

Holmleigh Care Homes Limited

Abacus House Residential Care

Inspection report

55 Victoria Road
Swindon
Wiltshire
SN1 3AY

Tel: 01793511181
Website: www.holmleigh-care.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Abacus House offers accommodation and support for up to seven people who have learning disabilities. The home is a large domestic house, situated near to the town centre of Swindon. Accommodation is provided on three floors. People have their own bedrooms and there are spacious shared areas. There were seven people using the service at the time of the inspection.

At the last inspection on 13 November 2014 the service was rated Good. At this inspection we found the service remained Good overall. However, we found the team were often going the extra mile when caring for people and we rated the Caring domain as Outstanding.

People were supported by kind and attentive staff who went to extensive measures to ensure they were supported during difficult times. The registered manager and staff had given a lot of thought and time to ensure people were reassured, given relevant information and felt cared for when they experienced a crisis. People were supported in a respectful dignified manner. Staff discussed interventions with people before providing support. People had access to advocacy support when they were unable to express their views clearly. Staff were very knowledgeable about people's abilities and preferences, and were aware about how to communicate with people in a way that met their individual needs.

Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns. The registered provider ensured there were sufficient numbers of staff on duty to support people with their assessed needs. Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place to manage medicines. The registered provider followed safe recruitment procedures. This meant the service was acting appropriately to keep people safe.

The registered provider had ensured staff had been appropriately trained to meet the needs of the people using the service. Staff were supervised in their roles and had opportunities to progress in their jobs. People were provided with a healthy and varied menu to meet their nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. This meant the service were effective in meeting people's needs.

Support plans were individualised and person centred focussing on people's abilities and what was needed to ensure their care was individual to them. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date. People had access to health care when necessary and were supported with health and well-being appointments. People were supported to do activities they enjoyed. Complaints information was clear but no complaints had been received.

The service was well led by an experienced registered manager who put people in the service at the heart of all actions. Staff expressed confidence in the management and felt valued in their roles. There were robust

quality assurance processes in place to drive improvement in 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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was outstanding

People experiencing difficult periods of their life were supported by the registered manager and staff who had given great thought and taken actions to ensure people felt cared for.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Abacus House Residential Care

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 30 January 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. The provider had submitted a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR. We also reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the professionals that work with the service to seek feedback.

We spoke with two people who used the service. We also spoke with the registered manager, the deputy manager, the quality assurance manager and two members of staff. We looked at a range of records which included the care records for four people, medicines records for three people and recruitment records for three staff. We looked at a range of records in relation to the management of the service.

Is the service safe?

Our findings

People who were told us they felt the service was safe. One person told us, "The staff look after me". We observed other people in the service and how the staff worked with them to assess the safety of the service. A professional commented that they felt the person they had input with was kept safe. They said "Staff have a good awareness of his needs". We also reviewed risk assessments to ensure people's safety was maximised.

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Risks to people were recorded and reviewed with control measures in place to manage any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, we saw a risk assessment relating to a person who may refuse to leave the building in the event of a fire until they had collected certain belongings. A control measure was in place for staff to supervise and inform emergency services as soon as they arrived. Where behaviours could challenge a person and others, staff had undergone positive behaviour management training to follow. Guidance was given in people's support plans where needed, to explain what may have triggered the person's behaviour and measures to reduce this. Environmental risks were in place to ensure people's safety in relation to their surroundings. For example, one risk assessment stated that cleaning products were to be locked away and supervision needed to be in place when people used the products. The service had an emergency evacuation plan in the event of the building being damaged by for example fire or flooding.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency assessed to administer medicines checked regularly. Medicine administration records (MAR) that we examined were completed correctly with no gaps or mistakes.

There were enough staff to support people's needs. The registered manager assessed how many staff were needed dependent on people's support levels. This included if people needed more than one member of staff to keep them safe when they were in the community. One staff member told us, "I do feel there are enough staff to safely support people, yes".

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

The service had safe infection control procedures. A cleaning schedule was in place and had been regularly audited. We saw evidence that observations had been made on correct hand washing techniques to make sure this was done correctly.

Is the service effective?

Our findings

Not all people were able to verbally express whether they felt staff had the relevant skills and experience to support them. Therefore we observed how staff supported people and looked at records to seek the evidence in this area. A professional commented that the staff had received training about autism and sensory differences, to enable them to meet the needs of autistic service users. They said that the registered manager was "Proactive in seeking training and advice".

Records we viewed showed staff had received the necessary training to meet the needs of the people using the service. Mandatory training included safeguarding and whistleblowing, dignity and respect, equality and diversity, infection control, first aid and positive behaviour management. Specific training had also been completed when required, for example, diabetes awareness training and specific autism training. This meant provider ensured staff were skilled to meet people's specific needs.

Staff had regular supervisions and observations of practice which related to their support, guidance, training and development. Staff had regular meetings with their managers to discuss their roles and responsibilities. We saw a member of staff had received feedback during a meeting about what they had done well and also about upcoming training needs. We also saw that staff had been given the opportunity to progress up through the service to take on more senior roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions 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 interests and as least restrictive as possible. We saw that where people had been assessed as lacking capacity that a best interest decision had been made and documented. Meeting records were available. For example, we saw that a best interest meeting had been held in respect of one person's health situation.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept a record of all DoLS applications made along with copies of authorisations.

People signed that they had been involved and agreed with their care plans and risk assessments. Staff spoke of the importance of empowering people to make as many of their own decisions and choices as possible. This meant people's independence was maintained and they retained control over aspects of their lives.

We found people were offered a varied and nutritious diet and enjoyed the food. They were encouraged to join in with choosing the meals and cooking where possible.

Care records confirmed people had access to external health professionals when required. The provider had

made appropriate referrals for people. We saw that a person with a particular health problem was supported to attend appointments regularly for blood tests and injections.

Is the service caring?

Our findings

We observed caring and considerate interactions between staff and people during the day of the inspection. There were friendly, caring and warm conversations with people. For example, a staff member described a person they supported with warmth and spoke to the person and included them in the conversation. The staff member explained how they would read the newspaper to the person as they used to enjoy reading the paper but now struggled to do so. Another staff member explained how helpful they had found the training on dementia. They said they understood the importance of respecting the person and talking and involving them in all areas of their life. They commented, "The training helped me see how [name] sees the world". The staff member also said they enjoyed seeing the response they got when they came into work and saw how pleased certain individuals were to see them. This meant the staff had an in depth understanding of people's needs and they supported people with empathy.

Staff had gone to great lengths to ensure that people had access to all the support required to achieve optimum health and happiness. For example, one person had experienced a sudden decline in their mental wellbeing. The person exhibited signs of extreme anxiety with associated complex behaviour and would not leave the house. They developed ritualistic behaviours and their behaviour towards staff and other people in the house escalated. Prior to this they were largely independent and had a job two days a week. Medical advice was sought and then psychiatric advice. Despite medication being prescribed the behaviours continued and so the service asked for input from a behavioural nurse and developed a chart and agreed with the person about taking responsibility for managing one area of anxiety. This reduced some of the anxiety but they were constantly asking about when the next time would be they could have do the activity they had become fixated with. As the person could not tell the time but could recognise colours the staff made a colour coded clock indicating when the next time was due for the person to do the activity. This reduced the person's anxiety to a level where they were able to settle between times and focus on other activities.

The next area staff worked on with this person was their anxiety in having control over their washing. The service found an innovative way to work with the person to reduce their anxiety during this period. An electric clothes airer was also purchased for the person's bedroom which completely reduced the anxiety as they regained control over their washing. The person's confidence has returned and they were supported by staff to start attending clubs again. The person now attends these on their own. The person is also waiting an interview with the wildlife trust as they would like to volunteer for them and will be attending one day a week to begin with. The person is able to once again go out independently to buy toiletries which they like to do. This has been assisted by staff preparing laminated pictures of the items needed so this can be taken to assist finding what they need. The staff report having seen the person visibly grow in confidence every time something new is achieved and this has enabled the person to make new friends outside of the house. The person now has a partner and they are in contact three or four times a week. This person's quality of life had been markedly improved due to the staff doing all they could to support the person to regain their sense of wellbeing, confidence and happiness again.

Another person was supported by the staff in relation to a health issue. The person was awaiting a surgical

intervention and was on a waiting list. Due to the person finding attending hospital appointments very stressful their behaviours could escalate. Staff helped to manage this by talking with the person the day before to explain what was going to happen in the appointment. A member of staff always supported the person at all appointments which could be some distance away. The person's key worker was working with the person to make a book about the process of having this particular surgical intervention as the person does not retain a lot of the information about this. The book was aimed to be as simple, interactive and tactile as possible as the person also had a sight problem. When treatment starts they will need to attend hospital three times a week. A member of staff plans to support them at all times. The service had been in touch with the organisation that the person volunteered with and they agreed to arrange some projects for the person to do when they are in hospital to ensure they remain in touch and feel valued in their absence.

The staff supported a person who left their last home due to a challenging behaviour. As required medication (PRN) had been given on a daily basis to manage the behaviour. Staff worked very hard with the person to manage their behaviour and as a consequence the PRN medication had very often not been used. A relative had commented that Abacus had been the first service to deal with their relative's 'complex needs'. This meant the staff committed to getting to know the person and finding the ways to work with the person to manage their condition.

We had a comment from a health professional who stated, "[Registered manager] has worked really hard and has been very creative in finding solutions". Another said, "They have always worked hard to meet [person's] needs and have met the challenges with patient professionalism from personal care right through to accessing the community.

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. We also saw that observations had been carried out on staff to ensure they were treating people with dignity and respect during personal care. One observation stated, 'Door closed and curtains drawn. Spoke throughout. Laughing and joking appropriately. Followed care plan'.

Staff supported people to meet their choices and preferences. People were supported to be as independent as possible by encouraging people to do as much for themselves as possible. For example, when getting ready for bed and when making a drink by encouraging the person to put their own teabag in the cup. A professional commented that the staff promoted people's independence where possible and think carefully about how they might involve people in independent living tasks with reasonable adjustments. This meant people were supported to sustain and develop their skills and confidence about their daily living.

A person was receiving support from an advocate who visited fortnightly. An advocate is someone who supports a person to express their views and concerns, promote their rights and to explore choices and options. This meant the service ensured where people would benefit from an independent representative this was facilitated for them.

Is the service responsive?

Our findings

People's needs had been assessed before and after admission to the home. Each person had support plans that were tailored to meeting their individual needs. Support plans were photographic and simply explained. The support plan was made up of separate areas of needs such as daily living skills, emotional needs, eating and drinking and activities. Each of these support plans had capacity statements stating whether the person had any capacity difficulties in each area of their support. For example, one person's autism support plan had been written in their best interests. This included information about the importance that certain routines and rituals were respected to support the person's anxiety. For example, it said the person may put a food item back in the fridge despite other people needing it. However, it was important for that person that they were allowed to do this. This meant staff would easily understand why people were doing particular things and would enable them to support the person effectively.

People's support plans were reviewed on a regular basis to reflect any changes in support and ensure staff had the most up to date information. For example, we saw where concerns had been raised by the staff to the local care team, that a review had been arranged which led to the person being diagnosed with autism. This led to a better understanding of how to support the person and training was arranged for the staff.

The staff had identified when changes were needed. For example, a person was presenting with behaviours at mealtimes and it was discovered this was because of the light. Another light was purchased for the person to use during mealtimes and this reduced their frustration. This meant staff ensured they responded promptly to people's changing needs. We had a comment from a professional that the service had worked well in supporting a person with a diagnosis of autism and then subsequently developing their support of the condition, and developing staff understanding to facilitate good practice.

We saw people were supported to maintain individual hobbies and interests. We spoke with one person who told us that they went to a karaoke on a Tuesday night and that staff were helping them find a job. They also said they liked cooking and that staff helped with this. We saw another person liked music and liked to buy DVD's on a regular basis as that was their routine. We saw people enjoyed volunteering, going to the cinema, going swimming. We also saw that one person had got trophies and rosettes from their riding for the disabled activity.

Monthly meetings were held for people in the service. We saw the minutes from the meeting that had been held in January 2017 where the Christmas period had been discussed about what each person enjoyed. This meant there was a chance for people to contribute any feedback they wanted and to feel their contribution was important.

We found the provider had a process in place for people to complain. We saw there were procedures and an Easy Read complaints form for people to use. No complaints had been received and we saw one compliment from a relative to show their appreciation of a person's support from the service.

Is the service well-led?

Our findings

The service had a registered manager. 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. The registered manager had eight years' experience within the learning disabilities field and had worked within the home as deputy manager for five years. This meant they had a good understanding of the service at all levels and what was required to maintain a well led service. A new deputy manager was in post to work closely with people and the staff team. The management team had undergone specific staff management related training including observation training, boundaries, supervision and appraisal, leadership and performance, understanding and motivating, managing change and complaints. The registered manager told us they felt well supported by the director and quality assurance manager.

People told us they liked the registered manager and staff. We saw a person greeted the registered manager excitedly when they arrived at the service. During the inspection, people came into the office to ask the registered manager questions and the interaction and rapport reflected they had a good relationship.

Regular feedback was sought in relation to the care and support given to people. This was gained from people in the service, relatives and other stakeholders via informal discussions, meetings and surveys. The last annual survey evidenced the service was meeting their expectations of a person centred care service. We saw that more activities had been requested and the action was to introduce more activities into the rota, such as day trips and clubs. Stakeholders had expressed that staff were very polite and the care received by people was 'Excellent' and they were supported in a person centred way. They stated they would recommend the service to their colleagues.

Quality assurance systems were in place to ensure continuous improvements to the service. A bi monthly visit by the quality assurance manager took place and a report produced with any actions. We saw a range of audits to monitor areas such as accidents, incidents, complaints, medication, health and safety, fire safety, fridge/water temperatures to ensure action is taken to address any areas of concern. For example, we saw that accidents and incidents had been evaluated about what went well to manage an incident and any changes needed, such as updating the risk assessment.

We found the provider was proactive in supporting staff and nurturing their development thereby improving outcomes for people. We saw that two members of staff were being mentored into more senior roles such as shift leaders. Staff enjoyed their jobs and spoke highly of the registered manager. Comments included, "Fabulous teamwork and communication", "Concerns dealt with quickly", "Very flexible and supportive. Very good always at the end of the phone" and "Confident, approachable, gets things done".

Staff meetings were held monthly. Items discussed included people in the service. It had been recorded that staff trained in medication had stayed on beyond their hours when a person with diabetes was not well. Staff had been thanked for their work.

A professional commented that communication with the registered manager was good and said, "We are in regular contact. I have been able to openly discuss any issues with the manager and they have been resolved quickly". Another comment was, "They were able to maintain a placement (and the important relationships, consistency, and support that goes with a good and familiar placement), which could easily have broken down, if the [registered manager] had not sought help and advice from us."