

Care Management Group Limited

# Apple Tree House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Apple Tree House is a care home providing accommodation and personal care to people with learning disabilities and autism. There were four people living in the home.

The home provided accommodation over two floors and had been adapted to ensure it was fully accessible.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received good quality of care from staff who understood their needs well and who were committed to providing good quality care. The registered manager and staff were responsible to people's changing needs and took steps to ensure they addressed them, promptly. Staff understood people's communication needs well and used these skills to include people in the running of the home and empower them in making decisions.

Staff were well trained and got good support in carrying out their roles. Staff received specific training around the needs of people living in the home. For example, in how to manage particular health conditions such as epilepsy. There were some staff vacancies being covered by agency staff, however the impact of this was minimised through using the same agency staff where possible. There were sufficient numbers of staff to support people to take part in regular activities and outings.

People were safe because there were risk assessments in place to guide staff in the safest ways to support them. There were arrangements in place to check the suitability of staff prior to beginning employment at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was well led. There was a culture of inclusiveness and empowerment and the service was person centred in nature. There were systems in place to monitor the quality and safety of the service. The registered manager had a support network within the wider organisation.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

#### Rating at last inspection

This service was registered with us under the current legal entity on 11 January 2019 and this was the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Apple Tree House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Apple Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received from the service such as any notifications. Notifications are information about specific events and incidents the provider is required to send us by law.

#### During the inspection

People weren't able to give us verbal feedback about their care, due to their communication needs.

However, we made observations of care. We spoke with three care staff and the registered manager. We reviewed three people's care records and other documents relating to the running of the home such as audits and fire safety checks.

After the inspection

After the inspection we sought feedback from relatives of people receiving care. We received feedback from two.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service under the current legal entity. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults from abuse. They were confident about identifying and reporting concerns and told us they would feel able to do so.
- People weren't able to give verbal feedback about their experiences or how safe they felt. However, we saw that people were calm and settled in the presence of staff.

Assessing risk, safety monitoring and management

- There were individual risk assessments in place to guide staff in providing safe care for people.
- There were systems and checks in place to ensure people were safe in the event of emergencies. Fire equipment was tested regularly, and staff confirmed they had practice evacuation drills.
- People had individual evacuation plans in place.
- There were checks in place to ensure the water supply was safe and to manage the risk of legionella.

Staffing and recruitment

- Staffing levels were sufficient to ensure people were safe and able to go out with staff to keep them safe.
- There was some use of agency staff to cover shifts if required. The same agency staff were used when possible to provide continuity of care for people in the home.
- Checks were undertaken to ensure staff were safe to work for the service. This included a Disclosure and Barring Service (DBS) check. This identified where a person has any convictions that needed to be considered in the recruitment process. References were also sought from previous employers.
- If there were any concerns about a person's suitability to work at the service, a risk assessment of the situation was undertaken before they were able to start work.

Using medicines safely

- Medicines were stored securely in people's individual rooms. Any additional stock was stored in the office and checks were done on stock balances. This gave opportunity to identify and act on any discrepancies.
- Medicine Administration Records were in place to record when staff had supported people with their medicines. We viewed a sample of these and found no omissions or errors.
- Staff confirmed they had received training in specific medication needs such as administering rescue medications for epilepsy. Some staff gave examples of when they had put this training in to action.
- There was an agreement in place with the GP for the use of homely remedies.
- Some people had topical creams prescribed and there were body maps in place to show where on the body they should be applied.

### Preventing and controlling infection

- We saw staff cleaning and carrying out domestic duties during the inspection.
- The home was clean and we saw that infection control was monitored through regular auditing.

### Learning lessons when things go wrong

- Any incidents and accidents were recorded by staff and reviewed by the registered manager. This gave opportunity to identify whether any action was required to prevent the situation from happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service under the current legal entity. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the home. It was clear that staff and the registered manager had good understanding and knowledge of people's needs and preferences. This was set out in their care documentation.

Staff support: induction, training, skills and experience

- Staff were happy with their training and told us they received good support to help them carry out their roles effectively. One recently recruited member of staff commented on the "in depth" training they had on autism. They gave specific examples from the training that had helped them understand the subject.
- Staff told us that key training topics were refreshed regularly so that they were kept up to date with developments in the field and their knowledge updated.
- Staff confirmed they had supervision regularly and this was a useful opportunity to discuss any concerns or issues relating to training and development.
- Staff all told us they felt well supported by the registered manager.

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

- People's weight was monitored so that action could be taken to support people if there were any concerns or issues.
- There was clear person centred information about how to support people nutritionally. For example, for one person it was important to keep offering food until they accepted it. After a certain amount of time, an alternative could be offered.
- During our inspection we saw that people were able to eat their meals at times that suited them.

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

- People had health action plans in place and hospital passports to help them access other health services when needed. This information helped other professionals understand how best to provide support.
- If a person was ill and needed to be admitted to hospital, arrangements were made to ensure they had familiar staff supporting them whilst they were there.
- People had an oral health assessment in place and we saw that one person had a special toothpaste prescribed.

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

- The home and outside area was suited to the needs of people living there. There were lounges for activities to be carried out as well as people having their own private rooms.
- We saw how the outside area was in the process of being adapted to ensure it was fully accessible for everyone in the home, including one person who used a wheelchair.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Each person in the home either had a DoLS authorisation in place or had an application with the relevant authority.
- There was clear information and understanding of any restrictions in place in people's care, such as locked doors. This helped ensure people were able to live as freely as possible without unnecessary restrictions.
- The principles of the MCA were evident in how staff gave people choices about their day to day lives. This was achieved through understanding people's communication needs and using appropriate communication aids such as photos, objects of reference and Makaton signs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service, under its current legal entity. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people being treated with respect. Staff were caring and kind in their interactions and people appeared calm and confident in their presence.
- There was information contained in people's support documentation about any cultural or religious festivals they would like to celebrate.
- Staff expressed how rewarding they found working at the service and supporting people to achieve their goals. One member of staff told us for example about a particular activity they had undertaken with a person and that had proved engaging and successful.
- One relative told us, 'I have nothing but praise for the way that (name) is being cared for' and 'The staff have his wellbeing as their focus, include me in any concerns and also listen to me if I have anything that I want to discuss.' Another relative told us 'I think the quality of care is good and I have no concerns.'

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

- Staff used a range of communication methods suited to individual needs to support people in expressing their views, needs and wishes. Augmentative communication techniques were used to help people express their wishes. For example, one person had an electronic device with pictures they could choose from to tell staff what they wanted. Another person used the Picture Exchange Communication System (PECS) to communicate.
- Important information around the home was presented in ways that were suited to the needs of people; this ensured it was accessible and inclusive.
- House meetings were held, and people were fully supported to give their views and opinions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible for example, by being encouraged to carry out aspects of their own personal care they were able to do.
- One person was being supported to be more independent around their continence needs. This would improve their dignity and support them to have more privacy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service under its current legal entity. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were person centred in nature and gave good detailed information about how individuals wished to be supported. These plans were reviewed regularly so they were kept up to date and relevant.
- The registered manager and staff were responsive when a person's needs changed. Staff had worked particularly hard with one person when they became concerned about a change in their behaviour and becoming withdrawn. The service had worked hard with the person to support them to engage in activities again. We saw resources that were used with the person, such as cards detailing specific routines to follow in various situations to help ensure the person felt secure.
- Another person had experienced concerns around their hydration and continence needs. Staff had been creative and person centred in finding ways to support the person drink more fluids. The result of this was that a potentially distressing and unpleasant clinical intervention was avoided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a strong understanding of how to communicate with people and this was embedded in all aspects of the service. Individual communication tools were used, including electronic tablets, photos and objects of reference.
- Staff showed us how they carried around cards depicting basic Makaton signs to use with people. One member of staff told us how understanding a basic Makaton sign had been really useful for one person when they had become anxious in public but was able to sign what they needed and the member of staff understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- Staff told us that people went out regularly, for example to see family or go on trips and walks.
- Individual activities to carry out with people in the home were also in place. For example, some people benefitted from sensory activities. We saw a number of suitable activities available for them in the lounge.

#### Improving care quality in response to complaints or concerns

- There had been no formal complaints made to the service. However, there was a process in place to support people to raise concerns or complaints if they had them.
- We saw that there was printed symbol available for people to use and take to staff if they had a complaint. Staff would then be able to investigate with the person what was concerning them.

#### End of life care and support

- There was nobody at the service receiving end of life care, however work was being undertaken to talk to families about their wishes and beliefs for this aspect of people's care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service under its current legal entity. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong person centred culture in the home. People were valued and their views were sought and taken in to consideration.
- There were clear goals in place for people to work towards and people and staff worked hard to achieve them.
- Staff morale was good. Staff talked positively about working for the service and the support they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the regulatory requirements of their role, for example in making notifications about certain incidents and events.
- Staff felt confident about bringing any issues of concern to the attention of the manager and felt assured they would be listened to.
- There was a system of audits and checks in place to monitor the quality and safety of the service. We saw an audit dated September 2019 which covered the areas inspected by Care Quality Commission. We also saw that individual audits were carried out for infection control and medicines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff were engaged with and involved in the running of the service. Staff had been involved in developing an action plan for improvement. This detailed four areas of the service to be worked on and improved. We saw evidence that this was actively being worked towards. One area to be worked on was sensory activities. The registered manager told us about a water tray they had developed for people to use and explore.
- People using the service were able to attend house meetings and were supported with the use of pictures and symbols to express their views and opinions.
- We saw how adaptations were being made to the environment of the home to make it accessible for everyone.

Working in partnership with others

- The registered manager told us they received support from the regional manager. They also had opportunity to attend regional meetings with other registered managers to share ideas and learning.

