

# Independent Lifestyles Support Services LLP

## Abi House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 11 January 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Abi House is located Worthing and is registered to provide accommodation for a maximum of seven younger adults living with Autistic Spectrum Disorder, learning disabilities and associated challenges. At the time of inspection five people were using the service.

At the time of our inspection, a new manager had recently started at Abi House although they had worked for the provider for some time. They were making their application to become registered as the manager with CQC. 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 person referred to in this report as 'the manager' is the person who has applied to CQC to become the registered manager for the service.

People were protected from the risk of harm and abuse because staff had received the training they needed to recognise and report abuse. Risks associated with everyday living had been identified and managed so that people were protected and staff were aware of what they needed to do to reduce risks. Staff were recruited safely and staffing levels ensured that people were safe and received the care and support that they needed in the way that they preferred. People received their prescribed medicines by staff who had been trained to do so, although the provider had recognised that some improvements were required to the storage and administration of medicines.

Staff were provided with the training they needed to meet people's specific needs. Staff had regular supervision to reflect on and develop their practice. The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) were understood by staff who ensured that they sought people's consent and did not unlawfully restrict their liberty. People's dietary needs were met and they were supported to eat and drink sufficiently. People had access to a range of health care professionals to meet their healthcare needs.

Staff knew people very well and were kind and sensitive to their needs. Staff were observed providing personalised care and it was evident they clearly understood people's individual needs. Staff ensured people's privacy and dignity was respected and maintained at all times. Where people required additional support staff supported them using appropriate methods of communication for their individual needs.

Where possible, people were involved in the planning and review of their care and support needs. Care plans were person centred and were regularly reviewed. People were encouraged and supported by staff to pursue their interests and hobbies and activities were tailored to people's likes, choices and abilities.

Staff, spoke positively about the manager who was committed to providing a person centred service; ensuring people had a good quality of life. There were systems in place to regularly assess and monitor the quality of the service provided and people living and working in the service had the opportunity to say how they felt about the home and the service it provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's medicines were not always stored or managed safely.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

### Is the service effective?

**Good** 

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

### Is the service caring?

**Good** 

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was actively maintained.

People were supported to make choices and decisions about

their day to day lives.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care.

People were able to access activities they enjoyed.

A complaints procedure was in place, people felt confident complaints would be acted on.

### Is the service well-led?

Good ●

The service was well-led.

The provider took into account the views of people using the service, relatives, staff and health care professionals.

The ethos and culture of the service was positive and open.

Staff said they enjoyed working at the home and there was good support and communication between staff and management.

There were systems in place to monitor the quality of the service and make improvements where needed.

# Abi 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 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 11 January 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we observed staff supporting three people who lived at Abi House and spent time with them in the communal areas of the building. We spoke with the manager, two members of the staff team and a senior manager of the provider. We made several attempts but were unsuccessful in contacting commissioners (who fund the care for some people) of the service for their views.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including four staff files, medication records and quality audits carried out at the service.

Some people living at the service had very complex needs and were not verbally able, or choose not to, communicate with us so we used observation as our main tool to gain insight into their experiences.

Abi House was last inspected in September 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. Staff we spoke with were confident that people were protected from harm and abuse at Abi House. One staff member told us, "If I identified anything, I would speak up. Not reporting abuse would make me as bad as the perpetrator." Another member of staff said, "I have never felt people weren't safe. It would be reported immediately." Staff could describe the different types of abuse which may occur and every staff member was clear that they had a duty to report anything. Staff felt confident that if they needed to raise any concerns that the manager would take appropriate action to protect people and keep them safe. They knew how to report and who to report to, as well as which bodies outside of their own organisation they could go to if they needed to. Information was available to people in accessible formats such as pictorial, to help enable people to understand how to raise any concerns.

People were protected against the risk of harm or injury. Each person's needs had been assessed to recognise any hazards they might face. For example, people's health, financial and medical risks had been identified as well as their own personal risks. This included risks in relation to carrying out activities like using transport. A detailed risk assessment had been put in place for each risk identified which highlighted the level of risk and how staff should support people to reduce the risk. All people had personal evacuation and emergency plans which identified the support they required in the event of an emergency.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

The atmosphere in the home was calm and relaxed and people were interacting confidently with the staff who were supporting them. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. During our visit there were instances where people began to become anxious. We saw that staff intervened quickly and provided reassurance to prevent their further anxiety. There was information and strategies in people's care plans about how to support people to reduce the risk of harm to themselves and others which staff were aware of.

We saw regular checks and routine maintenance had been undertaken both inside and outside of the home. This included smoke detectors and testing for legionella. Our observations of the equipment used within the home supported this; we saw equipment was well maintained. Records showed that external contractors were used when checks on equipment such as fire fighting equipment or gas appliances were needed.

We saw from people's records that staffing levels enabled people to have the support they needed to undertake a variety of daily activities. Staff told us that they had no concerns about staffing levels being appropriate to meet people's needs. The manager had assessed the numbers of staff needed and taken

account of people's needs. Additional staffing at certain times of the day ensured that people's planned events outside of the home could be accommodated. Where people required additional staff to keep them safe we saw that this was in place. Our observations showed that people had a high level of staff contact to do the things they wanted. For example we saw people had one to one staff in the kitchen to prepare drinks. Staff told us that there was always a senior or manager on duty and that out of hours an on call manager was available in emergencies.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at how medicines were managed, stored and administered and found some improvements were required. The medicines administration records (MAR) were legible and did not contain any gaps. They included people's photographs, information about their health conditions and any allergies. Where a medicine had not been administered, the appropriate code had been used. Controlled drugs had been appropriately received, recorded, stored and administered. However, we checked the balances of medicines stored in the cupboard against the MAR's for three people using the service and found instances where these records were not up to date and or accurate. For example one person's MAR showed that 28 tablets had been booked in and 17 had been administered. We found there were 100 tablets in stock and not the 11 as expected. The reason for this and other similar instances was staff had not recorded the total of medicines received, carried forward or stock checked.

We found that 'opened on' dates for creams and liquid medicines were not consistently recorded, nor was the temperature of the medication storage room regularly taken. Medicines may expire and/or not work properly if they are not kept at the correct temperature or used within the advised time from opening. This was an area that required further improvement.

We observed medicines being administered in the morning of the inspection and saw that people were reassured appropriately in a gentle and kind way and that only staff trained to administer medicines were involved. Medicines were signed for after they had been administered. This meant that people received their medicines as prescribed by health care professionals.

The provider had previously recognised the issues we identified and had begun to take steps to rectify them. They were in the process of relocating the medicines room, staff training had been booked with an external training provider and they were arranging additional periodic audits by a pharmacist. We will check on our next inspection if these improvements have been embedded.



# Is the service effective?

## Our findings

We saw staff interacted confidently with those that they were supporting and we saw people responded positively to their support. People received effective care because they were supported by an established and trained staff team who had a good understanding of the needs of the people in their care. Our observations confirmed the atmosphere was calm and relaxed. We saw people had unrestricted movement around the home and could go to their rooms for privacy if they so wished.

Everyone we spoke with told us that people enjoyed their meals. One person gave us a 'thumbs up' to indicate they enjoyed the food provided. We saw that people were involved in menu planning and food shopping. Throughout the day we saw people were enabled to engage in preparing meals and drinks. People's likes and dislikes were recorded and known by staff. Specific risks associated with eating and drinking had been identified and guidance from a dietician and speech and language therapist was evident where appropriate.

Staff had received training relevant to people's needs. We looked at four staff files which included training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, first aid, manual handling, safeguarding adults, health and safety and infection control. Staff had completed other training relevant to the needs of people using the service such as mental health awareness and managing and supporting people whose behaviour may challenge. Staff had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We spoke with two members of staff who told us they had completed an induction when they started work and they were up to date with their mandatory training. One staff member said, "The induction was very thorough and gave me everything I needed. I particularly found the shadowing of more experienced staff to be useful."

Staff told us they received regular supervision and an annual appraisal of their work performance. They said this provided them with support to carry out their roles. The staff files we looked at confirmed that all staff received regular formal supervision and an annual appraisal. A member of staff said, "We have a tight knit and effective team." Another told us, "We get well trained but are always learning."

Staff we spoke with told us about the importance of supporting people to give consent and make their own decisions. One staff member told us, "Regardless of people's routines and how well we think we know them it's important that we ask and promote choice and independence."

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 staff involved people in making some choices and decisions about their care. For example, what they wanted to do and where they wanted to go. Capacity assessments were in place where staff believed that people lacked the mental capacity to consent to decisions about their care or treatment. We saw that some decisions had been made in people's best interests.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met and found everything to be in place to protect people's rights and avoid unnecessary restrictions.

People's healthcare needs were carefully monitored and discussed with the person and other relevant parties as part of the care planning process. Care records we saw confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs

## Is the service caring?

### Our findings

Although a number of people had limited verbal communication, because of their condition, we were able to observe and speak with staff who worked at the home. People appeared happy, relaxed and comfortable. A member of staff said, "The manager and staff group are very passionate about what they do."

Staff provided a caring and supportive environment for people who lived at the service. Some staff had worked for the provider at another home for a number of years and some staff were relatively new. All staff told us that positive relationships had developed amongst them. One staff member told us, "The staff here are very caring indeed." Another said, "We are all focussed on the well being and happiness of the people we support. We won't allow anyone to fall short of that." During our inspection we observed genuinely warm interactions between people and staff and it was clear that staff knew people very well.

We observed there was a happy and relaxed atmosphere in the home and there was a lot of friendly banter between people and staff. Staff had an excellent knowledge of how people preferred to be supported and there were detailed support plans being developed detailing how people communicated their wishes and how staff should respond.

During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. We saw that staff were attentive and supportive, speaking with people in a calm way and using an even tone. Staff also explained to us how people may respond to having an unknown face in their home and how we might respond to them. We observed staff respond quickly when people showed any signs of distress or discomfort. For example, staff were aware of the signs that someone may be becoming anxious and when they saw these signs they offered support and reassurance.

We saw staff knew people's preferred method of communication and could interpret people's gestures and facial expressions. Records we looked at showed that people had care plans in place that included information about their communication needs. Some residents and staff communicated using recognised symbolic methods such as Makaton. Makaton uses speech with signs, gestures and symbols to help people communicate.

Staff told us how they promoted people's dignity in everyday practice. We saw that staff supported people with their appearance and sensitively prompted them when they needed support in this area. For example, we observed a staff member ask one person if they would like a belt for their trousers as they were a little loose.

We observed that people could spend time alone in their bedrooms or in quieter areas of the home if they so chose. Staff were respectful of people's need for personal space and we saw they prompted other people to respect this also. People had been well supported to create their own personal space in bedrooms with pictures and decoration of their choice. We saw that staff were mindful of protecting people's privacy whilst in their bedrooms.

## Is the service responsive?

### Our findings

People who lived at the home received a personalised service which was responsive to their needs. The care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care and support needs were met.

We looked in detail at care records of three people to see if their needs had been assessed and consistently met. The care plans had been developed, where possible, with the person. The service identified people's care and support needs by using a comprehensive assessment and used information from other professionals and people's families. Input from the person concerned was sought throughout the process. This helped to ensure not only were people's needs accurately assessed, but that the way care and support was planned, met people's needs in line with their preferences. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

Staff had daily handovers in which they discussed people's needs and staff were allocated to support people. Staff told us that they were encouraged to work with each person, where appropriate, so that they had a good understanding of people's individual needs and how to respond to these. We saw that people and their relatives attended reviews to discuss people's care to ensure it was still appropriate to the person. These arrangements ensured that people were consulted about their care and it was organised so that it met people's individual needs.

Staff we spoke with were aware of the procedures and protocols to follow in the event that they wished to raise a concern, or if someone raised a concern with them. One staff member told us, "If anyone made a complaint to me, I would tell the manager immediately. If the manager wasn't here we can always contact someone senior in the organisation."

The manager told us how they handled complaints. When a complaint was made it was recorded and investigated in line with the policy. We reviewed the records of the complaints received, and saw that where there had been a complaint, it had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaint had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaint were well documented and this included any lessons that had been learned to improve future practice.

People were supported to do things that they enjoyed doing. We saw one person going out to a day centre. Daily records documented people were supported to go out for something to eat and drink and we saw in one person's record that they enjoyed regularly attending a disco and bowling. Staff told us and records showed that people were supported to access local shops, parks, meals out and day trips. The home displayed a variety of photographs from previous activities.

## Is the service well-led?

### Our findings

Most people using the service were unable to communicate their views about leadership of the service but our observations saw that the service benefitted positively from the manager and the way in which the home was run. A staff member said, "I am very happy with the organisation and leadership at the home." Another staff member said, "The home is well run and the manager leads from the front."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with said they felt the manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. A member of staff told us, "There is an open door policy, the manager and provider are very accessible."

Staff told us that they felt well supported by the manager and the team leaders. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt there was strong teamwork and everyone pulled together to share ideas and resolve problems.

We inspected the service a short while after a new manager had started. They had begun the process of becoming registered with CQC, although the process was not completed. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way.

We saw that there were systems in place to monitor the quality of the service. This included audits of medicines, accidents and incidents, safeguarding and health and safety. The provider also carried out regular overall audits of the service to include the physical environment. These audits had identified the need to upgrade the boiler, which had been completed as well as improve practices around medication.

The manager actively sought the views of people who used the service. This was done in a number of ways such as daily interactions with people, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.

Communication within the staff team was described as good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with news and events.