

Aspects 2 Limited

# Apperley 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

The inspection took place on 25 and 26 April 2017. This was an unannounced inspection. The service was last inspected on 28 November 2014 and there were no breaches of regulation at that time.

Apperley House is a care home providing accommodation and personal care for 17 adults with a learning disability, an autistic spectrum condition and/or a physical disability. Support is provided from two houses that are located on the same plot of land; Apperley House and Malvern Crossing. When we refer to Apperley House in this report, this includes both buildings as they are registered as a single location with us. There were 17 people living at Apperley House during our inspection.

There was a registered manager in post at Apperley House. 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 service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people at Apperley House

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity.

The service was responsive to people's needs. Support plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. There was an experienced registered manager working at the service. Staff, people and their relatives spoke positively about the registered manager and the management team. Quality assurance checks and audits were occurring regularly and where issues had been identified, action had been taken to address them. The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Apperley House

## **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 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 comprehensive inspection took place on 24 and 25 April 2017. The inspection was unannounced and was carried out by one adult social care inspector.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection, we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four people living at Apperley House. We also spoke with four members of staff, the registered manager and two home leaders. We spent time observing and speaking with people living at Apperley House.

Following the inspection, we contacted five relatives by telephone about their experience of the care and support people received at Apperley House.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "It's alright here, I am looked after." One relative told us, "We are more than happy with the home. They do all they can to cater for people's needs. They are amazing."

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised. One staff member said, "I would know who to go to with issues, the manager, home leader or CQC."

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, mobility assessments and personal care. Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls and moving and assisting procedures.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked. An external company carried out a medication audit on the first day of our inspection and identified some areas for improvement, such as; a separate fridge for one medicine and a different way of auditing to ensure discrepancies were accounted for. Although the existing processes were meeting requirements the suggestions were made to improve the system in place. On the second day of our inspection we were told a fridge had been ordered and an action plan had been implemented to complete the suggested improvements. Two days after the inspection we received an email stating that the entire action plan had been completed.

There were enough staff to support people's needs, with dedicated numbers in both of the houses. The registered manager told us staffing levels were assessed regularly to ascertain the number of staff required. For example, numbers of people needing two staff for support, people's mental health needs and any environmental risks. One support worker told us, "We don't use agency staff. We are flexible and we work really well as a team."

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at a sample of recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. We were shown evidence of a recent disciplinary incident and there was clear evidence this had been dealt with promptly and effectively.

# Is the service effective?

## Our findings

People and relatives told us they felt staff had the relevant skills and experience. One person told us, "They look after me and are very good at what they do." One relative said, "The team make it a priority to enhance the lives of all who live there and all who visit and I am very grateful for them."

The registered manager demonstrated a clear understanding of the importance of staff training and demonstrated an awareness of staff training needs. The registered manager used a matrix which clearly detailed what training courses had been completed by each staff member and what was also outstanding. The matrix also enabled the registered manager to track when people required refresher training courses to update their knowledge. Records we viewed showed staff had received the training they needed to meet the needs of the people using the service. Essential training included moving and assisting, infection control, first aid and safeguarding. Every staff member had been working towards or completed their National Vocational Qualifications (NVQ'S). These are awards that are achieved through assessment and training and are recognised nationally. For newer members of staff they were completing levels 2 and 3 and for those wishing to become a manager the service had enrolled them on a level 5. The registered manager told us supporting service users to learn was equally as important as the staff team. An external company had provided sexual abuse training to all staff and service users in February 2017.

Staff were well supported in their role. We found records to demonstrate staff received a space to deal with any concerns or issues through an extended daily handover, a three monthly supervision and/or staff meetings. The registered manager told us "My door is always open if anyone wishes to talk to me about anything." One member of staff said, "If I have any problems I go to the management team. I get three monthly supervision and if I had concerns I know they would be resolved."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

We found people were offered a varied and nutritious diet. Where people had nutritional needs, these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements. The food on offer for lunch was healthy and nutritious, and one relative we spoke with who was visiting the home said, "There is more than enough food here. When [The person] comes home for a weekend they keep a roast dinner for when they return."

Care records confirmed people had access to external health professionals when required. Health professionals told us they felt people were, "Very well cared for." They went on to confirm the provider made appropriate referrals to their service and other professionals, such as dieticians.

Apperley House was spacious with ample space for people who used specialist chairs or equipment. The choice of décor, furnishings and flooring had been discussed with people during meetings to ensure their choices were acknowledged. Notice boards were in place so people and relatives knew who was on duty and what their role was. Equipment was in place to meet personal care needs, for example, specialised baths. There were areas for people to relax with lights and sensory needs. This included a 'snug' in the communal living room with cushions and beanbags. The floor had been adapted so that people who used wheelchairs could also use the space.

## Is the service caring?

### Our findings

People and relatives gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. One person told us, "I like being here. The staff are really friendly." One relative said, "Whenever I visit the home or speak to them on the phone I always get the same warmth and respect from them. It's a wonderful place. I trust them to care for [The person] and they have earned that trust."

We observed staff members showing affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate.

Staff were respectful of people's cultural and spiritual needs. One visitor to the home was from the local church and visited every week to see a few people who wished to see them. The visitor said, "I've been coming here for ten years and I read stories to people. The home is fantastic and people are lucky to have a home like this. I can't speak highly enough. A few people come to church on occasions and the whole church has adopted them. It's wonderful."

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them

Staff supported people to meet their choices and preferences. People were supported to be as independent as possible. Staff said they encouraged people to do as much for themselves as possible. For example, eating meals or getting washed. One staff member said, "I love my job as we try to get people to do as much as they can. I really enjoy seeing them be independent."

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving into the home. Examples of the involvement of family and professionals were found throughout people's support plans, in relation to their day to day needs. Information was made available to people about independent advocacy services.



## Is the service responsive?

### Our findings

People and relatives told us they felt the service provided personalised care. One relative told us, "The home is responsive to [The person's] needs which have changed recently. They attend hospital appointments with me and it's like a family here. [The person] calls it home."

We found people's needs were assessed before and after admission to the home. Each person had support plans that were tailored to meeting their individual needs. We saw these were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. The support plan detailed likes and dislikes so it was easy for staff to identify individual preferences. One person's support plan had been reviewed in March 2017.

Staff confirmed any changes to people's care were discussed during a shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour that may challenge so staff working the next shift were well prepared.

Relatives said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened. One relative said, "If [The person] has been unwell they are quick to act to get the help needed and to seek my advice and keep me informed. When I visit I am able to sit in the sensory corner and the staff give me cups of tea and lots of love and care."

People were supported to maintain hobbies and interests. The staff knew people's preferences and interests. We found planned activities included sensory corner time, music, games and crafts in a bespoke craft room within the home. Where people enjoyed the television they were made comfortable in the communal areas. One relative said "They take [The person] out for coffee, shopping and even just walks with impromptu picnics." A system for praising positive behaviour had been introduced for one person when accessing the community. Tokens were given to them and recorded on a wall chart as a visual aid. The person would be able to spend tokens on a treat of their choice when they had collected enough. The person told us about the system and was looking forward to going bowling once they had collected three more tokens.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example; if a person required and emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. This was defined by using a Red, Amber and Green system for highlighting areas that hospital staff would need to know about. They also contained guidance for others to know on how to communicate with people.

Staff attended regular team meetings. Staff explained regular meetings and extended handovers gave the team consistency and a space to deal with any issues. One staff member said, "I feel well supported."

We found the provider had a process in place for people, relatives and visitors to make a complaint.

Everyone we spoke with said they felt they would be able to complain to staff or managers if necessary. All complaints were logged, investigated and where necessary discussed with staff for reflective learning during supervision or team meetings. One person had been supported to make a complaint to a local supermarket as they had been asked for identification to buy a scratch card but they were clearly over 18 years of age.

## Is the service well-led?

### Our findings

The home had a registered manager who was supported by a home leader in each building. The home leaders were responsible for monitoring the day to day quality of care. People, staff and relatives spoke positively about the registered manager and home leaders and felt they offered good leadership and were positive role models for the staff. The relatives we spoke with told us they felt the registered manager was approachable, committed to providing person centred care and willing to listen to feedback about the home. A relative said the management team were "Outstanding." One staff member said, "We work really well as a team, no day is the same and we all do our best to try and make people who live here lives better."

The staff described the managers as being 'hands on'. We observed this throughout the inspection when the manager was talking and engaging with people and staff. Staff informed us that there was an open culture within the home and they felt listened to. When we were being shown around the building, we entered one person's room and they appeared calm and relaxed in the company of the registered manager. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks.

Regular audits of the service were taking place. This included daily, weekly and monthly audits by the registered manager and the home leaders. During the audits, support plans were reviewed and updated. The registered manager strived to continually improve the service. Areas that were checked were; health and safety, the premises, people's care files and medication. Staff were knowledgeable about what needed to be done and there were checklists to ensure things were checked regularly such as cleaning. These audits were carried out as scheduled and it was evident from our observations that corrective action had been taken when identified.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules. A large number of easy read policies were available for people if they wanted them. Some examples of those available were; Independent advocacy and how to make a complaint.

The registered manager told us they also sent surveys to people and their relatives to gauge their opinion regarding the quality of the service being provided. The registered manager told us these were sent annually and the feedback from these surveys was analysed.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken.

The registered manager told us they felt fully supported by the provider. The owners of Apperley House would visit often and were available if needed. People and relatives told us that they were very happy with how the provider treated them and that any concerns or issues were discussed and rectified immediately.

