

Aspects 2 Limited

Apperley House

Inspection report

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Date of inspection visit: 25 and 28 July 2014
Date of publication: 28/11/2014

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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

Apperley House is a care home providing accommodation and personal care for 17 adults with a learning disability, an autistic spectrum condition and/or a physical disability. Support is provided from two houses

that are located on the same plot of land; Apperley House and Malvern Crossing. When we refer to Apperley House in this report, this includes both buildings as they are registered as a single location with us.

A registered manager was employed by this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff had a detailed knowledge of people's needs and preferences. Some people were unable to communicate verbally so identifying what was important to them had to

Summary of findings

be done patiently and creatively. Staff had worked hard to achieve this. Some people had very complex health needs and staff managed these effectively. Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support. These professionals were very positive about the way staff met people's needs. Some of the daily notes lacked detail about the activities people had taken part in and their response to them.

People using the service and their relatives were very positive about the service they received. People were treated with kindness and respect. The atmosphere in the home was positive and fun, with plenty of laughter. Staff

told us they would challenge poor practice and felt confident concerns would be addressed by the registered manager. They had helped to empower people using this service and their relatives to do the same. Staff were well trained and supported to provide good quality care.

The registered manager and provider had systems in place to monitor the quality of the service provided. This was linked to a learning culture where staff and people were encouraged to comment on the running of the service. Although learning took place following incidents, this was not always recorded effectively. The legal requirements on the service, such as protecting people's liberty, were understood and met by the management team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were safe because people and staff knew how to recognise and respond to abuse. Where risks existed, people were involved in agreeing how these would be managed. Learning from incidents took place but was not always recorded.

People's freedom and rights were respected by staff who acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This protected people when they could not make a decision independently or they had their freedom restricted by staff.

Sufficient numbers of competent staff were available to keep people safe and meet their needs. The environment people lived in was safe as maintenance was undertaken promptly.

Good



Is the service effective?

The service was effective. People's needs and preferences regarding their support were met. Staff were knowledgeable about the people they supported and had accurate support plans to refer to. Staff received the training support they needed to look after people competently.

Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support.

People were supported to eat a healthy diet by staff. The premises were well maintained and met people's needs for space and privacy.

Good



Is the service caring?

The service was caring. We observed people being treated with kindness and respect. We received very positive feedback about the support provided from people living at the home, relatives and health and social care professionals.

There was a warm and friendly atmosphere in the home. People looked at ease with the staff who supported them in a manner which maintained their privacy and dignity.

People living at the home and their relatives told us there were plenty of opportunities to express their views about their support and the running of the home.

Good



Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes and dislikes which meant staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. Staff also helped people to remain in contact with other people important to them. The daily notes kept about what people had done often lacked detail and did not record how the person had responded to the activity.

Good



Summary of findings

There was a system in place to manage complaints. Everyone we asked said they would be comfortable to make a complaint. They were confident that any complaints would be listened to and taken seriously.

Is the service well-led?

The service was well led. There was a positive and open working culture at Apperley House. People using the service, staff, relatives and health and social care professionals all said they found the management team approachable.

Staff were working towards the same aim of helping people to lead a fulfilling life and to be safe and happy. The registered manager told us about ongoing plans to improve the quality of support provided.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. There were regular audits to monitor the quality of the service and plan improvements. Where a shortfall was highlighted, action was taken promptly.

Good



Apperley House

Detailed findings

Background to this inspection

We carried out this inspection on 25 and 28 July 2014. The inspection was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR 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. This enabled us to ensure we were addressing potential areas of concern. At our last inspection in August 2013 we did not identify any concerns about the care being provided. We also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We asked two health and social care professionals who were involved in the support of people living at the home for feedback on the quality of the care and support provided. They provided feedback to us which is included in this report.

During our visit, we spoke with four people living at Apperley House, one relative, the registered manager and eight members of staff. We spent time observing the care provided and interactions between staff and people living at the home. We were shown around the building. We reviewed four support plans, two staff files, staff training records and a selection of quality monitoring documents.

Following the visit we also spoke with one relative about their views on the quality of the care and support being provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The staff worked hard to keep people safe with the least possible impact on their freedom. This included completing risk assessments. Where restrictions such as bedrails or stair gates were in use, risk assessments and management plans showed they were necessary and were the least restrictive option to keep people safe. The risk assessments we looked at were detailed and gave staff clear guidance to follow. One person told us, “staff talk about the options but don’t stop you doing what you want to”. Staff recorded incidents and accidents along with the possible causes. They gave us examples of lessons learnt from incidents and the measures put in place to prevent the same thing happening again. The learning was not, however, always recorded. The registered manager told us she would look at ways of recording this information routinely.

One person said they felt safe living at Apperley House and they knew who they could speak with if this changed. We spent time with other people who could not communicate verbally and they were comfortable and relaxed in the home. Relatives had no concerns about the home. One relative said, “Staff do everything they can to keep [name] safe. They couldn’t look after her any better.” Similarly, a professional told us, “I have no concerns regarding safety. Changes are made promptly when needed.”

Staff had access to safeguarding guidance to help them identify abuse and respond appropriately. Each person’s support plan identified how they might convey they were being abused. Staff told us they “knew people and would spot if something was wrong even if the person couldn’t say anything”. Staff had received safeguarding training and training records confirmed this. The actions they said they would take if they suspected abuse was taking place followed local authority guidelines. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns.

Staff had received training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people’s capacity to make decisions. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff described how they had consulted with relatives and professionals as part of making decisions in people’s best interest when they lacked capacity. The

registered manager described improvements they were making to support plans so they included more information about the person’s capacity. This had been done for one person and their support plan identified what areas of their care they had been able to consent to and where they lacked capacity. This helped to ensure decisions were made in accordance with people’s wishes and the requirements of the law.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand when and how an application to deprive someone of their liberty should be made and they had access to the relevant policies and procedures. Records showed us consideration was given to the need to request a DoLS authorisation and authorisations had been requested when needed. No one was subject to a DoLS authorisation at the time of our visit but the registered manager was in the process of submitting an application.

At the time of the inspection, staff did not use physical interventions but guided people away from danger. They had received general training about supporting people who were anxious which included using physical interventions in case they were needed in the future. The interventions focused on moving the anxious person to a safe place or keeping them in a safe place. The registered manager showed us physical intervention guidance that had been developed for one person but had not been needed to date. We also saw a general policy on physical interventions which gave staff clear guidance to follow that would reduce the likelihood of physical interventions being used inappropriately. People’s rights were therefore recognised, respected and promoted.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check tells employers whether the applicant has any convictions that may prevent them working with vulnerable people.

The number of staff on shift had been set to match the needs of the people living in the home. Staff frequently reported they valued having time to talk with people. Agency and bank staff were not used as staff needed an in-depth knowledge of each person. As a result, the staff team worked flexibly to cover any gaps on the rota.

Is the service safe?

People were safe because the home was well maintained. Fire alarms and equipment were regularly tested to ensure

they were in working order. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency.

Is the service effective?

Our findings

Staff met with their line manager to receive support and guidance about their work and to discuss training and development needs. Records of these meetings showed staff had an opportunity to communicate any problems and suggest ways in which the service could improve. Records showed these meetings were not happening as often as the company required. This could impact on people's care if problems were not addressed in a timely fashion. Staff told us they could speak with their manager at any time so it was unlikely people were being put at risk.

Newly recruited staff completed an induction course and spent time working with experienced staff to make sure they had enough knowledge to support people effectively. Records showed staff training was up to date and staff received further training specific to the needs of the people they supported. Staff said they felt competent and could ask for additional training when they needed it. This ensured staff had the skills needed to meet the complex needs of the people living at Apperley House. One healthcare professional reported "Staff appear very well supported with training. Staff have made big efforts to be trained so they are able to look after some residents with multiple and complex health needs."

Staff at Apperley House ensured the support people received was effective and resulted in a good quality of life. In order to achieve this, staff monitored people's physical and psychological wellbeing and addressed their changing needs. A healthcare professional told us "The staff group at Apperley are a fairly stable group. The staff turnover is not very high and as a result the staff know residents well and are able to spot changes and anything out of the ordinary."

Where necessary, staff contacted health and social care professionals for guidance and support. Professionals were positive about the way staff met people's needs. One healthcare professional told us, "They regularly initiate referrals and request input from our team about relevant issues. They follow care plans well and take on suggestions

made by our team." Another healthcare professional wrote, "Staff know their service users incredibly well and are right most of the time if they suspect someone is unwell." Each person had a health action plan that identified their primary health needs and the support they required to remain well. This helped staff ensure people had the contact they needed with health and social care professionals.

The level of support each person needed to eat and drink was identified in their support plan. Most people had specialist guidance from a speech and language therapist or nutritionist and this was followed by staff. People were supported to eat at their own pace and staff did not rush them. Adaptive plates and cutlery were used where necessary and this helped people to be as independent as possible. Staff ate with people to make it a more social occasion and they engaged people in general conversation. Some people were fed using a tube into their stomach and only staff with the appropriate training undertook this task.

There was a four week meal planner in place but staff said people could choose something different if they did not want what was on the menu. Staff knew what people liked by asking them and watching how they responded to the food offered. People were given choices about food and drink. Some people liked to make choices by being involved in food shopping. One person went shopping to buy pizza during our visit. Staff advised the person "Pizza is not great for you but once a week is okay". The person was encouraged to get their own money ready and then cook the pizza on their return. They were proud of their achievement.

The buildings were spacious and had wide corridors that allowed people using a wheelchair to move around. Adaptations such as ceiling track hoists and wet rooms helped staff to meet people's needs safely and effectively. People had access to private space when they wanted to be alone and staff respected their personal space. Each person's room had been personalised with items that were important to them.

Is the service caring?

Our findings

There was a friendly, positive and fun atmosphere at Apperley House. Interactions between people and staff were very caring and professional. We observed people smiling and laughing with staff and they chose to spend time in their company. Where people could not communicate verbally, other forms of communication such as holding hands and making eye contact were used. Staff told us they imagined themselves in people's situations to try to work out what they might want and how they might be feeling. One person said, "[staff names] are nice; I like to go out with them".

Health and social care professionals were very positive about the home. One healthcare professional said "If I needed to choose a home for a relative of mine I would be very happy if they got a place at Apperley." Another professional told us, "Staff put the service users at the forefront and all care is individualised and person centred. I wish other homes would follow their lead. A fantastic staff team who genuinely care and go that extra mile". Similarly, relatives told us, "It has touched me how caring everyone is here" and "I am so pleased with the care [name] gets here".

There was a culture of putting the person at the heart of everything that happened at the home. Staff demonstrated a detailed knowledge of the people living at Apperley House. We asked them to tell us about people and the information they shared reflected the support plans we had read and observations we had made. Staff spoke passionately about respecting people's rights and involving them in choices. People were offered choices about how they spent their time, what they ate and activities they took part in. We heard staff patiently explaining things to people and taking time to answer people's questions. A relative

told us "[name's] behaviour can go up and down, he is very complex. Staff are able to discuss, persuade and manage his behaviour". Another relative told us "All staff are good, they know the people who live here".

Staff were aware of the need to protect people's dignity whilst helping them with personal care. This included the way they spoke with people and the way care was provided. A professional said, "Little things like staff always knocking before going into a resident's room, talking with and including the person in conversation even if they cannot speak all help to maintain people's dignity." When staff needed to discuss a confidential matter they did not do so in front of other people. Staff told us how they supported people with sensitive personal issues to balance meeting their needs and maintaining their dignity. This included providing staff of the person's preferred gender. A relative told us staff are "always respectful and preserve people's dignity".

People at Apperley House were able to contribute to varying degrees to decisions about their support. Wherever possible, people were involved in decisions and choices. One relative told us how staff had involved their relative in discussions about how to help them when they got upset and had then followed the agreed outcomes. We observed staff offering choices by showing a person two objects to choose from as they could not verbally express a choice. The registered manager told us when people were unable to express their views about their support, staff sought input from relatives and health and social care professionals. One relative told us "staff always tell me what is going on" and "I am consulted about decisions". Staff told us about situations when an advocate had been used to support people due to the complexity of the issue or because there was no other independent support to help the person make the decision.

Is the service responsive?

Our findings

One person had very recently moved into the home and staff were in the process of assessing their needs and preferences. A support plan had not yet been developed as staff needed time to get to know the person. They had a support plan from the person's previous setting and were testing the content to make sure it was still applicable at Apperley House. Staff were also working with the person's family to determine what support they would need.

Daily records were logically structured and factually correct. This enabled staff to monitor people's activity levels, health needs and nutrition in order to keep them safe and well. There was sufficient information about people's health and daily nutrition. The information recorded about the activities people had undertaken was, however, limited. For example, staff recorded one person had gone for a walk but it did not say how far or whether they had enjoyed it. Other staff or visiting health and social care professionals may need this information to meaningfully build on the activity in the future. When we spoke with staff they were able to provide this information verbally.

People had a support plan which was personal to them. Support plans included practical information on maintaining the person's health, their daily routines and communication needs. The plans also identified how staff should support the person emotionally and any cultural or religious preferences they had. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences. One healthcare professional told us, "The residents are in my view very well looked after and treated as individuals."

Each person had a weekly plan that showed the activities they took part in. A professional told us, "They try to have timetables with activities that suit that person". In addition to these planned activities, we observed staff supporting

people to go for a walk or help with the shopping. One relative told us, "[Name] is out every day – staff take her out a lot". At other times, staff sat with people and engaged them in conversation. As some people were unable to indicate the activities they would like to do, staff recorded their reaction to activities so they knew whether they should be repeated or not. This was not completed often and there were no recent records for some people. Three staff had recently been trained as activity champions in order to develop the activities available within the house. Staff also helped people living at the home to remain in contact with other people important to them.

The home had a complaints policy and a complaints guide with pictures and plain language that had been developed for people using the service. We looked at the complaints log and found the complaints received had been responded to within the company's timescales. The concerns raised had been addressed by the responses. Relatives told us they had not had reason to complain but "staff always make it clear I can tell them if there is a problem". They said they were confident any complaint would be dealt with appropriately. One person told us they could complain and we observed another person making their views known to staff during the visit.

Some people had complex needs. Staff explained how some of the approaches to providing care had been decided upon. Decisions had been made with the person in mind and the easiest option for staff had not just been taken. Discussions had taken place amongst staff and with health and social care professionals to find the best way of supporting each person. As many people could not explain what they wanted verbally, staff had often needed to use trial and error. For example, staff had found one person preferred to always have the door in view and so they ensured their positioning in the room met this need. Staff were constantly reviewing the way they supported people to make sure it was the right care for that person. Where appropriate, advocates were used.

Is the service well-led?

Our findings

The home had a registered manager who was supported by a home leader in each building. The home leaders were responsible for monitoring the day to day quality of care. The location of the two offices made it easy for people living at the home, visitors and staff to speak with the senior staff. We observed people and staff approaching the registered manager and home leaders to ask questions or simply spend time with them. A relative told us they found the registered manager approachable. One professional told us; “The manager and deputy are usually there when I visit and know what is going on with the residents.” Another professional said the home was “well-led by a brilliant manager who is highly skilled.”

Staff were positive about the management of Apperley House and the support they received to do their jobs. One member of staff told us “I’ve never worked in a place like this – the providers really go the extra mile”. Staff said there were plenty of opportunities to discuss issues or ask advice and gave us examples of how their ideas had been successfully implemented. For example, an activity room was being developed at the suggestion of staff. They told us the registered manager was always available if they needed guidance. The culture was one of openness and mutual respect.

The registered manager told us they were constantly striving to ensure best practice was implemented in the home. They told us about the importance they put on staff training as this showed the staff they were valued and improved the standard of care. They also described plans for future improvements such as empowering the activity champions to increase the in-house activities available and providing additional training to further develop staff. We asked staff what the primary vision of the service was and

they all gave a similar answer; to help people lead a fulfilling life and be safe and happy. The whole team was working towards the same goal. Staff understood how to keep people safe and looked for ways to improve people’s quality of life. For example, by helping people to spend time with others where they risked becoming isolated.

There was a commitment to listening to people’s views and making changes to the service in accordance with people’s comments and suggestions. The company had asked relatives to complete a satisfaction survey. The survey results had been analysed and an overall report produced in order to highlight issues that needed action. The results were very positive and the resulting report reminded staff not to get complacent. One relative told us “Communication is fantastic. I’m always being consulted and informed...They respect my opinion”. Staff took account of people’s changing views and preferences. Staff told us they spent time observing people and listened to what they had to say. They informed their manager when they became aware of changes, which were written into the person’s support plan and shared with other staff.

The registered manager and provider carried out regular audits to monitor the quality of the service and plan improvements. This included audits on equipment, fire safety, medicines and support planning documents. The audits benefited people as they resulted in improved practice. Where areas for improvement were identified, they were addressed. Home leaders monitored the quality of care by leading by example and always watched what other staff were doing. They found informal observation whilst working with other staff helped them to identify good practice and challenge others when improvement was needed. Staff records showed us disciplinary action was taken if needed to address poor performance.