty at any time.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said, "Some people need to have two staff if they are going out so we need to plan that." Rotas were planned in advance to enable enough staff to be on duty to support people with their chosen activities. We saw the rotas for the month which showed adequate staffing numbers.

We found safe recruitment practices had been followed. The registered manager said, "I have recently recruited a number of new staff. We make sure all the checks are completed before they start their induction." We found that the correct checks had been carried out which included; proof of address, two references, Disclosure and Barring Service (DBS) check and proof of identity. This documentation was kept

at the providers HR department, however, scanned copies were available on the electronic records. We viewed three staff members documentation.

The deputy manager told us they had changed to a local pharmacy from a large corporation. They now received personalised support. The pharmacy and the deputy manager had worked together to develop a more personalised Medication Administration Record (MAR) sheet which was ready to be used at the next medicines cycle.

Staff told us they were only allowed to administer medicines if they had completed training and competency checks to do so. People were given their medication in the place of their choice 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 MAR at each stage. We checked three people's medication records. These contained information of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. We carried out a stock check of medicines which were not in a blister pack. These were correct and matched the recorded numbers. Medicines were stored correctly and audited weekly. The pharmacist had carried out regular audits, the report from the last one contained very positive comments.

# Is the service effective?

## Our findings

The provider had an induction programme which all new staff were required to complete. One staff member said, "All new staff have to complete an induction." The registered manager told us that new staff had an induction booklet which they needed to complete before being found competent. The deputy manager had also devised an induction book for agency staff to ensure they were aware of the requirements of the provider. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, "He is really good. We all work as a team." We were told that staff had regular one to one supervision with the registered manager. One staff member said, "We are supposed to have them every six weeks but it is sometimes more often." We saw completed supervision forms within staff files. These showed a variety of subjects were covered.

Staff told us they received a lot of training. One staff member said, "The training is very good. We have e-learning and face to face, usually at the office." On the day of the inspection a number of staff were attending training for completing risk assessments. We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication, along with more specialised courses such as epilepsy and managing challenging behaviour.

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. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people's support plans that mental capacity assessments had been carried out, along with best interest meetings, and DoLS applications when required.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if they wanted to show us their flat, wanted a drink or wanting to go out.

People told us they had enough to eat and drink. One person told me what they had eaten for breakfast. The registered manager told us that as four of the flats had their own kitchens, people were supported to prepare and cook their own meals, with support, in their own flats. They all joined together in the main dining room for a Sunday roast. The other two people shared the main kitchen. They had their own cupboards and fridge/freezer space to keep their own foods separate. Staff we spoke with were aware of individual's tastes. They told us that if anyone had a problem with nutrition they would seek advice and support from professionals. Staff explained that they sat with individuals to decide what they were having to eat for the week, write a shopping list then go to the supermarket to purchase what was required.

People we spoke with told us they saw the doctor or dentist when needed. Staff told us that each person was supported to see or be seen by their GP, optician, dentist or other health care professionals. People had health passports. Staff explained that these contained all relevant information regarding the person's health with contact numbers and information. The person took this with them if they had to go into hospital or for healthcare appointments. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

## Is the service caring?

### Our findings

People told us that staff were very kind. One person said, "They are nice." Others answered yes and nodded when asked if staff were kind and caring and looked after them. A relative told us the staff were very good with their loved one.

We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere. There was laughter and banter between people and staff.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. One person would not get up and leave their flat as strangers were in the building. Staff knew exactly how to respond and what to do to reassure them. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. One person decided, with staff support, to change their mind as to what they wanted to do. Another sat quietly with a staff member improving their writing. Staff took time to let them understand what they were doing and spoke in a calm manner.

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. At the time of the inspection two people were using this service.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at lunch or when going out. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

There were some areas within the home and garden where people could go for some quiet time without having to go to their flats. This showed that people could be as private and independent as they were able. People took us to see their flats. They told us they had been decorated to their own choices. They were all personalised for each individual.

Visitors were welcomed at all times. One person told us their parents were visiting later in the day. We saw from records that people had received visitors and also had been away on visits to family.

# Is the service responsive?

## Our findings

People told us they were involved in their support plan if they wanted to be. There was evidence in the support plans we reviewed that people and their families or representatives had been involved in writing them and had been involved in their reviews. A relative we spoke with told us they attended all of the meetings held regarding their loved one.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. They also had a handover between shifts, which we observed, to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. 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. Support plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to be and what they wanted to do. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker. One person told us where they went on various days and what they enjoyed at their activities. This included; IT, art and music. On the day of our visit we observed people going to different activities, including one person going to the library and another going out to the park. Another was assisted to bake cakes for everyone and their visitors.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint. There were posters displayed around the building in easy read explaining how to complain if people were unhappy. The complaints file held all required documentation, although there had been no formal complaints received.

The deputy manager told us that an annual survey had been sent out to relatives. This had been sent the week prior to our inspection and there had been no responses at the time. The provider carried out an annual staff survey. The results for Jan 2017 were available and seen, although no actions had yet been developed.

## Is the service well-led?

### Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. One staff member said, "I would recommend it to anyone." 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. On the day of the inspection the Chief Operating Executive visited the service to support the registered manager. They knew the staff and people who used the service and they were comfortable in their presence.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, "He, (registered manager) is very supportive." Another said, "If you make a mistake you do not worry about saying so. He will explain what you have done and how to make it right. There is never any blame."

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. People we spoke with knew who he was and told us they saw him on a daily basis. During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager, the staff and people who used the service was open and respectful.

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. These included; a weekly physical audit which fed into a snag list sent weekly to maintenance and director of operations, weekly medicines, weekly financial and monthly health and safety. If any issues were found an action plan would be developed. The provider employed the services of an external company to carry out an annual quality monitoring visit which rated the service. The registered manager also had a Service Improvement Plan (SIP). This was completed with the director of operations. We saw the last two and where issues had been found, action plans had been put into place. These had been signed off as 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; residents and staff 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, at the last residents meeting they had asked for a karaoke machine. This had been purchased and was awaiting connection.