Care Quality Commission

Apple House Limited

Apple House

Inspection report

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Date of inspection visit: 29 and 31 July 2015
Date of publication: 09/11/2015

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 routine comprehensive inspection took place on 29 and 31 July 2015. The first day was unannounced.

Apple House is a care home without nursing for up to four adults with learning disabilities. There were four people living there during our inspection. The home is a semi-detached house undistinguishable from other houses on the street, with a garden to the rear. Accommodation is in single bedded rooms on the ground and first floors, with stairs to get to the first floor. The garden at the rear has a patio with steps leading to a large, partially shaded lawn. Parking for visitors is on the road outside.

There was a registered manager in post, as required by the home's conditions of registration. 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.

People found the staff very kind and supportive. Staff treated people with kindness and respect and showed concern for their wellbeing in a meaningful way, acting promptly if they were distressed or in pain.

Summary of findings

People, their relatives and health and social care professionals were positive about the care and support received. Staff knew people well and were familiar with the support they needed, as set out in their care plans. People regularly met with staff to review their care and support. Staff ensured they understood the information they were given and kept their relatives informed of any changes or concerns.

A person living with chronic health conditions was supported to understand these. They were concerned about plans for their funeral and the registered manager had supported them to develop a funeral plan.

The registered manager was concerned to challenge any negative and judgemental perceptions of people. They developed the approach of the staff team to ensure that person-centred practice was sustained. The registered manager and provider maintained close oversight of the home, to ensure that good practice was maintained.

Risks were managed appropriately with a view to promoting people's independence and minimising restrictions. Staff understood their responsibilities as regards safeguarding adults. They were aware of how to blow the whistle about poor practice to outside agencies, but felt they could approach the registered manager with confidence that they would act on any concerns raised.

Wherever possible, people were supported to make decisions for themselves. When people could not make decisions, staff followed the requirements of the Mental Capacity Act 2005. The home met the requirements of the Mental Capacity Act 2005 in relation to the deprivation of people's liberty.

People were involved in the day-to-day running of the household, including choosing, shopping for and preparing meals. Whilst their food preferences were respected, they were encouraged to make healthy food choices. People were also meaningfully involved in decisions about how the home was run, including the staff recruitment process.

There was a stable, motivated, safely recruited staff team. They received regular training and supervision and had the skills and knowledge to perform their roles effectively. Sufficient staff were on duty to help people stay safe and support them as needed. People regularly participated in activities they enjoyed, both at home and in the wider community.

Medicines were managed safely, although there were no facilities for the storage of controlled drugs should these ever be needed.

The premises were kept clean and in good repair.

There had been no complaints in the past year. Relatives were aware of how they could raise concerns and people were regularly reminded about how they could make a comment or complaint. The registered manager agreed to update the complaints policy to state who any unresolved complaints should be referred to, and to reflect the role of CQC.

The home had a homely, informal, open culture that supported people to have active lives and make decisions for themselves wherever possible, with freedom to express their views and change their minds.

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.

Risks were managed safely, with people having as much freedom as possible to do things that were important to them.

There were sufficient staff to provide the support people needed, including participating in meaningful activities at home and out and about.

Medicines were stored and managed safely.

Good

Is the service effective?
The service was effective.

Staff were well supported through supervision and staff meetings, as well as informal support from the registered manager. They received the training they needed to perform their roles safely.

Wherever possible, people were supported to make their own decisions. Where there were grounds to doubt their capacity to make a decision, staff had followed the requirements of the Mental Capacity Act 2005 to make a best interests decision on their behalf.

People enjoyed the food and were encouraged to choose healthy options.

People received the support to maintain their health, including seeing health and social care professionals when they needed to.

Good

Is the service caring?
The service was very caring.

People valued their relationships with the staff team. They knew staff well and found them supportive.

There was a strong person-centred culture. People were central to decisions about their care and support. Negative perceptions or judgements about people were challenged.

People were supported to understand things that affected them, including health conditions.

Good

Is the service responsive?
The service was responsive.

People received the support they needed from staff who were familiar with their care plans. Care plans were individual to the person and were regularly reviewed with the person.

There had been no complaints in the past year. People were regularly reminded how they could make comments or complaints about the home.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People, their relatives and outside professionals expressed confidence that the home was managed well.

There was a homely, informal, open and person-centred culture. There was a stable, motivated staff team.

The registered manager and provider maintained a close oversight of the home and took action to ensure good practice was maintained.

Apple 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 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 29 and 31 July 2015 and the first day was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home, including notifications of incidents since our last inspection in September 2013. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We also spoke with the local authority contract monitoring team.

During the inspection, we met all four people living at the home and spoke with them about their experiences at the home. We spoke with one person's relative on the telephone during the inspection, and four further relatives following the inspection. We also observed staff supporting people in communal areas. We reviewed two people's care records and read some information in the other two people's care records. We also reviewed all four people's current medicines administration records and checked records relating to how the home was managed. These records included four staff files, the staff training matrix and plan, the current staff rota, maintenance records, the provider's quality assurance records and a local authority contract monitoring report. We spoke with two members of support staff, the registered manager and the director of operations. We obtained feedback from five health and social care professionals in contact with people at the home.

Good

Is the service safe?

Our findings

People told us they felt safe at Apple House. Relatives also said they felt their family members were safe. For example, a relative commented of the staff, "They're fully trustworthy."

Risks were managed appropriately with a view to promoting people's independence and minimising restrictions. Up to date risk assessments were reflected in people's care plans and emphasised the importance to people of being able to continue with their chosen activities, in as safe a way as possible. A person who was living with the early stages of dementia told us about how they liked to go out on their own to a local pub and shop and they did this during the inspection. They kept a 'stay safe' card with them, which prompted them as to who they could contact if they were lost. Staff regularly went through the card with them. This person also said how another person sometimes wound them up. The registered manager explained how they had worked with the community mental health nurse on strategies to manage this, such as a reward chart. This was all reflected in the person's risk assessments and support plan. Another person administered their own medicines under the supervision of staff. This was also reflected in the person's risk assessment and support plan.

Staff were aware of signs of possible abuse and how to report this both to the home's management and to statutory agencies concerned with safeguarding adults. Contact details for reporting abuse to statutory authorities were on display, in an unobtrusive way that was in keeping with the non-institutional feel of the home. The home's safeguarding policy was in line with the local multi agency safeguarding adults policy and procedures.

Staff lone worked and so could not always countersign cash transactions. However, people's cash floats held in the safe were checked each day and every time there was a transaction. Receipts were obtained for expenditure and filed with people's cash records. On two occasions we observed staff handling people's cash, and both times the amounts balanced. Where staff had access to people's cash cards and bank accounts, amounts withdrawn from accounts and added to cash floats were checked against entries on bank statements.

There were sufficient staff to help people stay safe and support them to meet their needs. People said staff helped them when needed. They talked about lots of outside activities they did with staff one to one or in groups. Staff confirmed they were able to provide the support people needed within existing staffing levels. There was always at least one member of staff on duty over 24 hours, sleeping in at night. The duty rota included the registered manager, although they had some dedicated management time during the week where they were not included on the rota. All staff were trained in their responsibilities as lone workers and additional staff were regularly rostered to support people for their allocated one-to-one time.

There was a stable staff team that had been recruited safely. The required checks, such as references and Disclosure and Barring Service (DBS) criminal records checks, had been completed before staff started work. Staff also had to sign an annual declaration regarding criminal records, and fresh DBS checks were undertaken every three years.

Medicines were managed safely. Medicines were stored securely and there were appropriate arrangements in place for recording them. Room temperatures were monitored and an air conditioning unit used when necessary to cool the area to a suitable temperature range. A pharmacy audit earlier in the year had found the medicines storage and arrangements satisfactory. There were no controlled drugs in use, but no controlled drug storage facilities either. If people were ever prescribed controlled drugs, the necessary storage facilities and records would need to be set up very quickly in order to meet legal requirements for storing these medicines.

People received their medicines as prescribed. Most medicines were supplied in blister packs with MAR sheets pre-printed by the pharmacy. MAR sheets were initialled by staff to demonstrate they had given medicines as prescribed, with any gaps accounted for.

The premises were kept clean and in good repair. A new kitchen had been installed earlier in the year and worn and damaged flooring had been replaced. There were in-date contractors' certificates for gas and electrical safety. A recent food hygiene inspection by the local authority had given a five star (highest) rating. There were marked fire exits and fire extinguishers in place, and fire alarms and equipment were checked frequently by staff and periodically by a specialist contractor. Practice fire

Good

Is the service safe?

evacuations took place monthly at different times of day and included people and staff. Window restrictors were not fitted to upstairs windows, as the risk of people falling from unrestricted windows had been assessed as low and was kept under review.

Good

Is the service effective?

Our findings

People told us they were happy living at Apple House and liked the staff. A relative stated their family member was "well looked after" and said of the staff, "I can't fault them… [person] couldn't be in a better place." They commented that staff did very well in encouraging their family member to eat healthily. Another relative in regular contact with the home said, "The staff try their very best and do incredibly well". A further relative commented that their family member was happy at the home but that more attention could be paid to their personal hygiene and clothing.

Health and social care professionals in contact with the home also commented positively about the support people received at the home. For example, one professional described the home as "a good provider" with staff who communicated well and carried through instructions.

Staff told us they were well supported by the registered manager, who they felt was never too busy to help them with any queries or concerns they might have about their work. They had regular supervision meetings and annual appraisal meetings with the registered manager or senior support worker. In these meetings they reflected on their work, the people living at Apple House, and their training and development needs.

Staff had the skills and knowledge to support people effectively. They told us they had the training they needed to perform their roles. Staff had an induction when they joined the provider company. This included training in topics such as safeguarding adults, fire safety, health and safety, emergency first aid and food safety. Staff were also trained in a system of positive behaviour management, accredited by a respected learning disability organisation. These topics were covered in refresher training at regular intervals. Staff had obtained, or were encouraged to obtain, nationally recognised diploma qualifications in health and social care. The registered manager was working towards a diploma qualification in management.

Staff had all received regular training in handling and administering medicines. Registered manager oversaw on a daily basis staff safety in handling medicines and was in a position to identify any issues relating to staff competence with medicines. They said there had not been a medicines error for a long time and showed us the competency assessment tool they would use if there had been an issue.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They ensure that care homes and hospitals only deprive someone of their liberty in a safe and lawful way, when this is in the person's best interests and there is no other way to look after them. They require providers to apply to a 'supervisory body' for authority to deprive someone of their liberty. There were no DoLS authorisations for anyone living at the home but some applications had already been made and, where necessary, the remainder had been made by the end of the inspection. The registered manager understood when people could be considered as deprived of their liberty.

People were mostly able to make decisions for themselves about various aspects of their care and support. The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 in relation to supporting people wherever possible to make their own decisions. Care records reinforced this. For example, a person's records stated the person needed help and support to give consent to care and treatment and that staff must not give consent on the person's behalf. People's consent had been documented in relation to areas such as care and treatment, medication, sharing information with professionals and having photographs taken.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act 2005 to make decisions in the person's best interest. Even where people were not able to make decisions for themselves, care plans recorded that they had been involved as far as possible and gave guidance for staff about any support the person needed to communicate. Best interest decisions were made on the basis of the least restrictive intervention necessary. Staff had not all had training in MCA but were booked to attend this in the near future.

People made their own decisions about what they ate and drank. Staff encouraged and supported them to make healthy choices and people's records showed they had a variety of food that included fruit and vegetables. There was a rolling menu for breakfast, lunch and dinner; the items on this had been chosen in consultation with people.

Good

Is the service effective?

If people did not want the main option, they were supported to choose an alternative and there were often several different meals prepared at the same time. People were involved with food shopping, cooking and clearing up afterwards, and some people were routinely supported to prepare food for themselves. People were also encouraged to prepare their own snacks and drinks.

People's weights were monitored each month and records showed these had been stable for several months.

People confirmed they had contact with health and social care professionals when they needed to, including GPs, dentists, opticians, chiropodists, psychiatrists and social workers. They were supported to attend appointments and receive age and gender appropriate health screening. Healthcare professionals confirmed that staff were always able to provide the information they needed and communicated well with them. One person was experiencing an exacerbation in their condition and had been asking for support with their mental health. Staff were in contact with the person's psychiatrist and community professionals about this and were keeping the person's day centre informed. Another person had a chronic chest condition and staff had contacted their specialist team in line with the team's guidance when treatment for a chest infection had not cleared up the person's cough.

Outside and inside, the house did not look like a care home. People had their own rooms, which were decorated and furnished according to their individual preferences. There was a shared kitchen, lounge and conservatory/ dining room, which also contained the manager's office facilities. There was also a sizeable and well-maintained garden, with a patio area and up some steps, a lawn with sunny and shaded areas.

Good

Is the service caring?

Our findings

People told us they felt very well supported by the staff and their relatives confirmed this. For example, a person said how helpful the staff had been when they worried about things and told us, "I don't know what I'd do without them." They said they could get up and go to bed when they liked and talked at length about the activities they regularly enjoyed outside the house. A relative commented of staff, "They go out of their way to try to help [person]". Another relative commented, "They know who [person] is… They treat [person] with respect and dignity" and "They respect [person] as a person".

Throughout our inspection staff treated people with kindness and respect. They spent time with people, talking with them in a natural and clear way and listening to what they had to say. They did what they said they would do, such as calling person's team to find out about a replacement for their social worker who had left, while the person listened. A social worker called back when the person was out. The registered manager explained the person's concerns in a respectful way and later informed the person about what had been said.

People knew the staff, who had worked at the service for some time. The staff had a good grasp of people's needs and preferences, which were recorded in their care records. Staff from the provider's other homes, rather than agency staff, were used to cover staff absence. This assured the registered manager that people knew them and the staff were familiar with the ethos of promoting people's independence and choice. Feedback from professionals in contact with people who used the service confirmed that staff knew people well and were caring and supportive towards them.

Staff showed concern for people's wellbeing in a caring and meaningful way. One person was experiencing some difficulties with their mental health and staff spoke with them sensitively when they arrived home about how their day had been and how they were feeling. Another person was living with the early stages of dementia. They were thinking about significant family bereavements and life events and staff supported them to talk about their memories of these. The person said to the staff, "Everyone's standing by me." The person also complained that their leg hurt. The manager encouraged the person to tell them about this, as the person was not showing clear non-verbal signs of pain, and offered the person paracetamol.

People were central in decisions about their care and support and were encouraged to express their views, as were their relatives where the person wanted or needed this. They chose what they wanted to do each day, apart from routine matters they needed to attend to, such as preparing meals. Staff recognised how some people preferred a structured timetable with activities planned in advance, whereas others often changed their mind and preferred to choose on the day. Staff wrote daily recordings in consultation with people, and where people wished, they made their own notes also. People met monthly with the member of staff who was their key worker to review their care plan and risk assessments. The registered manager encouraged people to seek advocacy support where needed. A health and social care professional fed back that periodic reviews organised by the home were well structured and person-centred.

Relatives told us they were kept informed about any changes, one commenting, "Certainly, the communication with us is very good". A health and social professional also expressed this view.

People were given information and explanations when they needed them. For example, how to stay safe and raise concerns or complaints were routinely discussed at residents meetings and in people's individual monthly review sessions. A person living with the early stages of dementia had been given information about dementia in an easy read format that they could understand. The person was aware they were living with dementia and during the inspection spoke with the manager about what this meant.

This person, who was also living with another chronic condition, had expressed clear wishes regarding their funeral arrangements. They told us about their funeral plan, which included the hymns and songs they would like sung. Staff had supported them to develop this plan. The person had a copy, which was recorded in their care records, and the plan had been communicated with their family and their solicitor. The person had also received support to seek legal advice to prepare a will.

Good

Is the service caring?

People were kept informed about what was happening day to day. For example, there was a staff rota on the kitchen noticeboard, with photographs of who was on duty that day. One of the people living at the home kept this up to date.

People's democratic rights were promoted. Earlier in the year there had been a General Election. Easy read guidance had been made available, with information about the election and its candidates. At a residents meeting in April, people discussed the forthcoming election after someone talked about their voting card.

People's special days and achievements were celebrated. For example, during the inspection, a person discussed with the manager plans for their birthday party a few weeks ahead and requested a particular kind of cake. Plans were made for this to be baked.

People's privacy was respected and they were treated with dignity. On no occasion during the inspection did we observe anything that would compromise this.

The registered manager was concerned to challenge any negative and judgemental perceptions of people. They had supported one person to request a correction to their medical records, in which something unfavourable had been written that was not true.

The registered manager was keen to develop the approach of the staff team to ensure that person-centred practice was sustained. They read care plans and review records, daily notes, records of incidents and residents meeting minutes. Detailed staff supervision records showed they had challenged staff if these indicated anything less than person-centred practice, such as affording people dignity and respect. The manager reflected with the staff member on what had happened, what was written, and how recording could be improved to be factual rather than judgemental, and promote positive perceptions of people. This was followed up in subsequent supervision meetings.

Good

Is the service responsive?

Our findings

People spoke highly about their care and support, as did their relatives. One person told us how they needed "back up" and got this from the staff. A relative commented that the home was "as good a place as [person]'s ever been" and that "They do very well to meet [person]'s needs".

People's needs had been assessed years ago before they moved into the home. Their assessed needs were kept under regular review and were used to develop plans of care personalised to them. These included plans for supporting people to manage long term physical and mental health difficulties. For example, a plan for supporting someone with their mental health included details of early warning signs that might suggest the person was becoming unwell, together with actions staff should take to support them. There were also plans for supporting the person to deal with particular situations known in the past to affect their mental health. Care plans promoted people's independence and were reviewed monthly and updated in consultation with the person. Staff were familiar with people's care plans and had a good understanding of the support people needed.

People received the care and support they needed. For example, everyone we met was clean and dressed in clothing that reflected their dignity. One person was living with dementia that had been diagnosed during the past year. They showed us the memory book staff had supported them to develop. The registered manager explained that memory and life story work was now in progress for other people, with the involvement of their families. The person also had a memory picture board on display, as agreed in their care plan, to assist them in structuring their day and to remember what would be happening next. This person's care plan stated they preferred to open their own mail and give it to staff to read, which we observed happen.

People were involved in the local community and took part in regular and ad hoc activities of their choice both out and at home. For example, two people liked to go to church on Sundays, and one of them told us how they sometimes spoke with the vicar if they felt a bit lonely. They told us proudly how they attended karate classes and were working towards their next belt. People were also encouraged to participate in running of the household, such as grocery shopping and cleaning their rooms. For example, during inspection, a person watered the container plants outside and also put out the bin for collection.

There had been no complaints in the past year, although there were a number of compliments from families and professionals. People told us they felt able to approach staff with any issues or queries. They were regularly reminded at house meetings and reviews about how they could raise concerns or complaints about life at Apple House. The complaints policy gave the Commission as the final point of reference for unresolved complaints. We explained to the registered manager that whilst the Commission is keen to receive feedback about services it does not have legal powers to investigate and resolve individual complaints in adult social care. The registered manager agreed to amend the policy to reflect this.

Good

Is the service well-led?

Our findings

People and their relatives expressed confidence in the home's management. One relative commented that they had found the registered manager very helpful. Another, who had experience of their family member living in other homes, said, "The impression I have is that it [the home] is very well run". They also said, "I think the manager there is particularly good and they seem to have very good staff". A further relative, whose family member had lived in other homes, described Apple House as "the best place [person] has ever been."

Apple House had a homely, informal, open culture that supported people to have active lives and make decisions for themselves wherever possible, with freedom to express their views and change their minds. There was a stable staff team, and the staff we spoke said that morale was good. They spoke very positively about how the registered manager ran the home, one describing the manager as "the best manager I have ever worked with". They said that any changes to people's needs or to the running of the home were always communicated with them and that feedback they had about the running of the home was listened to. The registered manager was confident in the abilities of their staff team and felt well supported by the provider's directors.

Staff were aware of how to blow the whistle about poor practice to outside agencies, but felt they could approach the registered manager with confidence they would act on any concerns raised.

People were meaningfully involved in decisions about how the home was run, including the staff recruitment process. There were regular residents meetings chaired by people living at the home. For example, the four people had decided to go on holiday to Cyprus, but had discussed this further when there were no suitable flights available and opted to go to Spain instead. Meeting minutes also showed that people had been invited to the fire training scheduled for staff. No new staff had been appointed in the past year, but the registered manager and a director explained how people, where they wished, were involved in interviews and meeting candidates during the recruitment process.

A system of quality assurance was used to drive improvements to practice. Staff supervision notes were detailed and recorded challenges to practice and the monitoring of improvements. The registered manager reviewed accidents and incidents to ensure appropriate action had been taken and that any learning was identified. Accident and incident reports were detailed and showed that other professionals, such as day centres, involved in supporting people had been informed as necessary. As this was a small service, the registered manager had a close overview of day-to-day practice including medicines, care records and health and safety, without formally documented audits. For example, they checked balances of cash and medicines daily and followed up any discrepancies with MAR sheets or cash recording sheets. They made monthly reports to one of the provider's directors, who met with the manager and visited the home regularly.

Quality assurance surveys to people and relatives had previously been undertaken across all the provider's homes, without identifying which was which. The registered manager and one of the provider's directors advised us that the next report would be analysed by home.

The registered manager had been in post for several years. Having a registered manager is a condition of the home's registration. 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 registered manager had, with an exception, ensured we were notified of serious injuries, abuse or alleged abuse and other incidents as required by the regulations.

The provider worked in partnership with other organisations to help ensure they were following current practice and providing a high quality service. They belonged to several care organisations, including a nationally recognised learning disability organisation that promotes good practice. They also had links with the local People First organisation, which is run for and by people with learning disabilities and offers services such as visiting and reporting on care homes. A People First report had resulted in a very positive report about people's satisfaction with their life at Apple House. By agreement

Good

Is the service well-led?

with the people living there, the home was linked with the Safe Places scheme, which aims to create a network of safe places disabled people can turn to if they get lost, have something stolen or feel they are being harassed.