Rev Edmund Kofi Ampadu

Abba Residential Home

Inspection report

314 High Road
Leytonstone
London
E11 3HS

Tel: 02085361998

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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

Abba Residential Home is a care home for up to five people with mental health needs. At the time of our inspection four people were living in the home. 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 the last inspection in March 2015 the service was rated as Good. At this inspection we found the service remained good.

People were supported to be safe from avoidable harm and abuse. Staff were knowledgeable about the different types of abuse people might be vulnerable to and how to escalate any concerns they had about people being abused. Care files contained robust risk assessments that had been agreed with people. These ensured people were supported to take risks in a safe way and protected from avoidable harm. The home had a small and stable staff team who had been recruited in a way that ensured they were suitable to work in a care setting. The registered manager told us they would ensure they kept records of staff interviews in the future as they had not been keeping these records appropriately. People were supported to take their medicines in a safe way. The registered manager took advice on secondary dispensing of medicines and stopped doing this during the inspection.

People told us staff were good at their jobs. Staff told us and records confirmed, they received the training and support they needed to perform their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice. People consented to their care and staff emphasised the importance of offering people choices. People told us they liked the food at the home. Care plans were updated to include a high level of detail about people's dietary needs and preferences. People were supported to have their healthcare needs met and to access healthcare services where they needed.

The home had a friendly and homely atmosphere. People and staff had established positive, caring relationships with each other. Observations showed kind and compassionate interactions between people and staff. People were actively involved in making decisions about their care. People told us they felt that staff treated them with respect and they were given private time when they wanted it. Staff were open to supporting people to develop relationships and encouraged people to maintain links with their pasts.

Care plans were updated during the inspection to include a high level of detail about how to support people to meet their needs. Care plans were personalised and reflected individual preferences. People were supported to attend a range of activities and to be part of their local community. People knew how to make complaints and there was a robust complaints policy in place.

People and staff spoke highly of the registered manager. They told us the registered manager was open, approachable, enthusiastic and kind. Staff spoke about the importance of promoting people's independence and skills which reflected the registered manager's promotion of the social model of disability. The registered manager completed the required checks to ensure the health and safety of the home. Records of the checks on the quality of the service had not been maintained. We have made one recommendation about quality assurance systems.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remains good.	**Good**

Abba Residential Home

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.

The inspection took place on 18 May 2017 and was announced. The provider was given 48 hour's notice as the service is a small home for adults who are often out during the day, we needed to be sure people would be in to speak with us.

The inspection was completed 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 reviewed this information and feedback received from the local authority commissioning team. We reviewed information we already held about the service including previous inspection reports and notifications submitted about the service.

During the inspection we spoke with three people who lived in the home and two members of staff including the registered manager and a support worker. We reviewed two people's care plans including needs assessments, care plans, risk assessments, reviews, medicines records and records of care. We reviewed four staff files including recruitment, supervision and training records. We also reviewed various policies, audits and checks carried out at the service and documents relevant to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said to us, "I'd tell the staff if anything bad happened to me." The home had multiple policies regarding safeguarding people from harm, including specific policies regarding bullying, people going missing, the use of restraint and safeguarding from abuse. These policies gave clear instructions for staff to follow in the event that they suspected abuse had taken place. Staff were knowledgeable about the different types of abuse people might be vulnerable to. One member of staff said, "We did extra training on safeguarding in February [2017]. We went through how to report things and how to collect information from people. It might be financial, physical, neglect, deprivations, or accidents. We report it on to the manager who will tell social services."

Records of incidents were reviewed and these confirmed the home had taken appropriate action in response to incidents that took place in the home. There had been no incidents of abuse or allegations of abuse since our last inspection. This meant people were protected from bullying, avoidable harm and abuse that may breach their human rights.

The home supported people to manage their finances and held money on their behalf. There were clear systems in place to ensure that people were not at risk of financial abuse. Records of monies held were checked against the records and these showed the amount of money held by the service matched the records. This meant risks to individuals were managed in a way that ensured they were protected and their freedom was supported.

Each area of support contained within care files had a linked risk assessment with clear measures in place to inform staff how to mitigate risks. Risks associated with day to day care, activities, medicines, mobility and mental health were identified and mitigated against. Risk assessments included people's views and the actions they agreed to take to minimise risks in their day to day lives. For example, one person's mobility was deteriorating so they had agreed that when they went out further than in the local community they would go with staff who would be able to provide assistance if they fell.

People told us there were enough staff to support them in line with their wishes. One person said, "There's plenty of them [staff]." Observations during the inspection showed there were sufficient staff on duty to support people with their individual needs and people did not have to wait to be supported.

The home had a recruitment policy which outlined the processes of ensuring safe recruitment practice. Records showed that appropriate checks were carried out on applicants' identities and criminal records to ensure they were suitable to work in a care settings. Where applicants did not have a background in care work, or were unable to supply two employment references in line with the policy, the provider extended the shadowing and induction period to ensure staff were suitable. Recruitment files did not contain records of the interviews completed to assess staff were suitable to work in the service. This was discussed with the registered manager who recognised the record keeping in this area had lapsed and advised they would ensure appropriate records of the interview and assessment process were maintained in the future.

People told us staff supported them to take their medicines. One person said, "Staff help me with my tablets. I take [listed medicines]. They help me take it on time." Staff described the safe administration of medicines to us. One staff member said, "We had training from the pharmacist. We have a good relationship with them so if we have any questions we can just ask them." The home received medicines in weekly compliance aids from the local pharmacy or collected medicines in original packaging from specialist clinics. Medicines were stored in individual locked cabinets in people's bedrooms. Care plans contained details of how to support people to take their medicines in a safe way and promoted people's involvement and independence with medicines. Records included a physical description of the medicines so that staff could identify individual medicines within the compliance aids. Medicines administration was recorded on medicines administration records (MAR) supplied by the pharmacy. Where people took medicines that were not available in compliance aids, the service created their own MAR sheets to ensure clear records of administration were maintained. Staff maintained a running record of the amount of medicines in the home. Records showed people were supported to take their medicines as prescribed and the amount of medicine in the service matched the records.

Where the home had received medicines that were not contained within blister packs, the registered manager had been dispensing these into a compliance aid so that staff did not have to count out the tablets for each dose. This is secondary dispensing and medicines should be administered from their original packaging. In response to this feedback the registered manager stopped doing this and re-wrote the person's medicines care plan and risk assessment to ensure staff were aware of this change. One person who lived in the home was often out at lunchtime when they were due to take medicines. The service had been dispensing the lunchtime dose before the person went out and supporting them to take this as prescribed when in the community. The registered manager took advice from the pharmacist and re-wrote the risk assessment for this to manage the risks associated with secondary dispensing.

Good

Is the service effective?

Our findings

People told us they thought staff were good at their jobs. One person said, "The staff are as good as gold." The registered manager was available to staff to provide information and guidance on their roles. Records showed that where staff were new to working in a care setting they were supported to complete the Care Certificate. The Care Certificate is a recognised qualification that provides staff with the fundamental knowledge required to work in a care setting. The provider used a combination of e-learning and in-house face to face training to ensure staff had the knowledge and skills required to perform their roles. Records showed staff had completed a range of training on topics including safeguarding, fire safety, medicines administration, health and safety , nutrition and hydration, and the Equality Act 2010. Staff training needs were assessed and records showed training had been scheduled for the next six months to meet these needs.

The provider had a policy regarding staff supervision which stated staff should receive a minimum of four formal supervisions a year. The registered manager told us that due to the small size of the service and the fact that they worked 'on the floor' most days, most supervision for staff was informal and on the job training. This had been identified as an issue by a recent local authority contract monitoring visit and the registered manager had started to keep formal records of supervisions given to staff. These showed discussion of staff role, training, support needs of people living in the home and development of staff. In addition, where performance issues had been identified these discussions had been recorded. Staff told us they received supervision and found it useful. One member of staff said, "I get formal supervision three or four times a year, but we have lots of chats between. If something comes up I can talk to the manager straight away and she'll sort it out." This meant staff received the support they needed to carry out their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision on behalf of people who may lack the mental 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 interest 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.

People living in the home had capacity to consent to their care and their involvement in, and consent to, care plans was clearly recorded. Each care plan contained a section about what the person agreed to do to meet this need. People were not restricted and could go out when they wanted. Where people needed to have support to access the community due to safety or mobility issues this was with their understanding and consent. One person told us, "I go to the shops by myself. If I'm going a bit further staff come with me in case I fall." Staff emphasised the importance of offering people choices in their day to day lives. A staff

member said, "It's important people make their own choices and have control in their lives. They are making choices from when they get up in the morning to when they go to bed at night."

People told us they enjoyed the food at the service. One person said, "The food is nice. The staff help with the cooking." People were able to communicate their dietary preferences clearly. Care plans contained limited details on people's dietary needs and preferences, for example, one person's care plan stated they had no special dietary needs, they liked food from a specific culture and should be supported to go out for lunch once a week. The lack of detail was discussed with the registered manager who was immediately able to list the dietary preferences of everyone who lived in the home. After the inspection the registered manager sent us updated care plans which included a high level of detail about people's dietary preferences and the support they needed to maintain a balanced diet. Care records contained details of what people had eaten and drunk each day. These showed people were supported to eat and drink enough and maintained a balanced diet.

The service supported people to meet their health care needs. One person told us, "If I'm not feeling well they [staff] take me to the doctor." Care files contained details of people's health conditions and the support they needed to maintain their health. Records showed people were supported to access healthcare professionals when required and advice from health professionals was incorporated into people's care plans. Staff knew people in the service well and could identify if people were unwell by changes in their behaviour. One member of staff told us, "If [person] is quieter than normal, or doesn't come out of their room I'll check if they're feeling OK and go to the doctor if they need it."

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "You can tell they care, it's their sense of priorities. It's easy to chat with them." Observations during the inspection showed staff interacted with people in a kind and sensitive way that worked to alleviate people's anxiety. For example, one person was particularly anxious about the home being inspected and staff answered their questions with patience, reassured them about the process and confirmed to them they would still be able to do their activities as planned.

Staff spoke about the people they supported with kindness and affection. A staff member explained to us that the small size of the home and stable staff team facilitated a family atmosphere in the home. They said, "It helps that it's a small home. It's such a homely atmosphere here. We're like a family here. We speak to them, we encourage people to chat and be relaxed with us."

People told us they were supported to maintain relationships with friends and family outside the service. One person said, "I have friends at [activity]. Staff help me stay in touch with them. I go and visit my family sometimes." One person had moved to the home since our last inspection in 2015 and they were supported to stay in touch with their friends and support network from their previous home. Their bedroom contained lots of photographs of them with their friends and regular visits were included in their care plan. A staff member told us, "He will ask if he wants to go and visit them. We'll make a quick call to check it's OK with them and then head over. It's important he sees his friends."

People told us they did not want staff to support them to find or maintain romantic or sexual relationships. Staff told us they would be happy to support people with romantic or sexual relationships if they wanted. A staff member told us, "It's people's right as human beings to have relationships, we should help them to have that as everyone else does." No one living in the home identified as lesbian, gay, bisexual or transgender, but staff told us this would make no difference to the support they received if they wished to be supported with romantic or sexual relationships. A staff member said, "No one here identifies [as LGBT] but if they did we would treat them as the individual human being they are and support them with what they wanted."

Care plans promoted people's independence and included information for staff about what support people needed to maintain their independence. For example, one person's medicines plan was clear that they should lead the process of taking their medicines and staff should only get involved on their direction, or if the person was late in requesting the key for their medicines cupboard. The registered manager told us, "It's important to support people to be as independent as possible. We don't want to look like a care home, we try to be unobtrusive. We want to incorporate ourselves into the local community. Before people who lived in care homes were ostracised and we are trying to make sure people are known in the local community."

Records showed there had been occasions where staff had over-supported people and taken away some of their independence. This had been addressed through training and development. The registered manager told us, "Some staff can be worried about getting it right and then end up doing it for people rather than assisting them to do it themselves. So I explain that that's disabling and talk through how to do it so the

person keeps their independence."

People showed us their bedrooms which had been personalised to their own tastes. People told us they were given private time when they wanted it. One person said, "They give you private time, they don't hassle you." People told us they felt like staff respected them. One person said, "Of course they do [respect me]. You can tell by how they talk to you."

Good

Is the service responsive?

Our findings

People told us staff listened to them and supported them to be involved in their care plans. One person said, "The staff listen to me, they would help me try something new." Care plans contained information on how to support people with different areas of their daily lives, including personal care, mobility, diet, medication, mental and physical health, activities, and domestic tasks. Records showed these were reviewed regularly with people. Care plans lacked details regarding the specific nature of support and people's preferences. The registered manager was able to provide a high level of detail about people's needs and preferences when asked about this. They submitted updated care plans after the inspection in response to this feedback.

The updated care plans contained a high level of detail about people's needs and preferences. For example, one person's personal care plan gave details of their usual routine including the order in which they preferred to complete various aspects of the tasks. It then stated, "When finished [person] will call staff to come in to assist him with shaving. He puts the shaving foam on his face and staff shave him." Another person's care plan contained clear information regarding their preferences and support needs around domestic tasks that promoted their independence. The care plan explained, "[Person] cleans his room and changes his bed linen once a week, normally on a Saturday morning. Staff will remind [person] at breakfast that it's a Saturday. [Person] will tell staff if they want to do it in the morning or the afternoon." The plan then gave details of which aspects of tasks the person could complete independently and where staff needed to provide support.

When new people were referred to the home a needs assessment was completed to check the service was able to meet their needs. The registered manager told us, "We need to check that we can support them well. It's also important they'll be a good fit with the other people who live here. It can be difficult to move somewhere new, but some of the people have lived here a long time. It is their home and we need to be sure they won't be disrupted if someone new moves in." Before moving to the home and agreeing to live there people were encouraged to visit and view their bedrooms and meet the other people in the home. Records showed staff from the home worked closely with people's previous homes and placements to ensure they had as much information as possible to provide support to people when they moved in.

People told us they were supported with a range of activities in the local community. One person said, "I like going to the café." Another person told us, "We go to the café and then come back here and sit down. We play darts on Monday and Tuesday, we go out to play darts." Records showed staff utilised the local disability resource centre and local listings to find groups and activities that may be of interest to people living in the home. The registered manager said, "People who live here aren't eligible for day centres so we have to be a bit creative about finding things to do. It's worked out well though, because most of the groups are community based and not specifically for people who have mental health needs. This suits people who live here as they've told us before they don't like groups for people with mental health needs." The registered manager wrote a weekly timetable on the whiteboard in the office to ensure that activities and appointments took place as scheduled. Records of care confirmed that people were supported to attend a range of activities in the community.

People told us they knew how to make complaints. One person said, "I'd tell the staff if I wanted to complain." Another person told us, "I'd have no reason to complain." The home had a complaints policy which contained details of the complaints process with timescales for investigation and response. The registered manager told us the home had not received any complaints since our last inspection in March 2015.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager. One person said, "She's good as gold, she sorts things out. She's very enthusiastic." A member of staff told us, "[Registered manager] is wonderful, she's approachable, open to talk with. She knows everyone well and will check with people and staff if she thinks something might be wrong." Observations showed that people living in the home approached the manager easily and she responded positively to their requests for support and information. The registered manager was easily accessible to people and staff as they were based in the service and worked across the rota. They worked with their deputy manager to ensure there was always telephone support available to staff in the home when they were not in the building. The registered manager continued to provide direct support to people who lived in the home.

The service had an open culture that encouraged people and staff to discuss ideas and suggestions for improvements. They did not hold formal meetings for staff or people living in the home. The registered manager told us, "We used to have formal meetings, but really they ended up just recapping what we'd already talked about in conversation. People are more open to talking if it's less formal so we'll act on what people tell us. If we try and have a proper meeting everyone just sits there in silence." The registered manager was committed to the social model of disability and promoting people's skills and abilities. The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. This was demonstrated by the activities and community links established at the home.

The premises were well maintained and the registered manager had completed all of the necessary safety checks and audits. Fire safety checks were completed regularly and fire drills were completed. The registered manager completed weekly, monthly, quarterly and annual health and safety checks to ensure the good maintenance of the premises and equipment. The home had an emergency contingency plan in place in case of disaster.

The registered manager attended the local provider forum to receive updates and share information on best practice with other providers in the borough. The registered manager and staff told us the provider visited regularly to complete quality assurance visits. However, there were no records kept of their observations or feedback. In response to this feedback the registered manager produced a new template for them to record their audits and for the provider to record their visits on. The template covered audits of care records, medicines, equipment, safeguarding records, complaints, staffing records, policies and procedures and feedback from people living in the home. Although quality assurance checks had not been recorded the registered manager had day to day dealings with staff and people for feedback.

We recommend the service seeks and follows best practice guidance from a reputable source about completing quality assurance in care homes.