

Community Homes of Intensive Care and Education Limited

Appletrees

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 15 and 16 June 2015 and was unannounced.

Appletrees is a care home which is registered to provide care (without nursing) for up to eight people with a learning disability. The home is a large detached building within a rural area of West Berkshire. People have their own bedrooms and use of communal areas that includes an enclosed private garden. The people living in the home needed care from staff at all times and have a range of care needs.

There is a full-time registered manager. 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 recruitment and selection process helped to ensure people were supported by staff of good character. There

Summary of findings

was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

With the exception of one person people had limited verbal communication skills and used methods of sign language and pictures to communicate their needs and wishes and these were understood by staff.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training.

People's care plans detailed how the person wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks.

Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received. People were encouraged to live a fulfilled life with activities of their choosing. Their families were encouraged to be fully involved at the reviews of their support needs. People's families told us that they were very happy with the care their relatives received.

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?

The service was safe.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe. Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Good



Is the service responsive?

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good



Summary of findings

Is the service well-led?

The service was well-led

People who use the service and staff said they found the registered manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The registered manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

Good



Appletrees

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 June 2015 by one inspector and was unannounced.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The

service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with one person who lived in the home and three relatives of people who use the services. We spoke with the registered manager, area director, psychologist employed by the provider and five staff. We also spoke with local authority social care professionals that included an Adult Safeguarding Co-ordinator and Care Quality Officer.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at four staff recruitment and training files, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Is the service safe?

Our findings

Staff responded quickly to meet people's needs safely and to take time when supporting people with chosen activities. There was an established staff team employed by the provider that included a registered manager. Staffing shortfalls due to staff vacancies and leave were covered by existing staff and bank staff. There were five staff at any one time throughout the day to meet the needs of the seven people who lived there. This was dependant of people's activities during the day. For example sometimes the ratio of staff to people was 1:1 when being supported in the community.

Although there were sufficient staff to meet the assessed needs of the people safely, staff did not have official breaks when working double shifts of over 14 hours. Comments from staff included: "There are no breaks unless you smoke". "It can be stressful if you work a double shift, particularly with no break, as the people who live here can be quite challenging due to their complex needs". This could impact on people's safety if staff were tired and stressed at the end of a long shift. Staff told us that the registered manager always supported them to take five minutes out if they felt they needed a break. A visiting area director of the service told us that they would review staff breaks for those working double shift.

People's relatives told us they had no concerns about the services provided. Comments included: "I've got no worries about (name) living at Appletrees as I know (name) is very happy".

People were kept safe by staff who had received safeguarding training. Staff told us the training had made

them more aware of what constitutes abuse and how to report concerns to protect people. Staff said if they were not listened to by the registered manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded. These included behaviour observation charts that detailed what happened immediately prior to the behaviour to identify if there were any triggers. They also detailed how the person was supported during and after the behaviour.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines safely by staff had received training in the safe management of medicines. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. Where a person had medicine which could be taken 'as required', guidance was available for staff to help them recognise when this medicine was needed.

Is the service effective?

Our findings

People were supported by staff who knew them well and understood their needs. Staff spoke with people before they supported them and discussed activities with them in a way they could understand. For example, using body language and gestures that contributed to people's understanding as they were encouraged to make decisions. Staff spoke of one person who used a Picture Exchange Communication System (PECS) that promoted positive interactions with the person. Another member of staff told us they had attended training that was delivered by a person who uses another service owned by the provider. They said: "it was really good to hear the person explain about levels of noise and how this could affect people with the same learning disability that they had". The staff member gave an example about a person who uses the service. They said that they had thought the person did not like listening to music. However they found from the person's body language following the training that they did like listening to music, but only from a distance.

People were supported to attend health care appointments and to make healthy living choices regarding food and drink. Their meals were freshly prepared and well presented. Records of food temperatures were taken to ensure the correct temperature and fresh fruit and vegetables were available. Measures were in place for staff to discourage a person from taking other people's food and drinks and risk assessments had been completed to discourage another person from drinking too much fluid. Dining room tables and chairs were positioned to enable each person to sit on their own or with others whilst being supported by staff to have their meals. This was either through choice or as part of their individual behaviour support plans to minimise risk of harm that the person's behaviour could place on themselves or others.

The registered manager and staff were knowledgeable of the Care Certificate introduced in April 2015, which is a set

of 15 standards that new health and social care workers need to complete during their induction period. They told us that they had received a good induction prior to April 2015 and that all training they receive is now linked to the new standards for existing staff to refresh and improve their knowledge.

Staff attended regular staff meetings and had received one to one supervision and appraisals that were structured around their development needs. Training had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. This included strategies for crisis intervention and prevention (SCIP) that focused on positive approaches to behaviour management. One member of staff said: "the training showed you how to support people safely to prevent risk of harm". Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. For example, people who required one to one support and people who needed a stable routine without too many people around due to low tolerance of others. A psychologist employed by the provider said: "Staff always get in touch if they have concerns about a person's behaviour. We also review people's behaviour support plans regularly to promote the safety of the person and others".

The registered manager had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. People using the service at the time of our visit were unable to leave the home or undertake tasks without supervision. The manager had submitted appropriate applications for DoLS to the local authority.

Is the service caring?

Our findings

The home was set within a tranquil position surrounded by open countryside. There was a comfortable and relaxed atmosphere as staff responded to people in a respectful manner and listened to what they had to say. People were able to come and go as they pleased dependant on risk and with staff support.

People's independence was being promoted. Staff encouraged them to make choices about everyday activities such as choosing what to eat and how to spend their time in a respectful and caring manner. Staff had attended training that covered dignity and respect and made reference to promoting people's privacy. Staff clearly knew people's likes and dislikes with regards to recreational activities, daily living and personal care.

Comments from people's relatives included: "Staff are excellent, absolutely fantastic with the people who live there".

A person who was using the service communicated with staff verbally. The person and staff had a good relationship as they exchanged banter and enjoyed each other's company. The person told us that they, "like living here" and that, "staff are nice".

The other people who lived in the home had limited or no verbal communication skills. People were relaxed and comfortable with staff and responded to them in a positive way through other methods of communication. These included body language, signs, symbols and pictures that enabled people to make choices and express their views.

The service had guidelines on personal and professional boundaries for staff and had risk assessments regarding personal care (cross gender care).

People's care plans centred on the needs of the individual and detailed what was important to the person such as contact with family and friends.

Is the service responsive?

Our findings

People were able to express their views through verbal and non-verbal communication skills such as body language, signs symbols and pictures. We could see that staff knew them well from their response to people's requests. Staff had shown patience, understanding and respect towards people whilst supporting them. For example, at the beginning of the inspection there was a buzz of activity within the home. Two people were being supported by staff to ensure they had everything they needed to commence a five-day holiday. The individuals were very excited as they approached staff to check that everything they needed was there. Staff reassured them and explained that everything was packed and ready to go.

Support plans were split into sections to describe for example, what was important to the person and what other people liked and admired about them. Other sections described the person's personality, whether generally sad, happy and or worried and also their daily living and independent skills. Staff said that they felt there was enough detailed information to support people in the way they want to be supported. Monthly keyworker reports of the person's life included information about healthcare appointments and activities that contributed to the overall assessment and review process.

Reviews of people's care and support needs were completed at least annually or as changing needs

determined. Invitations to attend reviews were sent to people's families and to professionals. Comments from people's families included: "yes we are invited to reviews and attend annual ones only". "They invite me to reviews but I don't go as it is too far; sometimes they send me a copy of the reviewed support plan". "They always contact me if there has been a change to (name) support needs".

People's relatives told us that there was always activities planned as people were encouraged to participate in activities of their choosing and to keep in touch with their family. On the day of our visit one person was staying with relatives overnight. Over the course of our visit staff supported people to access the community for activities such as shopping and to participate in activities within the home such as cooking.

The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection the service had received one formal complaint. This was resolved satisfactorily and within the timescales of the provider's complaint procedure. Staff told us they could tell if a person was unhappy. They said they would talk with the person and watch for signs that indicate what the concern was. Families of people told us they were confident the registered manager and staff would listen to them and act on any concerns they had until they were resolved.

Is the service well-led?

Our findings

There was a registered manager at Appletrees who has been registered with the Care Quality Commission since 2010 and who was present throughout the inspection process. Staff told us they felt supported by the registered manager and that they worked well as a team. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff said the registered manager had an open door policy and offered support and advice when needed. This was echoed by relatives of people we spoke with.

The service had robust monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the registered manager and or senior staff within the home with actions and outcomes recorded. These included night time spot checks and general health and safety monitoring of the environment.

Management monitoring visits by area directors were completed. These included monthly visits which looked at health and safety and people's care and support plans. Audits were also completed by managers from other services within the organisation to promote a consistent approach of the providers care values.

Expert by experience (people who use services within the organisation) had completed audits to gain the views of the people who use the service and reported their findings. The reports were tick box answers to questions with options to write comments and give an overall rating of their visit. These experts had reported positive outcomes.

Service user committee meetings were held within the organisation to give feedback of people's views. However, the registered manager told us that people who live at Appletrees were unable to participate, with exception of one person who lived there. This was an area that the registered manager and area director planned to improve. They told us that they were feeding into the committee meeting by giving people's views of the service as established through monitoring and review of people's support plans.

The staff team were caring and dedicated to meeting the needs of the people using the service. People's families told us that the registered manager and staff were approachable, supportive and always valued the importance of ensuring their relatives (people who use the service) were encouraged and supported to keep in contact with them. They told us they were asked for their view of the services provided.