

Precious Homes Support Limited

ABI Homes - Tolcarne Avenue

Inspection report

60 Tolcarne Avenue
Fishermead
Milton Keynes
Buckinghamshire
MK6 2SS

Tel: 01908237937

Website: www.abihomesuk.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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

ABI Homes – Tolcarne Avenue, is a small residential care home providing personal care to 3 people with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns. Staff were confident that management took appropriate actions safeguard people.

Risk assessments were in place to manage risks within people's lives. This included positive behaviour plans for supporting people who may display behaviour which challenges. Staff were confident in supporting people in this area.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out, and staffing support matched the level of assessed needs within the service during our inspection.

Medicines were stored and administered safely, staff were trained to support people effectively and were supervised well and felt confident in their roles.

People were able to choose the food and drink they wanted, and staff encouraged healthy options. Cultural requirements with food and drink were understood and respected by staff.

Healthcare needs were met, and people had regular access to health and social care professionals as required. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care was personalised to each individual, and staff were passionate about achieving good outcomes for people.

Care plans reflected people likes, dislikes and preferences. People were involved in activities that were tailored to them.

People and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were detailed and any issues found were addressed promptly. The service had a registered manager in place, and staff felt well supported by them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good, (published 31 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ABI Homes - Tolcarne Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

ABI Homes – Tolcarne Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Not everyone using the service was able to share their views with us. We spoke with one person using the service and one relative of a person using the service to gain their views about the care received. We spoke with two care staff and the registered manager. We reviewed the care plans and other associated records for three people using the service. We looked at other records in relation to the management of the service, these included staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safely supported by staff. One relative of a person told us, "I am happy with the care that [name] gets and feel they are in safe hands."
- The provider had made appropriate safeguarding referrals where required and worked with outside agencies to ensure actions were taken to protect people from abuse.
- Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.

Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented any risks that were present in their lives, and supported staff to work safely with people. This included detailed plans in how to support people who may display behaviour which challenges. Staff were trained to safely support people to manage behaviours in the least restrictive way possible.
- Staff reviewed the risk assessments regularly and as required, and put actions in place to reduce these risks.

Staffing and recruitment

- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.
- Staffing levels were consistent with the level of assessed need. People were usually supported on a one to one basis throughout the day, with increased levels of support at specified times. People had the right amount of support to receive safe care.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.
- Medicines and their dosage levels were regularly reviewed by health professionals to ensure people received the correct amount for their current needs.

Preventing and controlling infection

- The service was clean and tidy, and good hygiene practices were observed throughout the service. Staff told us they had the equipment they required to prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were regularly reviewed by the registered manager and staff team. For example, when people displayed behaviour which may challenge, this was recorded and reviewed by staff to ensure that any learning could take place, to reduce the likelihood of recurrence where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before they came to the service.
- People's history, wishes and preferences had been identified so people could receive care and support how they wanted. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction training. Staff demonstrated an in-depth knowledge of the needs of people using the service. This included positive behaviour support to help people manage behaviours which may challenge.
- Staff were trained in the Management of Actual or Potential Aggression (MAPA) which is a programme that teaches management and intervention techniques to help cope with escalating behaviour in a professional and safe manner.
- Staff we spoke with confirmed the training provided equipped them sufficiently to provide the care people needed. One staff member said, "I was able to do a management course which has been very helpful in my role."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to choose what they wanted to eat and drink. Each person was encouraged to maintain a healthy diet.
- Where able, people were supported to be involved with the purchase and preparation of food to help build their independence within this area.

Adapting service, design, decoration to meet people's needs

- Each person using the service had their own bedroom as well as their own living room space. We saw that one person had recently been involved in decorating their living room to the design of their choice. They had been fully involved in the design process, and staff supported them to achieve the look they wanted for their room.
- A garden area was available for people to access including space to grow plants and herbs.
- Some areas within the service were in need of re-decoration and repair. The registered manager said that work was scheduled imminently to complete this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to manage their health care effectively. Any health care needs people had were documented within their care plans and staff had good knowledge of people's conditions.
- We saw people had health action plans which kept record of the regular visits people had to doctors, psychiatrists, or other health and social care professionals.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met and found they were.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with kindness and care from staff. During our inspection we saw staff interact with people in a warm and friendly manner, and engage with people throughout the day. For example, we saw one staff member sing along to songs with a person as they found the activity made them happy and smile.
- One relative of a person told us, "Staff are very kind to [name], they are treated very well."
- Staff and the registered manager clearly knew the people using the service well, understood the way in which they wanted to be cared for, and respected them as individuals.
- Staff had training in equality and diversity and understood the importance of promoting equality in their role. This included respecting people's lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- Care plans included details of people's life history, wishes and preferences. This information was used by staff to ensure they provided care which met people's needs, in the way they wanted.
- One relative we spoke with confirmed they were regularly consulted about their relatives care and felt involved in the process of planning and reviewing their ongoing care.
- Staff understood people's different communication requirements, and provided different ways to support people to express their views and choices.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves.
- During our inspection, we observed staff treating people with dignity and respect.
- People's information was stored securely within an office, and staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was personalised for each individual. For example, one person belonged to a religion, and their support needs were tailored to respect this. Staff were aware of the types of food the person could not eat, and gave support to the person to attend religious ceremonies within their community. The person was also supported to obtain religious texts on their tablet, so they could easily access them at any time.
- People were supported to identify goals and achieve them. We saw that one person wanted to go on holiday. Staff worked with the person to budget for and plan out the holiday, so their experience was as enjoyable as possible.
- People were able to express their choices and preferences in the type of staff that supported them. When a person required a specific gender of staff, this was respected. One person was supported to be involved in the staff recruitment process. They had some anxieties around meeting new people in the interview process, so instead was able to provide a set of questions to be asked to potential new staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had different communication methods, and information was adapted to ensure they understood as much as possible. This included pictorial versions of documents, picture reference cards, and signing.
- Social stories were used to help people understand different situations, and reduce anxiety around new environments and people. Staff produced pictorial information to explain upcoming events, and work through the scenarios with people. For example, we saw that a social story had been produced to inform people about our inspection, and how a Care Quality Commission inspector would be visiting their home. This enabled people to prepare for situations that may otherwise cause anxiety.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. At the time of inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.

- A relative we spoke with told us they had not had to make any complaints, but they were happy and comfortable to talk to staff if they needed to.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The registered manager was aware of what was required to support people who may need to receive end of life care.
- We saw that information was provided to make staff aware of end of life procedures that were specific to a person's religion.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and the relative of a person using the service we spoke with, were all confident the service was well run, and said the registered manager was supportive and approachable. One relative said, "[Registered managers name] listens and takes on board what I have to say. She solves problems and is very approachable."
- A staff member said, "The registered manager makes sure that people are treated as individuals. There is a great morale here. The registered manager supports us to be creative and says, 'No idea is too crazy' which is excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications the registered manager was required to send to CQC by law had been completed. The provider had displayed their current CQC ratings.
- Staff and the registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning were shared with staff to reduce the likelihood of recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Detailed quality assurance systems had been developed which monitored the quality of service being delivered and the running of the service. Audits were undertaken which used the CQC key lines of enquiry, this ensured that areas of compliance were regularly checked and monitored.
- The registered manager and staff were all clear about their roles and responsibilities. One staff member said, "The registered manager doesn't just do everything for us, we are allowed to take on tasks and responsibilities."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were supported to share their views about people's care directly with the registered manager and in

staff meetings. They told us they felt comfortable to share ideas to further improve the service and address any issues.

- Questionnaires were also sent out to people's relatives, which asked for feedback on the quality of care being received and if any changes were required.

Working in partnership with others

- The service worked in partnership with outside professionals to ensure that care met people's needs and quality remained high. This included having visits from the local authority quality monitoring team who checked on standards within the service.

- Staff regularly engaged with other health and social care professionals involved in people's care. Staff we spoke with had a good knowledge of the local community and what was available for people to access.