

Aspects 2 Limited

# Apperley House

## 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

### About the service

Apperley House is a residential care home providing personal care for seventeen people. Apperley House accommodates ten people and a separate house next door and known as Malvern Crossing accommodates seven people. People who live at the home have learning and physical disabilities. At the time of the inspection, there were sixteen people living at Apperley House.

### What life is like for people using this service

The home met the characteristics that underpin the 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 was appropriate and inclusive for them.

Some of the people living in Apperley House had a profound learning and physical disability and therefore did not communicate verbally.

Staff were extremely caring, compassionate and attentive to people. People and staff were clearly comfortable in each other's company.

People received safe care. Staff understood their roles and responsibilities for safeguarding people from harm and avoidable abuse. Risk assessments were in place and risk management plans were balanced and realistic. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Safe systems were in place to ensure that people received their medicines when they were needed.

Staff received sufficient induction, supervision and training to make sure they were effective in their roles.

People were offered choices and supported to make decisions about their day to day care and routines. Staff knew people really well and were responsive to changes in body language, gestures and nonverbal communication.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. This was supported by the provider's policies, vision and organisational values.

The provider had quality assurance systems in place to monitor the running of the home and the quality of

the care being delivered.

There was an open and transparent culture within the service. Complaints, accidents and incidents were analysed, action was taken to reduce the risk of them happening again.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

Good (report published June 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.

# Apperley House

## 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

One inspector carried out this inspection.

### Service and service type

Apperley House 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.

At the time of our inspection visit Apperley House did not have a registered manager in post. 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 current manager, referred to in this report as the home manager, had applied for registration with the CQC.

### Notice of inspection

This inspection was unannounced. The inspection was completed on the 11 December 2019.

### What we did before the inspection

The provider completed 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.

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider's director, regional operations manager, the quality manager, the home manager and four members of staff. We also chatted informally with people living in the home and observed interactions they had with staff. We received feedback from three health professionals. We spoke with two relatives.

We reviewed a range of records. This included three people's care records and medication records. We also looked at a variety of records relating to the management of the service. This included team meeting minutes, quality assurance systems, staff recruitment, training and supervision records and maintenance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, meeting and training records. We received feedback from a further two relatives.

# 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 now 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 relaxed and responded positively when they were approached by staff. This showed that people felt safe and secure in their surroundings and with the staff that supported them. A relative told us, "I feel [name of person] is absolutely safe, and I bless the day there was a vacancy here."
- Staff had received training and clearly understood their responsibilities for protecting people from abuse. They described how they would identify potential abuse and the actions they would take to keep people safe. They were all confident they could report any concerns to the management team and appropriate actions would be taken. This included raising alerts with the local safeguarding team.
- Staff monitored people's behaviour and told us how they recognised if people were distressed or unhappy. This was particularly important as most people were unable to verbally communicate their views and thoughts.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were well managed. Care records included risk assessments that included risks associated with eating and drinking, seizures, infections, falls, moving and handling and mobility.
- Where people needed equipment to help keep them safe, such as bed rail or hoists, these were in place with detailed records maintained. Each bedroom was equipped with a ceiling track hoist.
- A senior member of staff told us how they supported people with positive risk taking. For example, one person regularly went trampolining, even though they had an underlying medical condition that increased their potential risk of injury. The member of staff told us, "We just needed to work out and agree the safest way to do it." They told us how much the person enjoyed and looked forward to this activity.
- Where people experienced seizures assistive technology was used. For one person a sensor was in place which alerted staff when they had a seizure. This meant staff could quickly respond to provide the support needed.
- The premises were safely maintained, and checks were completed for electrical, gas, legionella and fire safety. People had Personal Emergency Evacuation Plans (PEEP) that showed how to help move people safely, if evacuation from the care home was needed.

Staffing and recruitment

- People were protected because safe recruitment processes were in place. The home manager was supported by a human resource team who ensured all required documentation was in place before a member of staff worked with people.

- The home manager told us they had successfully recruited, and currently just had one vacant full time care staff post. They told us they recognised just how important it was to have a full complement of staff that people living in the home could get to know and trust.
- Sufficient staff supported people to ensure they were safe and doing the things they wanted and needed to do. Staff told us there were enough staff on duty on each shift to support people safely.

#### Using medicines safely

- Medicines policies and procedures were followed, and medicines were managed safely. People received the support needed. One person was supported to administer their own insulin and check their blood sugar levels. Staff prompted and supported the person to maintain their independence and helped them to understand what they needed to do to keep themselves safe and healthy.
- Arrangements were in place to safely store medicines that required cool storage and medicines that required additional security.
- Some people were prescribed 'as required' (PRN) medicine, for example, for when they became anxious or distressed. People had detailed PRN protocols in place which identified when a person may require the medicine and how to support the person to take it.
- Staff had received training and their ongoing competency was checked to make sure they managed medicines safely.
- Regular audits and checks were completed, and actions taken when errors or omissions were identified.

#### Preventing and controlling infection

- The home was clean and free from odour. Cleaning schedules were in place. Sufficient gloves, aprons and hand washing facilities were provided.
- Staff received training to make sure they were aware of good infection control practices.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The home manager reviewed the records and checked further for trends or themes, so actions could be taken to prevent recurrence. The provider's quality assurance manager also reviewed accidents and incidents and checked for emerging themes or trends across the provider's services.
- Team meetings were used to discuss learning points from incidents and to discuss changes and improvements, so that people were supported safely.



# 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 now 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 were assessed before they moved into Apperley House to make sure their needs could be met. Information was obtained from the person, their relatives and other professionals involved in their care.
- The home manager and the staff were knowledgeable about supporting people with complex needs.
- Personalised care plans were developed and updated regularly and when their needs changed. A relative told us they were kept well informed, staff called and let them know, for example, if the person had a seizure, and if medicines had been needed.
- Care plans described how people expressed if they were in pain. For people unable to communicate verbally, staff often recognised symptoms through body language and facial expressions. A member of staff described how one person's behaviour changed significantly if they were, "Poorly or in pain."

Staff support: induction, training, skills and experience

- Staff told us they were very well supported in their roles. They told us the changes at provider and care home management level had resulted in what they felt was a more organised and systematic approach to training and development. They told us they received regular supervisions and an annual appraisal. All staff discussed the 'Vision and values of the organisation' at their most recent supervision meeting.
- New staff received a comprehensive induction when they started in post. In addition to completing training, they worked alongside other, more experienced staff, to make sure they understood how to provide the care people needed. This was particularly important as some people were unable to verbally express their views.
- Specialist training was in place to ensure staff could support people effectively. This included epilepsy training and management of percutaneous endoscopic gastrostomy (PEG) feeding tubes.

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

- People were provided with meals and drinks they enjoyed and supported to make healthy eating choices.
- People were given choices of meals and drinks. Staff encouraged people to eat and drink enough to maintain good health.
- The kitchen/dining area was a 'hub' of activity, with some people involved in meal preparation and cooking as much as they were able. A relative told us, "She helps with cooking and enjoys going shopping and ticking things off the lists."
- Others spent time in this area, playing games with staff, and watching as meals were being prepared and

cooked. Staff discussed ingredients and what they were cooking, with the people around them.

- Staff were very aware of each person's likes, dislikes, needs and preferences. For one person who had a specific issue with eating, staff used an agreed approach that was recorded in their care plan. This approach was proving successful. The staff worked closely with, and took advice from, the dietician and a member of the speech and language therapy (SALT) team.

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

- People who lived in the home had complex needs. The manager and staff ensured people received the support they needed from a range of specialist services. In addition to the teams noted above, these included physiotherapists, chiropodists, a consultant psychiatrist, dentists, the community learning disability team and an epilepsy specialist nurse.
- Hospital Passports were used to record and share information with hospital staff. Hospital passports provide information about a person's health and social care needs should they need to be cared for in hospital.
- Annual health checks were completed, and each person had a health action plan.

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

- The home was accessible to people with mobility difficulties. Aids and adaptations were fitted where required to assist people to maintain their independence, or to support their specific care needs.
- The home, in both Apperley House and Malvern Crossing was well decorated. Each person's bedroom was decorated to their taste and people were able to have their pictures, photographs and possessions as they wished.
- A sensory room was available. These rooms are designed to help people with learning disabilities in a number of ways, including helping people to feel calm. Some equipment repairs were needed to make sure the room operated to its full potential.

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.

- Staff understood the importance of seeking consent and involving people, as much as they were able, in day to day decisions. They had received training in the Mental Capacity Act.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessment and best interest decisions had been completed when needed. For one person who became anxious and distressed before hospital appointments, a best interest decision had

been made not to tell them in advance, but to wait until the day of the appointment. This decision was made in consultation with other health professionals and had a positive impact on the person, with their anxiety levels significantly reduced.

- Staff told us about restrictions to people such as lap belts for wheel chairs, bed rails and an epilepsy listening device that were used in people's best interests and to keep them safe. These were all clearly recorded.

# 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 now 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

- Staff were extremely caring in their approach towards people. People looked comfortable in the presence of staff. One person told us, "Like it here. They are nice to me." There was a relaxed atmosphere in the care home and staff provided kind, friendly, caring and compassionate support.
- Relatives were incredibly positive about the care and treatment people received. Comments included, 'It's not just care, it's loving care,' "First and foremost, this is respected as their home and everyone is treated so well," "They just go above and beyond. Every last one [staff] cares deeply", and, "They do her hair and her nails and make her feel like a young woman, not a person in a wheelchair".
- One relative told us how their loved one had been fearful of having their hair cut. They told us that with the kind and patient approach of staff, over a period of time, the person now accepted and was happy to have their hair cut on a regular basis.
- Everyone living at Apperley House received support when out in the community because they needed assistance with mobility. An additional fourth vehicle had recently been purchased so people could be taken out of the home without having to wait for transport to become available.
- Feedback from a health professional included, "The care and attention they receive is second to none."

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

- People's views were consistently sought about how they wanted to be supported. Each person's care records provided details of how people communicated, expressed what they wanted, and how they were involved in making decisions. For example, staff had got to know that one person would approach them and say a sentence that was completely unrelated to what they really wanted to talk about or what was worrying them. Staff used this as a trigger to further explore and ask the person a range of questions to try and establish what the person really wanted to talk about.
- Most people who lived in Apperley House had relatives who provided support with decision making. Where relatives were not available, independent advocacy services were employed. Advocates provide support to make sure people's rights are upheld when discussions are being held and decisions are being made about care and treatment.
- Meetings took place for people using the service where they were encouraged to share their views and opinions about the service. The home manager told us they were aiming to get people, where possible, to participate in staff recruitment. They were having discussions with one person who they thought would like to be involved.

- The provider also held monthly meetings with representatives from their other services. A person from Apperley House was joining the group. They had 'fun' events and held discussions and used the meetings as a platform for people from each service to express their views and make suggestions for improvements. One of the recent topics was a discussion about 'easy read' documents.

#### Respecting and promoting people's privacy, dignity and independence

- Staff closed bedroom doors when supporting people with personal care. We heard staff checking with people, offering reassurance and clearly explaining what they were planning and what they were doing.
- Staff promoted and helped people to maintain their independence. For example, where they were able, people helped with their clothes washing, tidying their rooms and making their beds. A member of staff prompted one person, "We're making your bed now. You're helping, aren't you?" Staff encouraged people, if they were able, to take their laundry to the laundry room and with support put it in the washing machine. A senior member of staff told us they took all opportunities to promote and enhance people's daily living skills.

# 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 now 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

- People often spent short periods of time in the home before they moved in. A relative told us, "The transition to here was very carefully and thoughtfully done. For my peace of mind, we had to make sure this was the right place. It has been fantastic, and he is incredibly happy."
- People received care that was personalised and responsive to their needs. People had detailed person centred care plans to guide staff to provide personalised support.
- Information about a person such as their likes, dislikes, choices and preferences were recorded. This included what people liked to be called and their preferences for bathing or showering.
- The care plans provided detail that was really important, especially for people unable to verbally express their preferences. Care plan provided details of likes, dislikes, choices and preferences. For example, people's preferences for the type of shampoo they used and for one person their preference for bathing twice a day. Another person had an 'winding down getting ready for bed' routine that was important in helping the person prepare for a good night sleep. This included dimming the lights and turning down the volume of the television or music.
- The home manager told us they were currently reviewing, with the support of the quality manager, the care plans. One of the improvements they planned to make was the introduction of an 'essential information sheet' to ensure key information was readily available for staff, without always having to navigate through each person's detailed but lengthy care plan folder.
- Staff were being continually updated about people's changing needs at shift handovers and team meetings. This helped ensure people received consistent care that was tailored to their needs.

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.

- Each person had detailed information about how they communicated within their care plan. This included how staff should support people to make decisions. In addition to the communication section there was section in the care plan titled, 'This is how I tell you how I feel.'
- Staff used a variety of means of communication to support people's understanding. This included pictures, objects of reference and some symbols. An electronic tablet had been purchased to aid communication for one person who was looking forward to being able to open their curtains by vocal

command.

- We watched as another person used their portable electronic tablet as they walked around. They were clearly enjoying what they were watching as they independently operated the equipment. A member of staff told us, "For everyone living here, we just want them to be the best they can be."

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

- People were offered a wide range of activities. People were supported to take part in activities and interests both in the home and in the wider community. This included visits to trampolining clubs, day centres, sensory sessions, riding for the disabled, hydrotherapy and disco's
- Staff supported people to keep in touch with relatives and friends. One relative told us that staff used the provider's transport to take the person home for their regular visits and picked them up again to bring them back to Apperley House. A member of staff told us another person often went out in the vehicles with staff because, "They just like to go along for the ride."
- One person had recently learned to make a cup of tea using a specialised kettle. They now delighted in making hot drinks for anyone who asked.

Improving care quality in response to complaints or concerns

- There was a policy and procedure on display in an easy to read format, which explained to people how to make a complaint. A relative told us, "I would have no problem at all in expressing any concern. They will always listen, and they are really open."
- Staff recorded any complaints so that improvements could be made. Complaints were investigated, and feedback given to the complainant. Lessons learnt were discussed at team meetings.

End of life care and support

- At the time of our inspection, Apperley House was not supporting anybody at the end of their life. However, end of life preferences were discussed, with involvement of relatives and relevant others, and records were maintained. The records were reviewed and updated every six months or in response to changes in people's condition.

# 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 now 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: 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 home manager was visible and available to speak with staff when they needed additional support or advice. They told us they didn't view the offices in either 'house' as the manager's office. They told us the offices were shared and used by all staff. We also saw a person who freely walked in and out of the office in one house, often sitting for a period of time, before moving on. It was clear this was a regular routine for them and they felt comfortable in this area.
- There was a relaxed and happy atmosphere in the home. Staff told us they felt valued and enjoyed working at Apperley House. There was a real commitment to providing care that was highly personalised to the needs of each individual.
- The home manager understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was strong leadership within the home, even though the home manager had just been in post for three months. Each of the two houses had a 'home leader' and senior care roles were being developed to further strengthen the management team.
- Additional champion roles had been introduced that included dignity, activity and health and safety champion roles.
- The home manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the home and provider's web page.
- Regular audits were completed, and these were supported and overseen by the regional team. They were constantly looking for ways to improve the quality of the service provided. For example, accident and incident records could not be 'closed' until there was confirmation of actions taken and lessons learned.

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

- There was a good communication between the provider's director, regional team, home manager and



care home staff. It was clear the management team knew staff and the people living in the home really well. Staff welcomed the guidance, direction, support and advice they received.

- Peoples' views were sought through surveys and resident meetings. It was planned for one person to join the provider's local forum for people who use their services. This was a forum for people to act as representatives for their service and feedback views on issues such as easy read documents and how people wanted to be involvement in staff recruitment.
- The regional operations manager had introduced a new bi-monthly newsletter to share information about what was happening in the provider's other local services.

#### Continuous learning and improving care

- There was a commitment to staff development and the provider ensured staff received the training they needed to support people effectively. Team meetings, handovers and supervisions were also used to provide staff with any updates and identify any training needs.
- One member of staff told us how they were benefitting from a more structured management team. They said, "I'm really enjoying having more regular staff meetings. They are so useful."

#### Working in partnership with others

- The home manager and staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together.
- The home manager told us about the 'tele-health' trial they were taking part in. The aim of the initiative was to have a central information point with people's 'base-line' observations recorded, so in emergency situations, changes could be more promptly recognised.