

Apasen

Apasen Lodge

Inspection report

Abbey House
90 Hermon Hill
London
E18 1QB

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08 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 8 November 2018 and was unannounced. At the previous inspection of this service in April 2016 we did not find any breaches of regulations and rated them as Good.

Apasen Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide support with personal care and accommodation to a maximum of ten adults with learning disabilities or on the autistic spectrum. Seven people were using the service at the time of our inspection, one of whom was there for respite care. The other six were permanent residents of the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

During this inspection we found three breaches of regulations. This was because the not all matters of safety were managed appropriately, effective systems were not operated to protect people from the risk of financial abuse and quality monitoring systems were not effective. You can see what action we have asked the provider to take at the end of the full version of this report.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and safeguarding allegations were managed appropriately. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Lessons were learnt when accidents and incidents occurred.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role and undertook induction training on commencing work at the service. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food and that they had enough to eat. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. Confidentiality was respected and records

were held securely.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service. The service worked with other agencies to develop good practice.

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 was not always safe. We found safety concerns with the physical environment, medicine recording, fire door safety checks, food storage and first aid supplies. In addition, people were not effectively protected from the risk of financial abuse.

There were enough staff working at the service to meet people's needs in a safe way. Robust staff recruitment practices were in place.

Infection control measures had been put in place to reduce the risk of the spread of infection.

People had risk assessments which set out how to mitigate the individual risks people faced. Lessons were learnt when accidents and incidents occurred.

Requires Improvement ●

Is the service effective?

The service was effective. People's needs were assessed before they started using the service. People and their relatives were involved in this process.

Staff undertook regular training to support them in their role and they had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and they told us they had enough to eat.

People were supported to access relevant health care professionals as required.

Good ●

Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People's right to

Good ●

confidentiality was protected.

Is the service responsive?

The service is responsive. Care plans were in place which set out how to meet people's assessed needs in a personalised manner. These were subject to regular review.

People were supported to take part in various activities, both in the service and in the community.

People knew how to make a complaint and complaints had been dealt with in line with established procedures.

Good ●

Is the service well-led?

The service was not always well-led. Although systems were in place for monitoring the quality of safety at the service, these were not always effective.

The service had a registered manager in place and staff and people using the service spoke positively about them.

The registered manager worked with other organisations to develop and share best practice.

Requires Improvement ●

Apasen Lodge

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 inspection took place on the 8 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the host local authority to seek their views about the service.

During the inspection we spoke with one person who used the service. We were unable to speak with more people due to their communication needs. We also spoke with four staff; the registered manager, the care and development manager (who was line manager to the registered manager) and two support workers. We reviewed the files of three people which included their care plans and risk assessments. We checked medicine records for all those people who were prescribed medicines. We observed how staff interacted with people during our inspection. We checked four sets of staff recruitment, training and supervision records and looked at various policies and procedures. We examined the quality assurance processes at the service and looked at health and safety records and minutes of meetings.

Is the service safe?

Our findings

Medicines were stored securely in designated and locked cabinets that were located in people's bedrooms. Medicine administration record charts were in place which included details of the name, strength, dose and time of each medicine to be administered. Staff were expected to sign the chart after each medicine had been administered. However, we found that for one person the chart had not been signed for two medicines they were supposed to have been given on the morning of 7 November 2018. Daily records showed that one of the medicines had been given but there was no record as to whether the other medicine had been administered or not. This meant it was not clear if the person had received their prescribed medicine which potentially put their health and wellbeing at risk.

Communal toilet and bathroom doors all had locks. Most of these included an emergency override device so that staff were able to open the door from the outside quickly in an emergency situation. However, a bathroom on the ground floor had a lock that was only operated by a key which meant staff would not be able to gain quick access if necessary if the door was locked from the inside, which posed a potential risk to people.

The minutes from a relatives meeting dated 12 July 2018 stated that protective radiator covers had been installed in all bedrooms and communal areas. We found that in two communal bathrooms there were radiators that did not have protective covers fitted which potentially put people at risk of burning themselves. All the other radiators did have covers fitted.

The service had three fridge/freezers and one freezer, all of which were used for food storage and all had food in them on the day of inspection. We found temperatures were not checked for one of the fridge freezers. The registered manager told us they had only had it for about two weeks but acknowledged that the temperatures should have been checked on a daily basis to make sure food was stored at a safe temperature.

There was a form to record that a monthly check had been carried out on the first aid box to make sure it had all necessary items in place. However, the check had not been carried out since July 2018. One of the items the check list stated should be in the first aid box was a sterile eye patch. We checked the first aid box and this item was not included in it which meant the service was not sufficiently prepared to react in the event of an eye injury.

Fire alarms were serviced by a qualified engineer, as was mechanical equipment such as bath chairs and hoists. The service had in date safety certificates for gas and electrics. Weekly tests of fire alarms and emergency lighting were carried out and recorded. The registered manager told us they also carried out a visual check to make sure fire doors were working properly, however, these checks were not recorded so it was not possible for us to monitor if fire doors were working properly.

The issues listed above potentially put people at risk and together constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding adult's procedure in place which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding adults and were aware of their responsibility to report any allegations of abuse. One staff member told us, "I would go straight to the management (if they suspected abuse)." The registered manager told us there had been one safeguarding allegation since our last inspection and records showed this had been dealt with in line with the policy.

The registered manager told us the service held money on behalf of people. This was brought in by family members for people who lacked the capacity to manage their own money. Records were kept of monies held and we checked these. We found they differed from the amounts actually held. For example, the records for one person stated they should have £113.72 but there was only £110. For another person the records showed £440.36 but there was only £240 and for a third person the records indicated £320.96 but they only had £27.75. The registered manager told us monies had been spent on behalf of people but they had not yet updated the records. Receipts confirmed money had been spent. One receipt that had not been entered into the records was dated 4 October 2018, more than a month before our inspection. We further noted that monies were not routinely counted and checked at each staff handover. Records showed there were periods of several days without monies been checked.

Poor record keeping and lack of regular checks with regard to people's money increased the risk of financial abuse occurring and was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place which set out the risks individuals faced and included guidance about how to mitigate those risks. Assessments covered risks associated with using the kitchen, medicines, road safety, nutrition and the use of bed rails. Before the inspection the provider had sent us a notification about a person who had gone missing whilst been supported by staff using public transport. We noted that a risk assessment had subsequently been implemented to reduce the risk of this happening again. Personal emergency evacuation plans were in place for people setting out what action to take to support them to be safe in the event of an emergency, such as a fire.

The registered manager told us and staff confirmed that they did not use physical restraint when working with people. One staff member said, "I have not had to do that." They told us how they supported people when they were anxious, saying, "I would calmly sit down with them away from the situation and have a coffee with them to calm them down."

Staff told us there were enough staff working at the service and that they had enough time to carry out their duties. One staff member said, "I believe we do, we have enough staff." We observed there were enough staff working at the service to support people in a safe way. Where people required staff support this was provided in a prompt and timely manner.

The service had robust staff recruitment practices in place. Staff told us checks were carried out on them before they commenced working at the service. One staff member said, "They did the DBS and got references from my other work." DBS stands for Disclosure and Barring Service and is a check to see if a staff member has any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed checks were carried out including DBS checks, employment references, proof of identification and a record of staff's previous employment history. This meant the service had taken steps to help ensure suitable staff were employed.

Staff told us they wore protective clothing when providing support with personal care and we saw there was

a good supply of this in stock, including gloves and aprons. Cleaning schedules were in place which set out what had to be cleaned and when. We observed the premises to be visibly clean and free from offensive odour during our inspection. This showed steps were taken to reduce the risk of the spread of infection.

Accidents and incidents were recorded and we saw where things went wrong steps were put in place to reduce the risk of similar occurrences. For example, after one person had a fall, their risk assessment was reviewed and a referral was made to the occupational therapy team to work with the person.

Is the service effective?

Our findings

After receiving an initial referral, the service carried out an assessment of the person's needs. This was to determine what their needs were and if the service was able to meet them. The registered manager explained the assessment process, telling us, "I get a referral from the local authority. I ask them questions and ask to see the support plan. I will request for the family to visit the home. I will do the assessment and make a decision about the support required and whether we can meet that." The service supported a mixture of people who lived there on a permanent basis and those who received respite care on a short-term basis. The registered manager told us for those who moved in on a permanent basis there was a transition plan in place. This involved the person making several visits to the service, each successively longer than the previous visits, building up to overnight stays. The purpose of this was to make the move as smooth as possible for the person.

New staff undertook an induction training programme commencing work at the service. This included classroom based training and shadowing experienced staff as they carried out their duties. One member of staff said, "I came here for a week for my induction, watching them, observing them." Staff also told us they completed the Care Certificate as part of their induction and records confirmed this. This is a training course designed for staff who are new to working in the care sector.

Staff had access to on-going training and development opportunities to help them develop skills and knowledge relevant to their roles. One staff member said, "Over the past six months I've been going continuously for training. I go to the office in Whitechapel and I've done shadowing here." They said the training was good and covered most of the areas relevant to them. They added that they had asked the registered manager if they could also do training in Makaton [a sign language developed primarily for use by people with learning disabilities] and autism. They said the registered manager had agreed to book them onto this training and records showed other staff had done this already. Records confirmed regular training was provided which covered safeguarding adults, equality and diversity, food hygiene, fire safety, epilepsy, autism, privacy and dignity and health and safety.

Staff had regular one to one supervision meetings with the registered manager. One staff member said, "We do have supervision. [Registered manager] does an update with our training, do we have any problems, how the clients are." Another member of staff said, "I have regular supervision with [registered manager]. At the beginning [of their employment] it was all about the role of a keyworker." Records confirmed staff had regular supervision meetings with the registered manager.

People were supported to eat a balanced diet and encouraged to make healthy choices about what they ate and drank. Choices available also enabled people to eat food in line with rules about eating that were laid down by the religion they followed. Care plans detailed people's food likes and dislikes and any food allergies they had. The service had a rolling menu which reflected people's diverse cultural backgrounds. People were able to make choices about what they ate and picture cards were used to help people make choices where they had limited verbal communication. A person told us there was, "Nice food."

'Health Action Plans' were in place for people which set out how to support people to be healthy. For example, they included details of diet plans for people, what exercise they might do and what support from health care professionals would be beneficial to them. 'Hospital Passports' were also in place. These included information about people that would be helpful to hospital staff in the event of the person being admitted to hospital. For example, in relation to their communication, medical conditions and support required with personal care. Records showed people were supported to access health care professionals, including GP's, opticians, dentists, psychiatrists and occupational therapists. Some people had received a flu jab and records showed other people were booked for a flu jab in the coming weeks. This meant the service was seeking to meet people's health care needs.

The service had adaptations in place to help make it accessible to people with mobility needs. Grab rails were situated along corridor walls and baths and toilets had been adapted to make them more accessible. However, we noted that much of the décor within the service was in a poor state. Carpets throughout were worn and often stained and there were several instances of scuffed paintwork and damaged plaster on walls. We discussed this with both the registered manager and their line manager and they acknowledged that the décor needed to be improved. They told us this had been agreed by the provider and we were told that décor would be brought up to a good standard by the end of January 2019.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to DoLS authorisations at the service and these had been managed in line with legislation, with the Care Quality Commission being notified. The registered manager told us the service did not carry out any mental capacity assessments itself, rather these were done by the commissioning local authority. People were supported to make choices over their daily lives as much as possible, for example in relation to what they ate and the clothes they wore.

Is the service caring?

Our findings

People told us they liked the staff. One person said, "I like [named member of staff who was on duty at the time of our inspection]."

Staff told us how they supported people in a caring manner that respected their dignity and privacy. One staff member said, "When we go in there (person's bedroom) we say, 'good morning', we shut the curtains and door. I say what I am going to do, explain things I am doing. (Person) can pick their own clothes." Another staff member said, "Make sure the door is closed when giving personal care, knock on the door before we enter."

Care plans made clear that people were supported to make choices about their care and to maintain their independence. For example, the care plan for one person stated, "[Person] chooses to have a shower in the morning and a wash at night. Staff should be aware that they can wash themselves with prompting." The care plan set out what the person can do for themselves, for example, "I can brush my hair. I can use my deodorant" then sets out what they require staff support with. For example, the care plan says the person can dress themselves but, "Staff to support [person] in making the right choices appropriate for the weather." People were also supported to develop and maintain their independence through being supported with daily living skills. We saw photographs of people helping with the gardening, where they grew vegetables. People were also supported with developing skills related to laundry, cooking and keeping their bedrooms tidy.

Care plans included information about people's communication needs. This included some sign language and staff were able to explain what sign language they used with individuals, for example, how they offered people a drink through the use of signing. People using the service came from diverse ethnic backgrounds and not everyone spoke English as a first language. However, the service employed staff who spoke a shared language with those people which helped to meet their communication needs.

Each person had their own bedrooms which included ensuite toilet and hand basin facilities. Although, as previously noted, décor was often in a poor state, people had been able to personalise their bedrooms. For example, they contained personal possessions such as televisions, family photographs and items of religious iconography.

The service sought to meet people's needs in relation to equality and diversity issues. Two people were supported to attend a place of worship and the service held events to celebrate various religious festivals. People were supported to eat food in line with their religious beliefs. A member of staff said, "We have an open conversation about sexuality, we never discriminate." The registered manager said none of the current people using the service identified as LGBT but added if they did, "We would provide the service according to their needs."

Confidential records were stored securely in locked cabinets and on password protected computers. Staff understood about the importance of confidentiality and how to protect people's private information. For

example, one staff member told us, "If there are any visitors we make sure there are no folders lying around so someone could pick them up." This meant people's confidentiality was respected.

Is the service responsive?

Our findings

People told us they were happy at the service. One person said, "It's nice" and replied "Yes, I am happy" when asked if they liked living there.

Care plans were in place which set out the support people required in a personalised way. Plans covered needs related to health and wellbeing, personal care, mobility, finances, eating and drinking, mental health and emotional wellbeing, daily living skills and religious and spiritual needs.

The registered manager told us care plans were regularly reviewed. They said, "I usually do it every couple of months with the keyworker and involve family members." Records confirmed care plans were subject to review. This meant they were able to reflect people's needs as they changed over time. Daily records were also maintained which meant it was possible to monitor the care provided on an on-going basis.

People were supported to engage in various activities. Certificates showed one person had attended an IT course at a college and another person had a certificate showing participation in a cricket competition. Care plans included information about people's likes in relation to activities. For example, the care plan for one person stated, "I like to watch [named country] films and listening to music. I enjoy dancing." We observed staff put on such a film with music which the person watched and danced too, obviously enjoying themselves. Other people were supported to go out on various activities on the day of inspection, including day services. Records showed other activities people engaged in included going to the gym, yoga, swimming, restaurants and shopping. People were supported to go on holiday and two people were on holiday in Spain at the time of our inspection.

The service had a complaints procedure. This was available in English, pictorial form and another language to help make it more accessible to people. The policy included timescales for responding to any complaints received. However, although it gave details of who people could complain to if they were not satisfied with the response from the service, the organisations listed were not those with a statutory right and duty to investigate complaints. We discussed this with the registered manager who told us they would amend the policy accordingly. The registered manager told us there had only been one complaint received since our previous inspection and records showed this had been dealt with in line with the policy.

Records of compliments were kept. A relative of a person who received respite care had written, "[Person] was very happy and we have no concerns about bringing them again." Another relative wrote, "We appreciate what you have done to make [person's] birthday a memorable one and everyone was pleased and happy."

The service had not developed care plans around end of life care. The registered manager told us, "It is something I have been looking at but it's not in place yet." They told us none of the people using the service were in the end of life stage. We recommend that the service follows best practice in seeking to develop end of life care plans for people using the service.

Is the service well-led?

Our findings

An annual health and safety audit was carried out by the registered manager which looked at various aspects of health and safety management at the service. They also carried out a monthly risk assessment of the premises to seek to make sure it was safe. However, these checks had not been effective in identifying health and safety risks we found during our inspection. For example, we found safety concerns about door locks, radiator covers, medicine charts, recording of fire safety door checks and first aid box checks. In addition, we found systems for monitoring people's finances were also ineffective.

Lack of effective systems to assess, monitor and improve the quality of safety at the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in place and staff spoke positively about them and about the management culture. One staff member said, "I get on well with [registered manager]. They have been very good and understanding, I can approach them." They added, "We all seem to work well [as a team]. Since I have been here I can honestly say I have been happy here." Another staff member said, "I think they are a really good manager, they are very supportive. If you have an issue with the rota or an appointment they will always accommodate." A newly recruited staff member said, "It's really friendly here, everyone has been really open and helped me a lot." People also spoke well of the registered manager. One person said, "I like [registered manager], they are a nice person."

Systems were in place for seeking the views of people and their relatives. The care and development manager told us, "We arrange parent's meetings so we can get their feedback." Records showed relatives meetings took place. Minutes showed these included discussions about complaints, activities and the Care Quality Commission. 'Residents meetings' were also held and these included discussions about the menu, activities and planned decoration of the service.

An annual survey was carried out of relatives, the last one was in July 2018. The registered manager told us only three relatives completed the survey. We saw completed survey forms which contained universally positive feedback. One relative had written, "Manager is very good, we like their correspondence." Another relative had written, "I think that the team work very well. There is not much I could say to improve the service to the clients." The registered manager told us they carried out an annual staff survey. They said the 2018 survey had not yet been carried out. We looked at the completed surveys from 2017 which contained positive feedback.

Regular staff team meetings were held. One member of staff said, "In our team meetings we talk about if we have any problems. [Registered manager] will go through each one of the service users and how they have been for the month." Another staff member said, "We have a regular staff meeting every other month. Its updates on care plans, if we have any new clients, if we want to voice any issues."

The care and development manager told us they carried out quarterly quality monitoring visits. Records of these visits showed they included staff interviews, looking at the physical environment and reviewing

various records. They also told us they did out of hours visits to the service, saying, "I visit at night as well to see if it is at it should be." However, they told us they did not keep any records of these night time visits.

The registered manager worked with other agencies to develop skills and share best practice. The service was affiliated to Skills for Care and the registered manager said, "I get training, support and information that I need for my personal development." They also told us they attended a forum run by the local authority for managers of learning disability services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not taken effective steps to ensure care was provided in a way that was safe for service users. They had not ensured that the premises were safe or ensured that medicines were managed safely or that there were sufficient quantities of equipment to ensure the safety of service users and others. Regulation 12 (1) (2) (d) (f) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not established effective processes to prevent abuse of service users in regard to money belonging to service users. Regulation 13 (1) (2) (6) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established effective systems to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)</p>