

# The Stable Family Home Trust

# Abbotsford

## Inspection report

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12 February 2016

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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

This unannounced comprehensive inspection took place on 10, 11 and 12 February 2016.

Abbotsford is a care home registered to accommodate a maximum of eight people with learning disabilities. At the time of the inspection eight people were living at the home.

There was a registered manager employed at the home. 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.'

We received very positive feedback from people and their relatives regarding living at Abbotsford. Relatives said, "It's absolutely marvellous".

People told us they felt safe at the home. Staff spoke knowledgeably on how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed and they were actively involved in planning and reviewing their care needs. We observed people sought staff out to chat and talk to and staff and people were relaxed with each other and spent time chatting and spending quality time with each other. Staff were knowledgeable about people's needs and knew how people preferred to be supported. Staff supported people in accordance with their wishes, protecting people's privacy and maintaining their dignity.

Staff told us they received training, which they found useful and effective. Staff received detailed, regular supervision sessions but had not received an annual appraisal during 2015. This was an area for improvement for the provider.

There were robust recruitment systems in place and staff told us they felt very well supported to carry out their role.

People's medicines were securely stored and managed and people were supported to take their prescribed medicines appropriately.

People were supported to take part in a wide range of activities, hobbies and work placements to maintain their independence and promote a healthy lifestyle. People could choose where they spent their time.

Complaint forms were available in the home in an 'easy read' format for people to use if they wanted to express a concern. People said they would be happy to raise any issues with any members of staff and felt they would be taken seriously and listened to.

People told us they felt the service was well led, with a clear management structure in place.

The provider was developing a revised quality assurance system to monitor and improve the quality of the service 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?

Good ●

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

When people needed support or assistance from staff, there was always a member of staff available to give the support. The provider had robust recruitment process in place.

Medicines were managed safely, stored securely and records completed accurately.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going support from senior staff who had the appropriate knowledge and skills. Staff had completed core training topics and spoke positively about the training they had received.

Staff received regular supervision sessions. The provider was in the process of changing how annual appraisals were carried out, records showed annual appraisals had not been carried out for staff during 2015.

People's nutritional needs were met. People were offered choice and menu's provided a balanced, healthy diet for people.

People accessed the services of healthcare professionals as appropriate.

### Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion by staff who

treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs.

People's support plans and records were kept up to date and reflected people's needs, preferences and choices.

People knew how to raise a concern and felt confident that these would be addressed promptly.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff felt well supported by the management team, felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a friendly, supportive, person-centred culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

# Abbotsford

## 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 comprehensive inspection took place on 10,11 and 12 February 2016 and was unannounced. One CQC inspector visited the home on each day.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home.

During the three day inspection we met and spoke with four of the people living at Abbotsford. We also spoke with the manager and five support workers, one of whom was a team leader and a visiting relative. Following the inspection visit we spoke with a further two people's relatives.

We observed how people were supported in communal areas and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, policies, premises maintenance records, staff meeting minutes, quality monitoring reports and medicine administration records (MARs).

## Is the service safe?

### Our findings

We spoke with two people who lived in the home. They both said they felt, "Very safe" living at Abbotsford. One person told us, "I love living here". Following the inspection visit we spoke to a relative who told us Abbotsford was "Absolutely marvellous... we never have to worry, we can relax and have total confidence in the staff that if there ever is a crisis they would deal with it correctly".

People were protected from possible abuse and avoidable harm because the staff spoke knowledgeably about the safeguarding processes that were in place at Abbotsford. Staff gave good examples regarding recognising and reporting suspected abuse and up to date guidance was clearly on display for staff to follow if required. Staff had completed training in safeguarding adults and we saw certificates on staff files to show training had been completed to the required standard. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. Staff were knowledgeable about the provider's whistleblowing policy and felt confident in reporting any concerns if they were required to.

The provider had a system in place to ensure risks to people and the service were managed. People had detailed risk assessments completed which covered a wide range of activities and health and safety issues, such as assessing the risks of people taking part in independent travel in the community and going on holiday to a local music festival. The risk assessments were well written and gave staff clear guidance to follow on how much support the person may need and included the nature of the risk, the advantages to the person of taking the risk, the disadvantages of not taking the risk, what could be put in place to reduce the risk and the overall level of risk.

There was a system in place to record and review accidents and incidents. Staff demonstrated a good working knowledge regarding the correct recording of accidents and incidents and gave good examples of when learning from incidents had been taken forward. For example, one person liked to go outside but was not safe to go out unaccompanied. The provider had arranged for an alarm mat to be placed at the door which alerted staff when the person was nearing the entrance, this meant they could accompany the person outside safely.

Staff, relatives and people all told us there were enough staff, with the correct levels of training and experience, employed on each shift to ensure people were cared for safely at Abbotsford. Staffing requirements were assessed on a daily basis depending on people's needs and the occupancy levels at Abbotsford each day. The provider had a selection of 'bank' staff they could call on if they were short staffed due to annual leave or sickness. This ensured people living in the home received continuity of care from people they knew. We saw the staff rota's for the four weeks relating to the month of our inspection visit which correctly reflected the levels of staff on duty during our visit. The manager showed us the rota's were issued two weeks in advance to staff to ensure staff were fully informed of their shifts.

The provider maintained their staff recruitment records at their head office. We reviewed three staff recruitment files and spoke with five members of staff about their recruitment and induction. Recruitment

processes were robust and showed the relevant employment checks, such as criminal records checks, proof of identity, appropriate references and fitness to work had been completed before staff began working at Abbotsford. The provider was in the process of changing their recruitment system to an electronic format which would allow each manager to have full access to staff records without having to travel to the head office.

The provider had a system in place to ensure the premises were maintained safely. Records showed regular checks were completed for a range of areas such as: fire safety equipment and fire panels, electrical testing, lighting systems and gas safety. Water systems were regularly flushed and temperatures recorded, however a legionella test had not been conducted. We discussed this with the manager who said they would arrange for a test to be completed. Legionella is a water borne disease that can be a risk to people's health.

We checked the provider's medicine administration record systems (MARs). A monitored dosage system was used in the home and the system contained a photo of the person to aid identification. Medicines were stored securely and disposed of correctly. People had their allergies recorded and guidance on the use of 'as required' (PRN) medicines was recorded. People had 'PRN' information sheets so staff could recognise when a person might need their medicine, how much to safely give them and when to give the medicine. Staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely. We saw certificates that confirmed this.

We reviewed each person's MARs. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people. MARs were correctly completed, with no gaps in recording.

## Is the service effective?

### Our findings

We spoke with two people and one relative. Each person told us they had confidence in the staff and in their abilities to provide care and support to people. Comments included, "I have complete confidence in the staff, the support they give is excellent". Staff spoke knowledgeably about people's health conditions and were able to explain what they would do if people needed specific health support for example in the case of a person needing support to manage their diabetes.

Staff said they had found their induction programme effective and supportive. All new staff were supported to undertake the care certificate as part of their induction process. The care certificate is a training course available for all care workers, healthcare assistants and social care support workers, which sets out specific learning outcomes, competencies and standards to ensure people are trained to deliver caring and compassionate quality care. Staff were given a period of time to 'shadow' existing staff to ensure they got to know people and the way they preferred their support and care to be given before they supported them on their own.

We reviewed the training records for all of the staff employed at Abbotsford. The provider had a clear system in place to ensure staff were kept up to date with core training topics such as safeguarding adults, health and safety and medicine management. The provider was in the process of changing the way training was delivered to staff. Future training was to be delivered on a more practical, face to face basis. Staff told us they much preferred this method and found it to be very effective.

Staff said the regular supervision sessions were very useful and they were able to request further training such as autism awareness when they wished. We reviewed four staff supervision records. The supervisions were positively completed and gave staff the opportunity to request further training and development opportunities. Staff told us they felt the management team would always listen to any concerns they may have and do their best to support them and provide additional training courses if required.

Records showed staff had not received an annual appraisal during 2015. We discussed this with staff who said they were able to speak with the management team on a daily basis and could approach any member of staff if they wanted further guidance. The manager confirmed annual appraisals had not been completed during 2015 and explained they were looking at changing the way annual appraisals were conducted to allow for a more effective appraisal process. This was an area for improvement for the provider.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. The majority of the people living at Abbotsford had mental capacity to make most of their own decisions. We spoke to one person who told us that the staff listened and respected their choices and supported them when they needed support. People told us the staff sought their permission before helping them.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about

whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. Records showed staff had completed Mental Capacity Act 2005 training. Staff were knowledgeable about the Mental Capacity Act 2005 and were able to give good examples of how they would support people if they lacked capacity to make their own decisions.

Staff were clear when people had the mental capacity to make their own decisions and that this would be respected. People and their families were involved in discussions about their care and support and any associated risks. Records showed individual choices and decisions were documented in people's support plans, which showed the person at the centre of the decision had been supported in the decision making process. One relative told us, "I can relax...I'm confident if there was a crisis the staff would deal with it well, I'm always kept informed and involved".

People living at Abbotsford were able to make their own choices and decisions about their meals and where appropriate staff supported people to prepare and cook their meals and snacks. Staff gave a level of support and guidance to ensure people could maintain their independence by preparing their own meals whilst remaining safe. People's dietary needs were assessed with their likes, dislikes and allergies recorded in their support plan. When required, people had their food prepared for them in a manner which was safe for them to eat, for example ensuring any foods they were allergic to were avoided. Records showed if people gave their consent they were weighed on a monthly basis so that any unexplained weight loss or gain could be monitored.

We observed one person making a nutritious smoothie for their lunch. They told us, "I really enjoy cooking... I like making my own meals, these smoothies are delicious".

Where it was possible people were supported and encouraged to do their own shopping and make their menu decisions for the week. Weekly menus were displayed in the kitchen in a pictorial format so people could see what meals were planned. People could help with the preparation and cooking of the meal if they wanted to. People bought their own choice of snacks and other healthy snacks such as fruit and yoghurt were readily available at all times.

The kitchen had recently been assessed by the local environmental health authority and had been awarded a 5 star rating which was the highest grade. Staff told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and the equipment.

People's records showed the provider involved other health professionals where appropriate and in a timely manner, for example, GPs, podiatrists, dentists and opticians, people were supported to visit the health professionals when appointments were due. Staff spoke knowledgeably about each person's health needs and demonstrated a good awareness of how people liked their care and support to be given.

People's rooms were personalised with their own bed linen, posters and personal possessions. Throughout the home posters and guidance information was displayed in an 'easy read' pictorial format, this ensured people living at the home could put their views across and feel involved in the running of the home. People's arts and craft creations and pictures were displayed throughout the home which gave a friendly, homely feel to the premises.

## Is the service caring?

### Our findings

People told us they found all the staff friendly, helpful and kind. Relatives we spoke with commented very positively about the caring and friendly attitude of all the staff. One person said, "Everyone is given so many opportunities here, it's been fantastic, the staff really make such a difference and every person's independence is promoted. Our (son) has come on in leaps and bounds, he is so much more confident and his self esteem is much higher, we really can't fault it at all".

We spent time observing interactions with staff and people in communal areas of the home. We observed staff treated people with kindness and were cheerful and friendly, gently encouraging their independence and assisting them in subtle ways to ensure their privacy and dignity was maintained. We talked with people about their views on the staff who worked at Abbotsford. People told us they really liked all the staff who they said were, "Fun, friendly and kind".

Throughout our inspection visit we observed staff acted with kindness, compassion and were friendly and supportive to people. Staff knew people well and spent time chatting to them and interacting in a positive and respectful manner. Staff spoke clearly when speaking with people and care was taken not to overload the person with too much information at one time.

Staff were able to speak knowledgeably about how people preferred their care and support to be given, because they had spent time getting to know each person. Staff could tell us about each person living at Abbotsford and what they enjoyed doing and how they would prefer to spend their day. People led busy social lives at Abbotsford and staff supported them with a choice of a wide variety of hobbies and activities.

People were able to express their views and were involved in making decisions about their care and support to promote their choices and independence. During our inspection visit all of the people spent time away from the home, taking part in a large range of varied activities that they enjoyed such as pottery, gardening, shopping and attending their work placement or day centre.

People's privacy was respected. People were offered keys to their bedrooms and staff asked permission before entering people's bedrooms. There were communal areas within the home where people could spend time together, watching television or listening to music, however there were also quieter areas where people could spend time on their own if they wished.

Computers and internet access was provided in the home and staff were able to support people to use the internet and access their personal correspondence.

## Is the service responsive?

### Our findings

People's care and support needs had been assessed before they moved into Abbotsford. This meant the provider was able to meet the needs of people they were planning to admit to the home. This information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

Assessments were completed for all people and covered areas including; medicines, weight, mobility requirements and health conditions or allergies. These assessments showed the relatives had been included and involved in the process wherever possible.

People's support records were accurate, detailed, written in a person centred way and up to date. People told us how staff involved them in their care, records showed people were consulted when their care needs changed and kept informed of any changes to their care routines. Care plans identified people's abilities and clearly promoted people's independence. Where people needed specific support and guidance to ensure they remained well, records showed information was in place. For example, blood glucose monitoring for people with epilepsy.

Support plans had clear goals for people to achieve such as, going to the local gym, arranging a holiday abroad and learning to budget for food. Each goal had a date to be achieved by, the name of the care staff who would support the person to achieve the goal and the date the goal was achieved. This provided a clear visual record for people on what achievements they had completed.

The majority of the people living in Abbotsford were able to maintain a good level of independence and led busy and social lives. Support plans reflected people's choices and provided clear prompts for staff to follow when people may need additional support, for example, 'staff to assist with shopping for different ingredients', if people had changed their mind about what they wanted to cook themselves for lunch.

People received care that was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to ensure their preferences and wishes were identified and that they were kept involved in their on-going care and support. People told us they liked the keyworker scheme.

Staff demonstrated a good knowledge and understanding of people's care, support needs and routines and could describe how each person preferred their care to be delivered. Support plans were reviewed annually or sooner to reflect any changes in people's care. Support plans were well written and person centred and contained guidance for staff about the way each person preferred to be supported and cared for. They highlighted what people liked to do for themselves and when they may need assistance from staff.

We observed staff gave time for people to make decisions and respond to questions. We saw records that showed meetings for people who lived at the home were held on a regular basis. People's weight was recorded monthly and records showed they were referred to health professionals such their GP,

occupational therapist, optician or dentist when required. There were body maps in place to record any bruising or injuries sustained by a person.

People were supported in promoting their own independence and community involvement. Staff told us, "People can do what they want, we are here to support them, but everything is their choice". The provider supported people to take part in a varied and wide range of activities which included voluntary work in local charity shops and garden centres, taking part in a range of sports, making pottery and arts and crafts.

We saw there was a pictorial 'Making Things Better' complaint form available in the home for people to complete if they were unhappy with any aspect of living at the home. The form went through the stages of a complaint ranging from what the concern was to what action would happen, who would take action and by what date the action would be completed. There was a section for people to complete asking them if they were happy with the action taken and if there were any further changes required. The manager told us people were given support to make a complaint where they needed assistance.

The manager confirmed the service had not received any formal complaints since the last inspection. However, they documented informal concerns and we saw these were investigated and resolved. We saw a written complaint policy that was clearly written and covered all areas of dealing with possible complaints from investigation, information, responding and improvements. Relatives we spoke to told us they had not had to complain but knew how to if they ever needed to.

People were supported to maintain relationships with their family. Relatives we spoke with confirmed they were kept fully involved and up to date on their family member's progress and were always made to feel very welcome at the home whenever they visited.

## Is the service well-led?

### Our findings

People, relatives and staff told us they were listened to and felt involved in how their service was run. Staff told us about the monthly meetings that were held at the home and commented they were run effectively and everyone was given the opportunity to put forward their views and suggestions. We reviewed staff meeting minutes which had been clearly completed and recorded.

Staff told us they found the management team and culture of the service to be, "Honest, open and friendly". Staff commented they were well supported and felt the staff at Abbotsford worked very closely as a team for the benefit of the people living there. Our observations during our inspection showed the service promoted an independent, positive approach to people and their needs. Staff told us, "I'm really well supported, I can go to anyone for help and people are always willing to offer a helping hand, we all help each other".

Throughout our inspection visit we observed the manager operated an open door approach and was always available for people and staff if they needed advice or support. The manager also had management responsibility for another Stable Family Home Trusts service a short walk away. The manager organised their time effectively to ensure people and staff could meet and speak with them when required. People and staff told us the system worked well and they were able to speak with the manager when they needed to.

There was a system in place to monitor the overall quality of the service. These quality monitoring visits were completed bi-monthly by the Provider's Chief Executive Officer. Records showed all areas of the service were monitored and feedback and action plans put in place when required. We noted some action plans had not had a target date for completion set. We discussed this with the manager who said they would ensure dates would be included in future.

The manager told us the provider was introducing a new system for reviewing the quality of the service provided to people. The manager told us this was an area they planned to improve and discussed different methods they could implement to ensure they received constructive unbiased feedback on the quality of the service from people and their relatives. Revised questionnaires were in the process of being designed by the provider and once completed would be sent to all people and their relatives on a regular basis. At the time of the inspection, records showed the provider had not sought the views of people and their relatives since the last inspection. The manager agreed this was an area for improvement.

Records showed audits had been completed on a range of topics to ensure people's care needs were met. These audits included; medication, support plan reviews, medication, health and safety and a range of environmental premises checks such as, gas, portable appliance testing and fire systems.

There was a culture of openness in the home, which would enable staff to question practice and suggest new ideas if they wished.

Records showed the manager had reported safeguarding incidents to the local authority and Care Quality Commission as required.

There was a system in place for staff to record daily handover information to ensure people got continuity of care throughout the day.

The manager told us they kept up to date with current guidance, good practice and legislation. They said they kept up to date by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies. The manager had been enrolled on an independent management degree course with attendance one day a month.