Appletree Support Limited

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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

The inspection took place on 25 August 2016. We gave notice of our intention to visit Appletree Support Limited to make sure people we needed to speak to were available.

Appletree Support Limited provides personal care services in their own homes to children and young people who were living with a learning disability, a physical disability or sensory deprivation. Some of the children and young people had very complex needs. At the time of our inspection there were nine children and young people receiving personal care and support from the service. The service also provided support services to people and their families that were outside the remit of our regulatory activities because they did not involve personal care.

At the time of our inspection visit there was no 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 family services manager had applied to register with us, and their application was successful on 24 October 2016. They were not available on the day we inspected, but we spoke at length with the registered provider who was closely involved with the management of the service.

The provider made sure staff knew about the risks of abuse and avoidable harm and had suitable processes in place if staff needed to report concerns. The provider had procedures in place to identify, assess, manage and reduce other risks to people's health and wellbeing. There were enough staff to support people safely according to their needs. Recruitment procedures were in place to make sure staff were suitable to work in a care setting. Procedures and processes were in place to make sure medicines were handled and administered safely.

Staff received specialised support to obtain and maintain the skills and knowledge they required to support people according to their needs. This was through regular and targeted training, supervision and appraisal. Training took into account the complexity of people's needs and was tailored to supporting individual people. Training included specialist arrangements for people who took in their food and liquids through a tube or intravenously. Arrangements were in place to record consent to people's care and support, taking account of people's age. Where people were of an age at which the Mental Capacity Act 2005 applied, staff were guided by the Act's principles and code of practice.

People's relations were complimentary about the stable, and very caring relationships people could develop with their support workers and described their support workers as members of the family. Support workers showed imagination and creativity in finding ways to involve people in their care and support. People had support when they needed it, and were supported to be independent where appropriate. People and their relations were able to influence the care and support they received. Staff put people's needs and preferences at the centre of the service and demonstrated examples where they went beyond the agreed

and contracted level of support.

Staff provided care and support that was individual to the person, reflected their preferences and met their needs. Care and support were based on detailed plans which were reviewed regularly. The provider could show that their support had led to positive outcomes for people.

There was an open and empowering culture. The provider had appropriate management systems in place. The management team were available to both people's relations and support workers, and communications were described as good. The provider worked in partnership with other agencies. Systems were in place to monitor and improve the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and checked they were suitable to work in a care setting.

People received their medicines safely from trained and competent staff.

Is the service effective?

Good

The service was effective.

The provider used creative and innovative methods to make sure people were supported by staff who had the necessary skills and knowledge to support them according to their individual, and complex, needs.

Staff followed appropriate procedures in obtaining consent for people's care and were confident about the legal requirements when making decisions on behalf of children and young adults.

There were detailed processes in place to support people with specialised needs around food and fluid intake.

Is the service caring?

Good

The service was caring.

People were supported by motivated staff who were described as part of the family.

There were creative and imaginative ways for people to be involved in their care and support

Staff went "above and beyond" in delivering caring support that was individual and personalised.

Is the service responsive?

Good

The service was responsive.

People's care and support were assessed, planned and delivered to meet their individual needs.

Individual support plans were reviewed regularly and updated to meet people's changing needs.

The service had a complaints procedure and complaints were managed professionally.

Is the service well-led?

Good

The service was well led.

There was an open, empowering culture which focused on people's individual needs and progress.

Staff were motivated to provide support to the required standard.

Systems were in place to make sure high quality care was delivered.

Appletree Support Limited

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 25 August 2016. We gave 48 hours' notice to make sure people we needed to speak with were available. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service, including previous inspection reports. The provider sent us more information in the days following the inspection which we also took into account.

As the service specialises in support for children, young people and their families, we spoke with eight family members who were closely involved with the care and support their child or other relation received. We spoke with the provider, office staff, a registered nurse and three support workers.

We looked at the care plans and associated records of four people. We reviewed other records, including the provider's policies and procedures, internal audit files and reports, training and supervision records, one person's mental capacity assessment, and records of events organised by the provider. We also looked at training and other certificates issued to staff members by external organisations, written testimonials, records of complaints, quality assurance survey returns, and recruitment records for three staff members.

Good

Is the service safe?

Our findings

People's relations told us they were confident people were safe with their support workers. One relation told us they had "never" had any safety concerns, "We have had the same carer for so long, about five years." Another relation said, "[Support workers] have got to know [Name] well and can deal with her … behaviour. They know when to give [Name] space, then go back to help her once she has calmed down." A third relation said they were happy because their child had two regular support workers and one stand in who they also knew well. Relations said the support workers handled risk well and they had no concerns about how people's medicines were managed.

The provider took steps to protect people from the risk of avoidable harm and abuse. Support workers were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. There was in-house training in safeguarding adults and children included in staff inductions which was then refreshed every two years. The staff handbook included guidance on how to handle safeguarding concerns. Support workers had reported concerns when they witnessed or suspected possible safeguarding issues.

Suitable procedures and policies were in place for staff to refer to, including the local authority's multi-agency protocol for safeguarding and a child protection statement. The provider worked closely with the local safeguarding authority because they had experience of working with children who were already considered to be at risk. There was a safeguarding audit file and an annual report on safeguarding concerns was compiled. The provider had a 24/7 contact number for staff to raise concerns.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's conditions, and their treatments. Where people received nutrition and fluids or medicines through a tube, risk assessments included the method of administration, risk factors, side effects, dosage, times of administration, safety procedures and actions to take in the event of complications. Where people were at risk of seizures, risk assessments contained a description of the person's condition, their medicines, possible triggers for seizures, and procedures to manage them. Where people were at risk of behaviours that challenge, risk assessments included signs and triggers, and strategies to manage them. Support workers were aware of safe techniques to use in the event of behaviour that challenges. Risk assessments took into account information from people's families, and external healthcare providers such as the hospital department for nutrition and diabetes, and the children's community nurse. One person with complex needs had a 17 step protocol which described how to support them safely.

There were environmental risk assessments in place to manage risks to the safety and welfare of people and their support workers. Accidents and incidents were reported, logged and followed up. Actions to follow up accidents included reviewing risk assessments and additional training for support workers.

There were sufficient numbers of suitable staff to support people and keep them safe. People's relations were satisfied there were enough staff to support their children at the times they were needed, and staff told us their workload was manageable. Support workers were organised into dedicated staff pools for each

person the service supported. This meant people were familiar with all their support workers and there was continuity and consistency for their families. Support workers told us the system worked well, and they were able to cover sickness and absence from within each staff pool.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, employment history, and good conduct in previous employment. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. The provider told us they used interviews to identify and screen candidates who were not suitable to work in a care setting. Interview notes showed that they followed up any gaps in employment history. Staff signed to show they had read the provider's policies and procedures and had been issued with an employee handbook before they started work. They also signed a declaration that they were not aware of any medical conditions which might affect their ability to carry out their duties.

All support workers received training in medicines and registered nurses signed off their competency before they started to support people on their own. Training included information about specific medicines and how they should be administered for individual people. Some people had medicines which were left to dissolve in their cheeks, others received their medicines through their food tubes, others had pumps which delivered a constant dose. There were clear instructions in people's care plans about their medicines and how they should be administered. Parents of children using the service had given their consent for support workers to administer a suitable over the counter medicine for pain relief if required.

Good

Is the service effective?

Our findings

People's relations were all confident staff had the skills and knowledge to support their family members according to their needs. One relation said their support worker was "well matched, and is great with [Name]". They said the support worker was aware of "rules" around food as their family member would choose to overeat, and the support worker helped them manage that behaviour. Another relation told us they knew their support workers were appropriately skilled because they had specifically requested support workers who knew how to deal with their family member's conditions and needs. The service had provided the support workers with all the relevant training.

Support workers were all satisfied they received appropriate and timely training and had regular supervision to follow up the training. They told us they had induction training which prepared them to support people according to their needs. One support worker told us they had felt confident at the end of their induction to give the support needed according to the person's needs. They had received in house training by registered nurses and a specialist in autism and behaviours that challenge. The training had included familiarising themselves with the person's care plans and a period shadowing more experienced colleagues. The provider made sure support workers were prepared to care for people according to their individual and specific needs.

There was a course of standard training which included respect, infection prevention and control, moving and repositioning, safeguarding, mental capacity, and medicines management. Training was delivered in house, apart from training in moving and repositioning for which an external supplier was engaged. Registered nurses then followed up the standard courses with training specific to the person, their needs, conditions and any equipment needed to support them. Where people were discharged from hospital to be supported at home, the service worked closely with the hospital. In cases of complex needs support workers were trained on the ward before the person was discharged. The training continued in the person's home so that support workers were confident with any equipment and the physical environment where care and support were delivered. The provider made sure support workers were prepared to care for people with very complex needs.

We saw a written testimony by the children's ward manager at the local hospital where the service had developed a care package to allow a person with very complex needs to be discharged and supported at home. The testimony referred to the professionalism and efficiency of the service in working "seamlessly" with the hospital in recruiting and training support workers to provide an "essential and life-saving package". This had allowed the person to go home after two years as an in-patient.

The ward manager commended the service "for their very hard work, efficiency and highly profession support, in facilitating the discharge [of the person]. They wrote, "I cannot recommend Appletree highly enough and would find it a privilege to be able to work with them again in the future."

The provider tracked training and supervisions and had up to date records showing when refresher training was due. There was a programme of regular refresher training in areas such as moving and repositioning,

and infection prevention and control. Training was followed up by clinical supervisions, questionnaires completed by staff, and competency checks and records. Competency books were in place for areas such as feeding tubes, epilepsy, oxygen therapy, blood sugar monitoring and individual medicines prescribed for people. They were signed off by one of the employed registered nurses. There were spot checks after three months. If it was not feasible to check a support worker's progress in the person's home, for instance if they provided support during the night, the provider used simulated checks with role play. The provider made innovative use of role playing in supervisions to make sure support workers' practice continued to be in line with their training.

The provider encouraged staff to obtain relevant qualifications in health and social care. Certain support workers were studying for a relevant university degree. One support worker had gone on to qualify as a social worker. Where new staff did not already have a relevant qualification, the provider's induction was based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they had individual supervisions with the manager or the care coordinator. There was also a network of informal support, and staff could call the office at any time. They were made aware of any changes to policies, and received regular updates concerning areas of interest such as mental capacity. One support worker said, "The communication is very good."

Support workers were aware of the need to seek consent to people's care and support. Where children were involved, their parents' consent was recorded on a "consent to care" form. The provider's policies and procedures took into account the relevant legislation and were designed to assist with the transition into adulthood.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people over the age of 16 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 the least restrictive possible. We checked whether the service was working within the principles of the Act.

One person over the age of 16 was able to make decisions about their own care, but was not able to sign the consent form. Their relation had signed to show the person had shown their consent by other means. Another person had been assessed according to the principles of the Mental Capacity Act 2005 and its associated code of practice. Their assessment concluded they lacked capacity to consent to their care and support. The record showed an awareness of how the person communicated and the extent to which they could communicate. A family member was their named advocate and had taken part in the best interests discussion about the person's care.

The service supported people with maintaining a healthy diet where they were fed through a tube or intravenously. There were detailed care plans for this with risk assessments and emergency protocols where people had a specific low-carbohydrate diet as part of the management of their medical condition. The employed registered nurses had researched best practice in this area and passed on their knowledge to support workers. The provider made sure support workers had the necessary specialist skills and knowledge to provide a high standard of effective care in this complex area. This allowed people to be supported at home rather than in hospital.

Where required the service supported people to access healthcare services. One person's relation told us

their support worker had accompanied them when they took their child to appointments. Where appropriate the service worked with dieticians, specialist nurses and school nurses to deliver consistent and effective care and support.

Good

Is the service caring?

Our findings

People's relations were extremely positive about how support workers developed caring relationships with their children and how families were involved in people's care planning and delivery. One relation said, "I can tell when [Name] is getting on with their carer. You can hear laughter and he puts music on." Another relation said they could not "speak highly enough" about their support worker. They told us, "[Support worker] is like an auntie to [Name]. She even came to see [Name] in hospital in her own time. We are lucky to have such a good rapport, a really nice bond."

Another relation said their support worker "had a good rapport" with their child. They said, "I was concerned about having strangers in the house, but it feels like having another mummy around to help."

A third relation said they were "happy" that their support workers were so "kind". They said the support workers talked to their child "like she is a normal person, this is very important to me."

Support workers told us they were able to build up caring relationships because the organisation into small teams meant there was continuity in their relationships with people. Support workers said they were motivated to provide compassionate care because they "loved" the children they supported. One support worker had used their experience as a volunteer at a children's hospice to try and make sure people had "always got a smile on their face".

The provider told us they used their recruitment process to identify support workers with a "passion for working with young people". They reinforced this through the induction period, and some new support workers had not been kept on after their probation period if the provider was not satisfied they showed this passion.

People's relations were positive they and their children, where possible, were actively involved in decisions about the planning and delivery of their support. One relation said they had "no concerns" that their child had "choice about her care". Relations were involved in regular reviews of their children's care plans. One relation said, "The care plan is flexible. They are always happy to do the tasks I ask for." Another relation said they had been involved in their child's care plan and, "It was updated about three months ago." A third relation said the office was "as helpful as they can be" and, "The ladies in the office are a lovely bunch." Relations said they felt "listened to" and that the service responded promptly to requests.

Support workers had a variety of methods of engaging with people if they were not able to communicate verbally. These included the use of facial expressions and eye movement, the use of pictures and symbols, and technical solutions such as electronic tablets. The provider found creative ways to encourage people to participate according to their individual abilities. One person had communicated their opinions about the service by pointing at symbols, and another had drawn a picture to illustrate their views. When care plans were first set up, they included a section called "what do I like" which included information, for instance, about how the person liked their nails painted and hair done.

The provider made information available to people and their families in appropriate formats, using pictures where these helped the person understand. The provider also gave people's families a "welcome to Appletree" booklet which contained their mission statement and information about what to expect from the service. Families also received information about their individual support workers which included a photograph, their background, training, qualifications, skills, experience, hobbies and interests. The provider sent a regular newsletter to people and their families.

Support workers were aware of the need to respect people's independence, dignity and privacy. They had supervisions which included scenarios and role-playing on the subject of privacy and dignity. A relation told us, "[Support worker] does encourage independence in [Name]'s personal care, because she will let her try first." Support workers were also aware of the need to be sensitive to other family members and their culture, for instance if it would be considered rude to decline a small snack offered by a member of the family.

People's care plans took into account needs arising from people's religious or cultural backgrounds, for instance taking account of religious dietary constraints. The provider had equality, diversity and inclusion policies in place, and their standard training included a module on equality and diversity.

Caring relationships were not limited to the agreed care and support in people's plans. The provider helped organise with a local charity coffee mornings for parents of children living with a disability. They used these to provide information about other services and assistance that were available. They cooperated with the charity sector and local council to provide a "community buddies" scheme during the school holidays to provide additional social support to families. They worked with a local school, where some of the people they supported were pupils, to share information about supporting children with autism and managing behaviours that challenge.

One of the provider's support workers who was also studying for a degree, had showed exceptional caring characteristics when supporting a young person with an acquired brain injury. This had been recognised by the National Association of Student Employment Services as part of their Student Employee of the Year Awards. The support worker had been awarded a regional "Off Campus Above and Beyond Award".

We saw a testimonial from a relation praising a support worker for support "above and beyond" when their child was admitted to hospital in an emergency. The support worker had supported the family with shopping while the parent was at the hospital. They had gone into the hospital to help the hospital staff when the person was unsettled which was making treatment difficult. The relation wrote, "The only person she will settle for is [Support worker]." During the week after the person returned home the support worker sat with her to allow their relation to have some respite when there were no other family members who could assist them.

Good

Is the service responsive?

Our findings

People received assistance with their personal care that met their needs and took into account their preferences and wishes. Relations told us that care plans were accurate and complete and that care and support were delivered in line with them. Support workers arrived on time and stayed the agreed length of time. One relation said, "[Support worker] is always on time, and if anything she would give me 10 minutes more if I am running late." Another relation appreciated that the service had done their best to keep the same support workers when there was an emergency increase in their family member's needs.

Care plans contained detailed information about people's needs, particularly when those needs were complex and reflected multiple disabilities. The plans were written in a way that reflected the person as an individual. There was information about them such as their preferred name, religious background and activities they liked and disliked. Their preferred routines for personal care in the mornings and evenings were covered. The plans explained how the person communicated if this was not verbally, for instance by using pictures or facial expressions. There was information about what the person found reassuring. The plans also took into account the wishes of the person's family where this had an impact on the person's care.

Care plans contained information about people's medical conditions, any allergies, and social and medical needs. There was guidance for support workers about how to support the person to manage their conditions with medicines, oxygen, physiotherapy, feeding tubes and diet. The plans included information about signs and symptoms to look out for that the person's conditions might be getting worse, and guidance for support workers to follow. This guidance included information about actions to take in an emergency, for instance if the person had a seizure or if there were signs of high or low levels of blood sugar. Where there were regular checks, for instance on people's blood sugars, there was information about normal levels for the person and what the support worker should do if readings were outside the normal values.

Support workers recorded the care and support they provided in daily logs. These had been customised to meet the needs of people where their support included regular monitoring for blood sugars, oxygen or other measurements. Where people were supported with regular, timed interventions, the care logs were adapted to make it easier for support workers to record the actual support provided. The daily logs and other care records were reviewed and audited by one of the two registered nurses. This allowed them to confirm people's care and support was according to their plans and to identify if additional clinical supervisions or other support were indicated. There had been occasions where registered nurses had noted from the daily logs how people responded to the interventions of their support workers, and had used this information to improve the care plans.

The service had a complaints policy with an easy to follow complaints process. The process included contact details for us and for the local government ombudsman in the event the provider did not handle a complaint in a satisfactory manner. There was a complaints and compliments file. Complaints were logged and numbered. There were two complaints logged in the year before our inspection. Both had been

followed up, managed, and closed with the person making the complaint.

People's relations told us they had never had cause to complain about the service, but they were confident any complaint would be dealt with properly. We noted a compliment in the file which acknowledged the service had been "a central pillar in bringing [Name] to where she is now".

Good

Is the service well-led?

Our findings

People's relations were consistent in saying the service was well led and well managed. They said communication with the office was good. One relation said, "I have never had a negative conversation with the management." Other relations appreciated the support of the service at meetings with other agencies involved in their child's care. One relation said one of the "office ladies" attended meetings with social services. Another said somebody from Appletree Support always attended multi-disciplinary meetings.

The service had a published mission statement which spoke about the rights of children to have reliable support and a secure and happy childhood. The service strove to support young people to achieve their goals and aspirations and to treat them with dignity and respect without discriminating or judging.

The provider told us they worked towards a "happy work force" to provide a "team around the child". Staff thought the service was "dedicated and supportive" and "caring and personalised".

The management team consisted of the company director, who was the registered provider, a family services manager, who had applied as the registered manager for the service, and a family liaison and care coordinator. They were supported by a finance officer, a trainer and educational consultant with a background working with children with autism, a registered nurse and a registered children's nurse. There were also four senior support workers.

There was an "open door" policy in the office with the two registered nurses on call for any healthcare questions. Support workers felt supported and said communications within the service were "great". There were regular staff meetings, and support workers told us these gave opportunities for two-way communication. Senior support workers were responsible for informal monitoring and spot checks. The family services manager and care coordinator carried out formal supervisions.

There were systems in place to monitor the quality of service provided. These included a quality questionnaire which had gone out to people and their families in April 2016. It was available in picture format for people who did not communicated verbally. Some of the comments received referred to aspects of people's care for which the service was not directly responsible, but the provider had attempted to explain the situation. People and their families were satisfied with the service they received.

The family services manager compiled a monthly quality self-assessment report for the provider. It included the status of starters, leavers, complaints and compliments, incidents, training, safeguarding, spot checks, supervisions, policies, procedures and quality monitoring. The registered nurses monitored the effectiveness of people's care and support, and carried out clinical supervisions as required.

The service worked closely with other agencies working with children with disabilities. These included charities which helped provide activities for children such as a get together at a trampoline park. Where a person was also supported by another service, Appletree Support had information about it on file, including the other service's risk assessments. The service used its knowledge of other agencies that were available to

suggest possible services to people and their families.