Abilities Development Ltd

Abilities Short Breaks - Respite & Residential

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Inadequate
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We undertook an unannounced inspection on 27 April 2015 of Abilities Short Breaks – Respite and Residential.

At our last inspection on 22 January 2014, the service did not meet Regulation 15 - Safety and suitability of premises. We conducted a follow up inspection on the 29 July 2014 and found the service met the regulation.

Abilities Short Breaks – Respite and Residential is registered for a maximum of four people who have learning disabilities. At the time of the inspection there were two people using the service. The home also provides regular respite for five additional people for four to five days a month.

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

Summary of findings

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.

During our inspection, observation and feedback from relatives demonstrated there were some positive aspects to the service including kind care workers and a registered manager who relatives felt was approachable and would always get back to them if they needed to speak with her.

However it was evident that the service was not well managed and there were no effective processes to ensure people were safe and to monitor the quality of care being provided for people using the service.

The management structure currently in the home was a registered manager, three permanent care workers and four agency staff. The registered manager told us it had been a challenging time for her as she was in process of recruiting a deputy manager for the home. Two managers had been recruited and neither were found to be suitable for the role.

People's safety was compromised in the way some medicines were managed and administered. We found shortfalls in the recording and auditing of medicines.

People were not protected from avoidable harm or abuse. There was a system in place for recording incidents however we noted that some incidents had not been followed up or further investigated and the local safeguarding team had not been notified.

When speaking with staff, they were familiar with people's needs and their key risks. However feedback from staff and relatives told us there were issues with consistency of staff and care being provided to people as agency staff were routinely hired.

Care workers had a good understanding about people's respect and dignity and were aware of the importance of treating people with respect and dignity. During the inspection, we noticed the upstairs bathroom did not have a shower curtain so people's privacy and their dignity were not respected.

Staff received regular relevant training and received support from the registered manager. Appropriate checks were carried out when staff were recruited.

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us they were in regular touch with the registered manager and care workers and could informally discuss any issues. However feedback from relatives and records showed there had been no formal reviews of peoples care.

During the inspection, we noted and discussed with the registered manager the décor of the home as it contained basic furnishing and there was a need for improvement. Relatives also told us they raised the issue of the décor of the home as they felt it was not homely.

There were no robust and effective quality assurance and governance systems in place to monitor the quality of the service being provided to people who use the service and to manage risk effectively. We found medication errors had not been detected, incidents has not been followed up, people's weight had not been monitored and reviews of care had not taken place.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Inadequate

Some aspects of the service was not safe. There were no suitable arrangements in place to manage and administer medicines safely.

There were no effective processes in place to investigate any possible incidents of abuse.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Feedback from relatives and staff showed there needed to be more permanent staff working in the home to ensure there was consistency in the care being provided and familiarity to people using the service.

Is the service effective?

Good

The service was effective. People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Is the service caring?

Requires Improvement

Some aspects of the service was not caring. Relatives told us they were in regular touch with the registered manager and care workers however there had been no formal reviews of people's care.

Care workers had a good understanding and were aware of the importance of treating people with respect and dignity. However there were areas in which people's respect and dignity were not respected.

Caring relationships had developed between people who used the service.

Is the service responsive?

Good

The service was responsive. People using the service received personalised care that was responsive to their needs.

People were supported to visit family and friends and supported with maintaining relationships with family members and maintain links with the wider community.

The home had procedures for receiving, handling and responding to comments and complaints.

Summary of findings

Is the service well-led?

Some aspects of the service were not well led. There were no robust quality assurance and governance systems in place to monitor the quality of the service being provided to people who use the service and to manage risk.

There were some systems were in place to identify, assess and manage the health, safety and welfare of people using the service and others. However the home requires improvement on the décor and maintenance of the building.

Relatives and staff spoke positively about the registered manager.

Requires Improvement

Abilities Short Breaks - Respite & Residential

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were two people using the service. Both had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times. The home also provides regular respite for five additional people for four to five days a month.

We spoke with three relatives. We also spoke with the registered manager and three care workers. We also reviewed people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Inadequate

Is the service safe?

Our findings

Relatives we spoke with told us they felt people using the service was safe. One relative told us "Yes, [person] is safe here."

However our findings did not always support relatives' views'. We found there were some aspects of the service were not safe and compromised people's safety.

There was a system in place for recording incidents however we noted that some incidents ought to have prompted further investigation to identify the cause. For example we noted an incident was recorded on the 4 March 2015 which detailed behaviour that challenged was displayed by one person on respite and the person needed to be "held". Records stated "[Person] needs one to one and needs a strong person". Subsequently we noted on a contact sheet dated 20 March 2015, a concern raised by a relative of the person stating "[Relative] pointed out that [person] had a bruising on the inside of their left arm. [Relative] felt that maybe someone had held [person] too tight." We found the management of the service took no action to ensure this person was safe. There was no evidence that this incident had been followed up or further investigated. There was no recording of the bruise or that the relevant authorities had been notified. We discussed this with the registered manager who told us the person did not need to be restrained in any way. The registered manager also told us that this incident should have been followed up but she or the home's deputy manager did not pick this up and investigate further, neither did they notify the local safeguarding team. Following the inspection, we informed the local safeguarding team about this incident.

The above evidence demonstrates the provider did not ensure there were effective processes in place to investigate any possible incidents of abuse or acts intended to control or restrain a person that may not have been necessary.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed and care workers confirmed they had received medicines training and appropriate policies and procedures were in place. However we found the arrangements in place were not suitable to manage medicines safely and appropriately. We looked at a sample of medicines administration records (MAR) sheets and found on one MAR sheet where a person was prescribed to have a medicine twice a day, the medicine had only been administered once a day for five days. For one day, the sheet had been not been signed off in the morning and had been signed at 12.45pm. We also noted there was inconsistency in the timings of recording when medicines were given to a person which could have an impact to the effectiveness of the medicine. For example, in the morning, records showed the person was given their medicine at 9am and then the next day at 7.55am. On another record, we noted a person who was at risk of suffering from hay fever had various medicines that were given to them over a number of days including paracetamol. We noted they were given to the person in the morning at either 8am or 8.30am. The registered manager told us the person's mother had given them for the person's hay fever.

For both of these instances, we found there were no specific guidelines to show when the medicines should be given and if there were any particular signs or symptoms the person should be displaying before any of these medicines needed to be given. We found there were no arrangements in place with the local GP or pharmacist to confirm that the medicines were prescribed and were safe and appropriate for people to take or clear dosage instructions as to when they should be taken. This showed that people were at risk of not receiving their medicines safely and at the prescribed time and the provider did not ensure that the administration of medicines was recorded accurately to show that people received their prescribed medicines safely. There were no arrangements in place in relation to obtaining and disposing of medicines appropriately with the local GP or pharmaceutical company.

This was a breach of regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When speaking to staff we asked whether there was enough staff in the home to provide care to people safely. Care workers told us some had fixed shifts and they received their rotas one or two weeks in advance. The registered manager told us they had three permanent staff and four to five core staff they used from the agency. This was to enable flexibility for when people used the service for respite and extra staff were needed. However, care workers told us there had been issues with consistency of staff as agency staff would be hired and that would then

Inadequate

Is the service safe?

place extra pressure on the permanent staff to train the agency staff and look after the people using the service. They told us more permanent staff would be better for consistency in the care provided to people and better teamwork. When speaking to relatives, they also told us that the home should have more permanent staff and it was not reassuring that you would sometimes see different people in the home.

There were safeguarding and whistleblowing policies and procedures in place and training records showed staff undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the police and CQC. One care worker told us "We have to keep people them safe." Care workers were also able to explain certain characteristics the person they cared for would display which would enable them to know that something was wrong or the person was not happy. For example one care worker told us "[Person] will just be quiet and another thing they would do is hang their head down."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk assessments were completed for people using the service. Each assessment had an identified risk and measures to manage the risk were individualised to people's needs and requirements. For example, for one person who was at risk of suffering from a particular medical condition, there was a management plan in place for that person which detailed the signs and symptoms and actions for staff to take. We saw the risk assessments also covered personal care and when people went outside the home.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for three care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Good

Is the service effective?

Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. One care worker told us "It quite good here, I enjoy working here" and "It's like a home here, the manager makes people part of the family." Training records showed that care workers had completed training in areas that helped them when supporting people and these included infection control, safeguarding adults, mental capacity, deprivation of liberties safeguards (DoLS), medication, health and safety and fire safety. There was a training plan in place which showed the training care workers had received and were due to receive for the remainder of the year.

We looked at three staff files and saw care workers received supervision to monitor their performance. One care worker told us "We get one to one supervision, there are team meetings. Anything we are not happy about or anything to do with the residents, we can give our suggestions."

We saw care plans contained some information about people's mental state and cognition. Care plans contained a section entitled "My mental capacity and DoLS [Deprivation of Liberty Safeguards]" which outlined where people were able to make their choices and decisions about their care. When people were not able to give verbal consent, records showed the home had involved the person's relatives to enable decisions to be made in the person's best interest. When speaking with the registered manager and the care workers, they showed an understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all the care workers had received MCA training. One care worker told us "They know what they want. We just have to help them make that choice and be there for them."

The registered manager was aware of the Supreme Court judgement in respect of DoLS. Records showed the registered manager had applied for DoLS authorisations for the people using the service as it was recognised that there were areas of people's care in which their liberties were being deprived and were awaiting the outcome from the local authority.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. One relative told us "[Person's] health is very good at the moment. It is the best it has ever been. Once when [person] was in hospital, one of the care workers stayed with them during the night. They go above the duty of care."

People were supported to get involved in decisions about their nutrition and hydration needs. People's eating and drinking needs and preferences were recorded in their care plan for example in one person's care plan it showed they liked "Cereal (shreddies) with honey not sugar and liked hot chocolate for breakfast" and for another person, their care plan showed they could not have anything with wheat, gluten, corn or dairy products. When speaking with care workers they showed awareness of people's dietary requirements and told us they would use the gluten free food range for that person. Care plans also detailed if people required any particular support with their meals such as helping them to cut their food in small pieces to enable them to eat safely and with ease One care worker told us "[Person] will take you into the kitchen. You show [person] a picture of the food and [person] will smile to let you know they want that."

During dinnertime we observed care workers were patient and asked whether people wanted more or if they wanted a drink. Care workers did not rush people and let people eat at their own pace and provided support when the person requested it.

We asked the care workers how they monitored what people ate to ensure they had a healthy and balanced diet. Daily sheets were completed by staff on a daily basis outlining what people had eaten and drank throughout each day and evening.

Requires Improvement

Is the service caring?

Our findings

Relatives told us the home "Had a family orientated approach", and was "Very helpful and caring."

However we found there was a lack of evidence to demonstrate how people using the service were supported to express their views and be involved in making decisions about their care, treatment and support where possible. Relatives told us that although they were in regular touch with the registered manager and care workers and could informally discuss any issues, there had been no formal reviews of peoples care in which aspects of people's care were discussed and reviewed to ensure people's needs were still being met and to assess whether there had been any changes. During the inspection, although care plans had been updated, we could not see any documentation which reflected such reviews taking place. The service had no arrangements in place which showed people and their relatives had been involved and supported in planning and making decisions about the person's care and treatment.

This was a breach of regulation 9(3)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we saw that caring relationships had developed between people who used the service and staff and people were treated with kindness. One relative told us "When I bring [person] back to the home, the care workers are always asking me whether [person] is okay, how they were doing" and another relative told us "[Person's] keyworkers are very good, excellent, can't fault them. They have bonded with [person] very well so far."

We observed people were relaxed and were free to come and go as they pleased in the home and appeared to be at complete ease. We observed care workers provided prompt assistance but also encouraged people to retain their independent living skills and daily skills such as being involved with household chores. Care plans set out how people should be supported to promote their independence.

When speaking with care workers about people's respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. One care worker told us "I always talk with [person] and just prompt them to do things as [person] does understand" and another care worker told us "[Person] touches the water and smiles, that's their way of telling me that the right temperature for them. [Person] chooses their own clothes and [person] loves the smell of their deodorant." The registered manager also told us to ensure and maintain people's privacy and dignity, the downstairs bathroom was used by male people using the service and the upstairs bathroom was used by female people using the service During the inspection, we noted the upstairs bathroom did not have a shower curtain so people's privacy and their dignity were not respected. We highlighted this to the registered manager and she told us they would get one in place as soon as possible.

People's care plans showed how they were able to communicate and detailed specific body language, gestures and key words a person used to communicate. For example in one person's care plan it stated "I understand most of what you say to me but if you speak too quickly or use too many words. I may not understand. Prompt me if I seem confused. You may also show me a picture to show me what you are talking about." When speaking with care workers, they were knowledgeable about how people using the service were able to express themselves. Care workers told us "We are here to help them express themselves. For example [person] makes a particular noise when they want something" and "[Person] will choose. You just have to guide them."

Good

Is the service responsive?

Our findings

Care plans of people using the service included an introductory section providing details of the person's life and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, eating and drinking, emotional well being and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. People's care preferences were reflected in their care plans and information such as the person's habits, daily morning and evening routines, what they liked for breakfast and preferred times they liked to wake up and go to sleep. The care plans showed how people communicated and encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the registered manager was aware of people's specific needs and provided appropriate information for all care workers supporting them. One care worker told us "I have been here between three to four months and the care plans have really helped a lot." When speaking with care workers, they were able to tell us about each person's personal and individual needs. They told us there was a handover after each of their shifts and a communication book and daily sheets about people's care were completed by care workers every day. However we noted that people's weight had not been recorded and monitored which could identify any possible signs of malnutrition. We highlighted this to the registered manager and she told us she will ensure a record of people's weight was maintained.

People's care plans reflected people's individual interests, likes and dislikes and religious and cultural needs. One care worker told us "[Person] loves music which always makes [person] calm." People were supported to visit family and friends and supported with maintaining relationships with family members and maintain links with the wider community. People using the service attended college and a day centre, during the inspection, one person using the service spent the day with their family. Relatives told us "The manager even drops [person] off to spend a bit of time with the family and picks them up" and "[Person] recognises the journey and gets excited when I drive them to the home." However, relatives did tell us that there could be more outings such as short weekend breaks or holidays arranged for people using the service.

There was a complaints policy and procedures for receiving, handling and responding to comments and complaints. When speaking with care workers, they showed awareness of the policies and said they were confident to approach the registered manager. Care workers felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. We looked at the complaints records and saw that one complaint had been received about the service. Records showed that the registered manager had investigated and responded appropriately.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us the registered manager was very approachable and would always get back to them if they needed to speak with her. Relatives told us "I can email, I have her phone number and she calls straight back" and "[Manager] is exceptional, helpful and always willing."

However we found areas where the service was not well managed and there was no clear leadership. Care workers told us that the lack of consistency with a deputy manager has been a problem. They said it was not easy when one manager had told them to do things one way and another manager then came to the home and told l them to do things a different way. When speaking to relatives, they told us that during this year, it had been a bit difficult to get hold of the registered manager at times and they weren't sure what was going on in the home with regards to having a new manager as the registered manager had not kept them informed or updated on what was going on. One relative told us it was "By chance that you got to know what's going on at home."

There were some systems were in place to identify, assess and manage the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Fire drills and testing of the fire alarm completed. We did discuss the décor of the home as there was a need for improvement, for example there were cracks in the ceiling and the home contained basic furnishing. Relatives also told us they raised the issue of the décor of the home as they felt it was not homely. One relative told us "Having highlighted it several times, the curtain rod in [persons] bedroom had not been fixed and their TV was not working". Records showed that the registered manager had discussed some maintenance issues in a management and planning meeting and she told us that this will be addressed and discussed with the landlord of the home as well to improve the layout of the home.

There were no robust and effective quality assurance and governance systems in place to monitor the quality of the service being provided to people who use the service and to manage risk effectively. Records showed that some questionnaires had been sent to family members and a records showed a spot check of the home had been conducted by the registered manager. However, there were not quality assurance systems in place to monitor the quality of care being provided to people using the service and identify areas for improvement. Reviews of care had not taken place and there was no system in place to measure the performance of staff. We found medication errors had not been detected, some incidents has not been followed up and people's weight had not been monitored.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us it had been a challenging time for her as she was in process of recruiting a deputy manager for the home. Two managers had been recruited and neither were found to be suitable for the role.

The registered manager told us she was currently managing everything in the home and has recruited a service delivery manager to help with the management of the home. We spoke to the service delivery manager who told us they will be reviewing the processes within the home and will seek to make and implement improvements where it was needed.

Care workers also spoke positively about the registered manager and told us "The registered manager is a people's person. She is a good listener and gives feedback", "Any problems you can discuss with her, she always finds time for us" and "It is all transparent here. We are all part of a family here." Records showed staff meetings were being held and aspects of people's care were being discussed such as the need for improving the way information was recorded by staff such as daily records, supervision, further ideas for activities for people using the service, quality interaction and engagement with people, fire alarms, décor of the home and incident reporting. Staff had the opportunity to share good practice and any concerns they had.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not ensure there were effective processes in place to investigate any possible incidents of abuse or acts intended to control or restrain a person that may not have been necessary. Regulation 13 (3) (4) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that the administration of medicines was recorded accurately to show that people received their prescribed medicines safely and there were no arrangements in place in relation to obtaining and disposing of medicines appropriately with the local GP or pharmaceutical company. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service had no arrangements in place which showed people and their relatives had been involved and supported in planning and making decisions about the person's care and treatment. Reviews of peoples care had not been conducted. Regulation 9 (3) (d)

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no robust and effective quality assurance and governance systems in place to monitor the quality of the service being provided to people who use the service and to manage risk effectively. Medication errors had not been detected, some incidents has not been followed up and people's weight had not been monitored. Regulation 17 (1) (2) (a)