

## The Apuldrum Centre

# The Apuldrum Centre

### Inspection report

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#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



#### Overall summary

This inspection took place on 1 September 2015 and was announced

At our last inspection on 22 July 2014 we found the service was in breach of a regulation as staff did not receive adequate supervision with their line manager. The provider sent us an action plan on 8 September 2014 to say this was addressed and that each staff member would be supervised every eight weeks. At this inspection we found staff supervision was taking place and this requirement was now met.

The Apuldrum Centre is registered to provide personal care to people with a learning disability in a supported living environment. These are people's own homes where they receive care and support to live independently. At the time of the inspection one person received personal care from the provider. The service also provided support, but not personal care, to other people. Twelve staff were involved in the provision of personal care. The provider

# Summary of findings

also ran a horticulture scheme and craft centre which people attended. This included a café and shop. This part of the service was not inspected as it does not fall within the Commission's scope of registration.

The service had a registered manager but this person was no longer working for the provider as they had left the post in August 2015. 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 provider notified us of these changes and were in the process of recruiting a manager who would apply for registration with the Commission. At the time of the inspection there was an acting manager for the service. The provider had not notified us of the change of the nominated individual for the organisation. The nominated individual is the person notified to the Commission as responsible for supervising the management of the personal care of people.

Procedures for the storage and administration of medicines were not always safe. There were a number of different stocks being used and the quantity of medicines in stock did not correspond with the stock records. A risk assessment had not been completed regarding one person having access to their medicine.

The service did not have written policies and procedures regarding the Mental Capacity Act 2005 and staff were not trained or aware of the legislation. This included the assessment of capacity when people did not have capacity to consent to care or treatment, or, when people might be deprived of their liberty for their own safety.

Staff had a good awareness of how to keep people safe and knew what to do if they had concerns or if they considered someone was being abused. Relatives, staff and a health and social care professional said the service provided safe care to people.

Sufficient numbers of staff were provided to meet people's needs. Pre-employment checks were made on newly appointed staff so that only people who were suitable to provide care were employed.

People received care from staff who knew people's needs well and were able to communicate effectively with people so they could provide care in the way people preferred. Staff had access to a range of relevant training courses and said they were supported in their work.

People were involved in choosing and cooking their meals. This was done with the support and guidance of staff so people had a healthy diet.

People's health care needs were assessed and recorded. Care records showed people's physical health care needs were monitored and that people had regular health care checks.

Staff had positive working relationships with people and demonstrated a caring attitude. Cultural and religious needs were taken account of by supporting people who wished to attend religious services.

Staff were familiar with people's needs and supported people in the way people preferred. Whilst people were limited in their ability to be involved in their assessments and care plans, these were recorded with people's needs and preferences as central to how care was provided. This is called person centred care.

Staff, people and relatives met every three months to discuss people's care needs. Relatives told us this gave them an opportunity to raise any issues about changing care needs or any concerns they had. Relatives said any concerns raised were promptly acted on.

People were supported to attend a range of activities including supported employment, social activities, holidays and outings.

Staff were committed to their work and demonstrated values of compassion and respecting people. The service had an open culture where people and relatives were encouraged to communicate with the service's management.

A number of audit tools were used to check on the effectiveness, safety and quality of the service. This included seeking the views of people, relatives and stakeholders such as health and social care professionals.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not always safe.

People were supported with their medicines but records of medicine stocks were unclear and did not match the quantities we checked. Whilst people generally received care in a safe way, risk assessments were not always completed where people had access to their medicine.

Staff knew how to recognise, respond and report any suspected abuse of people.

Sufficient staff were provided to meet people's needs.

Checks were made that newly appointed staff were suitable to work with people in a care setting.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff were not fully aware of the policies and procedures for assessing people's capacity when people were unable to consent to care and treatment as defined in the Mental Capacity Act 2005 Code of Practice. The provider did not have policies and procedures for this.

People were supported by staff who were trained and had the skills to provide effective care.

People were supported to have a balanced and nutritious diet. Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

**Requires improvement**



### Is the service caring?

The service was caring.

People's views and preferences were acknowledged in how staff provided care. Staff communicated well with people and had a thorough understanding of what people wanted.

Staff had positive working relationships with people and treated people with respect and dignity. They showed a commitment to caring for people, ensuring people were treated well and their rights upheld.

People were supported to develop independence and their privacy was promoted.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

People received personalised care which reflected their needs and preferences. Care and support was arranged to reflect how people wanted to be helped. Care needs were reviewed and changes made to the way care was provided when this was needed. People's lifestyle also reflected what they wanted to do. Activities and holidays were arranged based on individual's preferences.

Staff knew how to recognise if people were not happy and relatives felt able to raise any issues with the provider which were acted on and dealt with satisfactorily.

There was a complaints procedure which people, and their relatives, were aware of. There have been no complaints made about the service.

## Is the service well-led?

The service was not always well-led.

The provider had not notified us of the change of the nominated individual for the organisation.

The quality and safety of the service was audited and checked and action plans implemented where needed. This included seeking the views of relatives and stakeholders such as health and social care professionals.

Staff demonstrated a set of values which included compassion, human rights and respect for people.

People and their relatives were consulted and had opportunities for contributing to the development of the service.

**Requires improvement**



# The Apuldram Centre

## 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. The 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 inspection took place on 1 September 2015 and was announced. We gave the provider 48 hours' notice of the inspection because it was a domiciliary care service and the acting manager might be out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and

notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We visited the provider's office where we looked at the care plans and associated records for one person. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We visited one person at their home to see how staff supported them. Whilst we spoke with this person they had limited understanding of what we asked so we observed how staff supported and interacted with them. We also spoke with two staff and the acting manager as well as a member of the board of trustees for the provider. Following the inspection we spoke to a relative of one person and to two more staff.

We spoke with a social worker who monitored the care of one person. This person gave us their permission to include their comments in this report.

# Is the service safe?

## Our findings

People were supported with their medicines. Staff recorded their signature each time they administered medicine. These showed medicines were administered as prescribed. We noted one medicine was being administered from six different boxes with different dates on between 29 July and 20 August 2015. It was not clear why one box was not being used before progressing to the next one in date order. The amount of medicines held did not tally with medication administration records of medicines dispensed by the pharmacist. There was a separate record of medicines delivered to the service which was held at the provider's office. This did not correspond with the records at the person's home. For example, the record at the provider's office said 30 days medicine were delivered to the service on 1 July 2015 yet on the medication administration records at the person's home it said no medicine was delivered in July 2015. This meant the provider's checks on medicines delivered to the service were incorrect with the result that the person may be at risk of not receiving their medicines as prescribed.

When we visited the person at their home we saw they had access to their own medicine. The acting manager showed us a risk assessment pro forma used to assess if people were safe with this arrangement. This had not been completed. The acting manager confirmed this assessment was completed after our inspection and appropriate arrangements made to safeguard the person.

The provider did not operate the proper and safe management of medicines. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the procedures for reporting any safeguarding concerns they had about people. Staff recognised the needs of people who were at risk and were trained in safeguarding adults procedures. Staff said how they were vigilant in checking people were safe and that they knew people well which would help them identify if people had any concerns or were in distress. Care plans identified where people were at risk such as psychological abuse or discrimination. The provider informed us the service used the local authority safeguarding adults policies and procedures for dealing with any safeguarding issues. A social worker told us how the service liaised with

them regarding any safeguarding concerns and cooperated fully with any investigations. The provider told us the acting manager attended regular liaison meetings with the local authority regarding current safeguarding procedures.

Relatives, staff and a social worker considered the service provided safe care to people.

There was a system for supporting people with their finances. This included a series of checks and audits. Where people were supported with their finances and the provider looked after people's money we saw accurate records were maintained of this. Where people were supported to purchase goods this was recorded along with a receipt. Records were maintained of any monies held on behalf of people for safekeeping; we checked these for one person and found the record matched the amount held. These systems helped to reduce the risk of financial exploitation.

Possible risks to people were assessed and recorded in a document called, 'Individual Support Plan and Risk Assessment.' These were comprehensive and covered risks relating to choking, nutrition and fluid, road safety and personal care. There were corresponding care plans so staff knew how to support people in minimising any of the identified risks. Staff were aware of the risks to people and knew how to safely support people.

Staffing was provided for personal care based on the hours assessed as needed for each person. The provision of staffing hours also took account of assessments carried out by the funding local authority. As well as assistance with personal care people were supported with cooking, preparing meals and activities, such as outings. Staffing was organised on a duty roster and people lived in a house where they had staff support over a 24 hour period. Individual staff support was also provided on a one to one basis where this was assessed as needed. There were sufficient staff to ensure this duty roster was covered. The acting manager, staff, a relative and a social worker said sufficient staff were provided to meet people's needs.

Pre-employment checks were carried out on newly appointed staff and staff were interviewed to check their suitability for care work. There was a record of staff being interviewed and these showed people contributed in the selection of staff. Application forms were completed by staff and these included an employment history for the staff

## Is the service safe?

member. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

# Is the service effective?

## Our findings

The staff and acting manager were not fully aware of their responsibilities under the Mental Capacity Act 2005 and its Code of Practice. Staff told us they were not aware of the legislation and how it might affect people's care. Whilst staff sought people's consent when providing care, the provider did not have policies and procedures for assessing those who did not have capacity to consent to their care and treatment. There were also no policies or procedures regarding making 'best interest' decisions on behalf of people or when people might be deprived of their liberty for their own protection. The provider had not arranged for staff to be trained in the Mental Capacity Act 2005. The acting manager told us the provider was looking to develop policies and procedures regarding the Mental Capacity Act 2005.

The provider had not developed policies, procedures and staff training so the principles of the Mental Capacity Act 2005 and the associated Code of Practice were followed should people lack capacity to consent to their care and treatment. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were observed to have a good awareness of people's needs and skills in communicating with people. A relative told us staff were skilled and knowledgeable about people's needs which resulted in people receiving the correct support. A social worker also described the staff as skilled in meeting people's needs.

Staff told us they received an induction when they started work and that this was sufficient to prepare them for their role. We saw records of staff induction procedures.

Staff confirmed they had access to a range of training courses and this was reflected in the training records maintained for each staff member. The training included moving and handling of people, food hygiene and fire safety. Staff were trained in medicines procedures and this included an assessment of staff competency to administer medicines. Specialist training was also provided in conditions such as epilepsy. Staff were trained in

communication techniques, such as Makaton, and we observed staff were skilled in listening and communicating with people so people were fully involved in decisions about their daily lives and future plans.

At our last inspection in July 2014, we found a breach of regulation in relation to staff support and supervision. We set a compliance action in relation to this breach and the provider sent us an action plan of how they would implement regular staff supervision. At this inspection we found that this requirement was met. Staff confirmed they received regular supervision from their line manager. Staff said they received supervision every four weeks and the provider told us this occurred every eight weeks. Although staff received regular supervision, records showed supervision was not taking place at these intervals. For example one staff member had a record of one supervision for 2015 and another for two supervision sessions in 2015. The provider acknowledged there was no system of staff appraisal but said this would be introduced. Staff felt supported in their work and said they were able to approach the acting manager with any queries or for advice.

People were involved in devising their own menu plans and in preparing and shopping for food with staff support. Staff told us people were able to choose the food they ate. A relative said people received a healthy diet and that staff carefully monitored people's weight to check for any possible weight loss or gain. Staff were aware of people's nutritional and hydration needs and knew what to do to ensure people were supported with this. People had a menu plan of nutritious meals and food stocks included fresh fruit and vegetables. Risks regarding eating and drinking were assessed and a care plan devised such as to prevent choking on food.

Staff described how people were supported with health care needs. Records showed people were supported to attend annual health checks as well as other health checks and treatment. A relative said how the staff were good at supporting people with their health care needs and ensuring people received any health checks or treatment. A social worker said how people have checks with their GP, dentist and optician.



# Is the service caring?

## Our findings

Staff were observed to treat people with kindness and respect. People were observed to be comfortable with staff such as chatting and sharing jokes. Staff and people knew each other well. Staff had time to talk with people and to respond to any queries they had. We observed one person approach the acting manager in their office who took time to talk to the person in a polite manner which reflected respect for the person. A relative described the staff as “really nice,” that they respected people’s wishes and ensured people’s choices were adhered to. A social worker said one of the service’s strengths was that people were offered choices in how they wished to be supported.

Staff demonstrated concern for people’s well-being and said they treated and supported people in a manner which they would wish their relatives to be treated. Staff said they were motivated to “get the best” for people, to support people to have a fulfilled life, and to develop independence and as a person. Comment was made by a social worker that people’s cultural needs were addressed such as supporting people’s wish to attend church. The social

worker said the provider had developed strong links with the community such as supporting people to display their art work at a local art gallery, which made people feel valued and enhanced their self-esteem.

Care was provided to reflect people’s individuality and preferences. Care plans were written in such a way they reflected people’s choices and needs. Staff said they knew people well which helped them recognise what people wanted or if people were in distress. The provider told us how people’s wishes were acknowledged such as a recent request by a person to have a change of staff keyworker which was acted on immediately.

People were supported to develop independence such as in cooking or in attending activities such as employment or day care. This involved the identification of goals with people to develop independence.

We observed people’s privacy was promoted as people had their own rooms with their own belongings in the supported living houses. Staff said it was important to give people space so they could be alone when they wanted to be.

A relative said they were encouraged to have strong links with the provider and were supported to maintain family ties with their relative.

# Is the service responsive?

## Our findings

People received a personalised service which took account of their changing needs. A relative told us there were regular meetings which involved them, their relative and a staff member. The relative said this allowed any issues, concerns, changing care needs or requests to be discussed. The relative told us the provider acted promptly on any issues raised and felt the review meetings were productive to providing a good standard of care based on what people needed. A social worker commented that the provider met people's changing care needs.

The provider told us there was a system of assessing people's needs at the time they were referred for a possible service from The Apuldram Centre. This involved consideration of any historical documentation as well as meetings with the person concerned, involved professionals and relatives. Care plans reflected people's individual care needs and showed how people were supported to be independent in areas such as money management, shopping, making meals and other domestic tasks. Guidelines were recorded for staff to follow when supporting people in the community and for spiritual needs such as attending church. Care needs were assessed and there were care plans for managing medical conditions as well as daily personal care.

Staff told us how they used care plans for guidance in how to support people and these were reviewed and updated to reflect changing care needs. One staff member was able to tell us how one person was supported with a changing need which was included in the person's care plan.

People had a timetable plan and noticeboard in their bedroom of daily activities they wished to attend. People told us they enjoyed the activities they attended, which included work at the local Apuldram Centre where they had opportunities to get involved in horticulture or other creative activities. A social worker commented on how people were able to learn skills. A relative said a wide range of activities were available saying there was "lots to do", that their relative was "often busy doing what they wanted to do." The provider told us people attended social events and entertainment events such as exhibitions and the cinema. People were also supported to have holidays accompanied by staff. Social clubs were attended by people so they could meet others.

The provider had a complaints procedure which a relative said they were aware of, but added any issues or concerns were discussed and resolved at the regular review meetings they had with the acting manager, care staff and relative. The provider told us there have been no complaints made about the service.

# Is the service well-led?

## Our findings

The registered manager had left the service in the month prior to our inspection and was being managed by an acting manager who was committed to developing and improving the quality of the service. The acting manager was receptive to the findings of the inspection and to implementing any changes. The Commission were notified of the change in manager. It was not clear at the time of the inspection who would be the nominated individual for the provider as the nominated individual was the same person as the registered manager who had left. We had not received notification of this. A nominated individual is a person who represents the provider in its registration with the Care Quality Commission. This was in breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

A relative and social worker described the service as being well-led. This included reference to the acting manager being approachable and dealing promptly with any issues raised. The relative said regular care review meetings had been recently introduced adding that these were an effective method for people and the relative to meet with staff to discuss and plan people's care. A comment was made by the relative that the meetings were "really helpful" and that the acting manager and staff set aside time so they, and their relative's, views were acknowledged and acted on. This relative also said they were asked to give their views on the service by completing a satisfaction survey questionnaire.

The provider promoted a culture where people were able to express their views and could take an active part in making decisions. A member of the board of trustees for The Apuldram Centre told us people were involved in planning events such as a recent music festival, which was featured in a national publication as a positive example of people contributing to the planning events. The provider described the style of management as "approachable and

non-hierarchical." People contributed to the selection of new staff. There was a strong community ethos. For example, staff described the service as giving people a sense of belonging to an inclusive and caring organisation.

Staff were motivated in their work and their descriptions of how they approached their work with people reflected values of compassion and concerns for people's well-being. The provider facilitated good community links such as with the local church and art galleries which enhanced people's lives and ensured people had access to these resources.

The staff and acting manager had good links, and, worked in partnership with other agencies such as social services. Communication with the staff and acting manager was said by the social worker to be good and was productive in reviewing and updating how people received care. The social worker described The Apuldram Centre as a "good service," which was well organised to provide person centred care which was safe. The acting manager was aware of recent changes to the expectation and regulation on providers notifying any people, or their representatives of any mistakes which may occur, which is called the provider's duty of candour.

The provider said they obtained the views of stakeholders, such as health and social care professionals, as well as relatives and people, about the service by the use of a satisfaction survey. The results of the surveys were compiled into a summary format which was discussed at the provider's board of trustees so any improvements could be made.

The acting manager described how errors were investigated and recorded along with an action to prevent a possible reoccurrence.

A number of checks and audits were used to monitor the service and to ensure a safe service was provided for people and for the staff. There was also an annual review report on the quality of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The management of medicines were not safe. Regulation 12 (1) (2) (g)

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider could not be sure that staff acted in accordance with the Mental Capacity Act 2005 because staff did not have access to policies or training in relation to this. Regulation 11 (2) (3)

### Regulated activity

Personal care

### Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

The provider had not notified the Commission of the change of nominated individual. Regulation 15 (1) (e)