

Community Homes of Intensive Care and Education Limited

Appletrees

Inspection report

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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

Appletrees is a care home without nursing that provides a service to up to eight people with a learning disability. At the time of our inspection there were seven people living at the service aged between 36 and 53. The home is a large detached building within a rural area of West Berkshire. People have their own bedrooms and use of communal areas which includes a large enclosed private garden.

At the last inspection on the 16 June 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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 service remained safe. Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and medicines were stored and handled safely.

The service remained effective. People benefitted from a staff team that was well trained and supervised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to eat and drink enough and their health and social care needs were met.

The service continued to be caring and responsive. People received care and support that was personalised to meet their individual needs. They were encouraged and enabled to live as full a life as possible, maintaining their independence where they could. The staff team were caring and respectful and provided support in the way people preferred. Their right to confidentiality was protected and their dignity and privacy were respected.

The service continued to be well-led. People were relaxed and happy and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. They felt supported by the management and said the training they received enabled them to meet people's needs choices and preferences. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Further information is in the detailed findings in the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service continues to be effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service continues to be responsive.	Good ●
Is the service well-led? The service continues to be well-led.	Good ●

Appletrees

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 was a comprehensive inspection that took place on the 21 August 2017. It was unannounced and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service, which they must inform us of by law. We looked at previous inspection reports of the service and contacted nine health and social care professionals for feedback. We received feedback from two social workers, a commissioner and two health care professionals.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with the registered manager, deputy manager, assistant regional director, activity organiser, two senior support workers and a support worker. We emailed four people's relatives for feedback and received one response.

We looked at records relating to the management of the service including three people's care plans and associated care records. We looked at three staff files including staff training and recruitment records. We reviewed quality audits as well as a selection of documentation relating to the maintenance and safety of the premises.

Is the service safe?

Our findings

People were unable to tell us if they felt safe. It was evident during our visit that people felt confident in their approach towards staff, as they were given every opportunity to express any worries or concerns they had. Staff had received safeguarding training and were fully aware of what action they needed to take to protect people against the risk of potential abuse. The registered manager had sent three safeguarding notifications to the Care Quality Commission since our last inspection in June 2015, and these had been dealt with appropriately.

The provider had effective recruitment practices that ensured appropriate security checks were undertaken. These verified people were supported by staff of good character.

The established staff team, which included the registered manager and bank staff, continued to receive updated health and safety training to promote people's safety. Bank staff also helped to ensure continuity of care was provided for the people who lived in the home. This was achieved by regular bank staff covering staffing shortfalls that occurred due to staff absences, such as training and annual leave. There were a minimum of four, and maximum of five support staff, plus the activity coordinator and registered manager throughout the day to meet the needs of seven people. Staffing numbers were determined by people's assessed needs and their scheduled activities, with the aim of keeping them safe. For example, 1:1 support due to identified risks associated with individuals' care plans, and to support people in the community.

People were given their medicine safely by staff who had received training in the safe management of medicines. The service used a monitored dosage system as dispensed by a pharmacist to support people with their medicine safely. The medicine administration records were accurate and showed that people had received the correct amount of medicine at the right times. Where a person had medicine which could be taken 'as required' guidance was available for staff to help them recognise when the medicine was needed.

People lived in a safe environment where appropriate health and safety checks were maintained. These included a fire safety audit in August 2017 and regular servicing of equipment. The registered manager had requested advice from the local fire and rescue officer concerning the safety of the fire escape if accessed by people.

The home was clean with measures in place that promoted good infection control. Professionals told us that the home was clean and hygienic when they visited. Nonetheless, equipment such as water, soap and paper towels were not available to promote hand hygiene due to identified risks the items posed to some people. We were informed that staff made sure people had received the items they needed each time they visited toilet. However, we saw on two occasions that people had not been supported by staff to access the equipment they needed. We discussed this with the registered manager who had taken immediate action. This had included amending the shift planner to ensure people received support from staff to access appropriate hand washing facilities when required.

Is the service effective?

Our findings

People continued to be supported by staff who knew them well and understood their needs. Staff spoke with people before they supported them and discussed activities with them in a way they could understand.

Staff continued to receive one-to-one supervision and appraisals that were structured around their development needs. These met health and safety and statutory requirements, as well as training to support specific individual needs such as autism and diabetes. Induction and refresher training was structured to correspond with the care certificate, which is a set of standards that health and social care workers need to adhere to in their daily working life. For example, standard eight refers to "fluids and nutrition" and helps staff to understand and promote nutrition and hydration in accordance with people's care plans.

People had a health action plan, which described the support they needed to stay healthy. They were supported to attend health care appointments and to make healthy living choices regarding food & drink. For example, menus were reviewed when a person was diagnosed with diabetes. This was to encourage a healthy eating plan for all, whilst affording people choice through picture menus and symbols, and or by use of limited verbal communication. Additionally, measures were in place to encourage appropriate behaviour around food and fluid intake to promote a safe but healthy balance.

People were protected when others presented behavioural challenges. For example, staff redirected people who presented with behaviours that may have placed them and or others at risk. They did this in a dignified and natural manner that did not draw attention to the individual, whilst they continued to support people. Training for staff included strategies for crisis intervention and prevention (SCIP). This focused on positive approaches to behaviour management through diffusion, verbal and non-verbal calming techniques and at a last resort, physical intervention to keep people safe.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 people of their liberty were being met. The registered manager had made seven DoLS referrals which had been authorised by the local authority (the supervisory body). Applications were made appropriately and met legal requirements. Comments we received from professional included, "I observed great communication between the staff and residents and the manager was particularly conscious of DOLS and having the right paperwork on file."

Since our last inspection of the service in June 2015, refurbishment of a lounge and the bathrooms had taken place. This included a wet room to make easier showering. Additionally a new anti-slip patio was fitted for people to enjoy warmer days in the garden. However, one person's room looked tired and in need of attention. We discussed this with the registered manager who had taken immediate action to arrange the refurbishment of the room in September 2017. Plans included replacing obscured glass within the window frame to clear glass to enable the person to look outside.

Is the service caring?

Our findings

People received care and support from staff that had got to know them well. The relationship between staff and people receiving support demonstrated dignity and respect at all times.

People had limited or no verbal communication skills. However, we could see that people continued to have a good rapport with staff and felt relaxed in their company. Staff clearly understood what people were saying to them. For example, they showed compassion towards a person who repeatedly made comments from body language and gestures that they now felt better from an illness they had.

People were able to come and go as they pleased dependent on risk and staff support. They were encouraged to make choices through use of user-friendly documents that included photographs, pictures and symbols about every day activities. Information within these formats also updated people about the service and the names of staff working each day.

Staff continued to know people's communication skills, abilities and preferences, which had a positive impact on people's lives. People used various methods of communication that included verbal, body language, signs and pictures of reference. Their preferred method was detailed within their care plan. We observed some excellent interactions between people and staff that came naturally and provided a positive impact for people.

A professional stated, "absolutely" when asked if they thought people who lived at Appletrees were treated with dignity and respect. Another said, "Staff all seem to know the residents likes and dislikes" adding "Their dignity is respected." Staff had received dignity and values training and demonstrated throughout our inspection their commitment to ensuring people were treated with the utmost respect at all times.

People's records were kept in an office that was locked when no staff were present. The staff team understood the importance of confidentiality, which was included in the provider's code of conduct.

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. There had been no admissions since our last visit to the service. A handover between staff at the start of each shift ensured that important information was shared, acted upon when necessary and recorded. Accurate records confirmed each person's progress was monitored.

Support plans were split into sections to describe for example, what was important to the person and what other people admired about them. However, information was spread across three large files, for each person. This made it difficult to locate information needed to build a picture about the person's life, their needs, likes and dislikes. Staff continued to know people well and responded to their requests. The registered manager also provided us with a copy of new care, support plans that the provider planned to introduce that were user friendly and person centred. Reviews of people's care and support plans were completed at least annually or as changing needs determined. Invitations were sent to people's families and to professionals to request their attendance.

People were supported to maintain their independence and access the community. There were activity records individual to each person that detailed what they liked to do. These included daily trips and annual holidays. One person had been supported by staff to have frequent long weekend breaks away from the home. A full-time activity coordinator met with people regularly to establish what their interests were and what they wanted to do to add value to their lives. Activities were also arranged within the home and included celebration parties. For example, one person had a birthday party that family, friends were invited to with activities arranged to entertain all.

The provider had a complaint policy that was accessible to people and visitors. It was clear that people would need support to express a complaint or concern, which staff were aware of. In the 12 months prior to this inspection, the service had received seven compliments and no complaints.

Is the service well-led?

Our findings

People continued to receive good-quality care from the staff team, who were well led. There was a registered manager at Appletrees, who has been registered with the care quality commission since 2010, and was present throughout the inspection process. Staff told us that they continued to feel supported by the registered manager and said that they worked well as a team. Regular staff meetings, training updates and annual appraisals supported staffs learning and development.

The registered manager had an open door policy. This was evident throughout our inspection as he offered support and advice to staff and spent time with people who lived in the home. A person's relative confirmed this and stated, "We feel we have a very good relationship with all staff including the manager (name of the manager)."

People and those important to them had been given full opportunities to feedback their views about the home and quality of the service through key worker meetings and annual questionnaires.

The service had robust monitoring processes to promote the safety and wellbeing of the people who use the services. Health and safety audits continued to be completed regularly by the registered manager and senior staff within the home with actions and outcomes recorded. These included general health and safety monitoring of the environment.

Management monitoring trips by the area directors were also completed. These included monthly visits, which looked at health and safety and people's care and support plans to promote a consistent approach of the providers core values.

The service continued to ensure people's records were detailed, up-to-date, and reflective of their individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. The management team understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.