

ABI Support Services Limited

ABI homes - Veryan Place

Inspection report

40 Veryan Place
Fishermead
Milton Keynes
MK6 2SR
Tel: 01908 336030
Website: www.abihomesuk.co.uk

Date of inspection visit: 29 September & 1 October 2015
Date of publication: 09/11/2015

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 

Overall summary

This inspection took place on 29 September & 1 October 2015 and was announced.

The inspection was carried out by one inspector.

Veryan Place is a three bedded house situated in a residential area of Milton Keynes. It provides residential care for three people with Learning Disabilities and Autistic Spectrum Conditions. People who live at Veryan Place are supported to live as independently as possible. On the day of our inspection two people were 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.

Summary of findings

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.

Summary of findings

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 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.

Good



Is the service effective?

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 appropriate care or treatment.

Good



Is the service caring?

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.

Good



Is the service responsive?

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.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her 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.

Good



ABI homes - Vervan Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 September & 1 October 2015 and was announced.

The provider was given 24 hours' notice because the location provides support to a small number of people; 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. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in June 2013.

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

Some people had limited verbal communication and did not wish to communicate with us. However we were able to observe their interactions with staff.

We spoke with two relatives, the registered manager, three support workers and the operations manager.

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

Is the service safe?

Our findings

A relative we spoke with said, “Yes, [person’s name] is safe at Veryan.” We saw that people were relaxed in the company of staff.

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

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I would report it immediately.” Another explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. Staff 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.

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

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

Within people’s support plans were risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and life skills. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was an emergency grab bag available for staff. It contained; contact numbers for people’s relatives,

emergency contacts for professional and a set of floor plans. People had their own emergency plans within their support plans. This was to aid staff and emergency services in the event of evacuation of the service.

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

Staff told us there was always enough of them to support people. The registered manager told us they did not use agency staff if possible, due to the complex needs of the people they were supporting. On the day of our inspection there was enough staff to provide two to one support for each person if required. We looked at the rota for the following month and found that it was based around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time.

We found safe recruitment practices had been followed. One staff member said, “I had to provide references and have checks carried out before I started.” We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

The registered manager told us staff were only allowed to administer medicines if they had completed training and competency checks to do so. People were given their medication in their rooms and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) at each stage and completed a stock check of medication which was boxed. The staff member said, “We always do a stock count every time.” We checked two people’s medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited daily.

Is the service effective?

Our findings

The provider had an induction programme which all new staff were required to complete. The operations manager told us they were in the process of introducing the new care certificate for new staff. All registered managers were training to be assessors to enable them to assess their own new staff. The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, "We can speak to him at any time." Another said, "He is very supportive. He works with us and will cover if needed." We were told that staff had regular one to one supervision and annual appraisals with the registered manager. The registered manager had received supervision from the operations manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing that dates for future supervisions had been made for the whole of the year.

Staff told us they received a lot of training. One staff member said, "I have a lot." Another said, "It is very good." The operations manager told us they accessed training from a variety of sources to enable the best training possible, which kept staff practice up to date. We reviewed the training matrix and found this showed training which included; safeguarding, MCA/DoLS and food safety along with more specialised autism specific such as; working with people that challenge and concept of expressed emotion and therapeutic approaches. Some staff had completed nationally recognised qualifications at both level two and three.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that

people who could make decisions for themselves were protected. 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, when required and one person was subject to DoLS. Staff were able to tell us who was subject to a DoLS and why it was in place.

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 ready for medication, if wanting to get up or wanting to go out.

We observed the lunch time meal. Staff we spoke with were aware of individual's tastes. One staff member told us, "We try to cook as much as we can from fresh, today I am making leek and potato soup." They told us that if anyone had a problem with nutrition they would seek advice and support from professionals. People were offered a variety of foods to choose from, and were supported to prepare and cook their meal of choice. A variety of drinks was also offered. Staff explained that the menu was developed weekly with the people who used the service and shopping was then done. There was a plentiful supply of food in the kitchen, including fresh fruit and vegetables.

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

Is the service caring?

Our findings

Relatives we spoke with made comments regarding the kind and caring approach of the staff. One relative said, "They are all kind." Another said, "They are nice, but [name of staff member] is wonderful."

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.

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 was becoming unsettled due to strangers being in their home, staff knew how to respond to help the person settle. They spoke to them in a calm and reassuring manner. This settled the person and showed the staff member knew them well. 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 had not slept the previous night and wanted to stay in bed. Staff ensured they had food and drink throughout the day

and were checked regularly. They did not want to get up and attend appointments they had. Staff explained their importance, but respected the person's wishes when they asked for them to be cancelled.

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. One person was using an advocate to assist with decisions.

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 mealtimes and when people got up or went to appointments. 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 rooms. This showed that people could be as private and independent as they were able.

The registered manager told us visitors were able to visit at any time and people went to visit family and friends when they wanted. We saw within care plans we reviewed that visitors had been and one person routinely travelled to stay with family.

Is the service responsive?

Our findings

Relatives told us they were involved in people's 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.

One relative told us their family member was planning to move into more independent living. This had been as a result of staff working to give them more independence.

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 to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. The operations manager told us that part of the assessment was to also check the person would fit in the service with the other people who already lived there. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care 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 sit and what they wanted to do. On the day of our visit we observed that one person was due to go on an activity but refused to do so. 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, and showed a variety of activities. One relative told us, "The staff have taken [name] to different places he wanted to go, they got him to help find out opening times, travel times and prices etc." There were notices advertising evening events.

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 and was on the wall in the hallway. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey was sent out to people and their relative's. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2014 survey. The comments were all positive.

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. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact. They also said they knew who the senior management in the organisation was and could call or email any of them and felt able and comfortable to do so.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, “[registered manager’s name] is very good; he is always about.” Another said, “[registered managers name] works alongside us, we are one big team, like a family.”

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. 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 and the staff 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.

The provider had a variety of quality monitoring processes. Managers from other services carried out bi-monthly quality checks on each other’s services and produced a report. The registered manager had written an action plan. We saw actions had been completed. The provider employed the services of an external company to carry out quality audits every six months.

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, staff and managers meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed suggestions were acted on.