

## Hertfordshire County Council

# Apton Road

### Inspection report

34 Apton Road  
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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

Apton Road is a short break respite care service that offers support and care for up to four adults with mild, moderate and severe learning difficulties and people with physical disabilities. There was one person using the service when we inspected.

We last inspected the service on 11 April 2014 and we found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe and were confident to approach the staff. Detailed health care and support plans were in place to ensure that staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Staff members understood their individual roles and responsibilities and were supported by the management team to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for.

The atmosphere in the home was welcoming and there was a warm interaction between the staff and people who used the service. People were involved in all aspects of their care and support as much as they were able. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

People's care and support was planned around their needs and they were involved in decisions about their care with support from family members and professionals. The provider had made arrangements to support people and their families to raise concerns and there were opportunities for people to discuss all aspects of the care and support provided.

The registered manager promoted a positive culture that was transparent and inclusive. The registered manager and provider had developed robust systems to continuously check the quality of the service provided. Staff felt valued and were encouraged to contribute any ideas they may have for improving the service.

## 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 was safe.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People's health needs were supported.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities and to go out and about locally.

People were supported to be involved in decisions about their care as much as they were able.

People's concerns were taken seriously.

**Is the service well-led?**

**Good** ●

People, their relatives and social care professionals had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

# Apton Road

## **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 met 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 under the Care Act 2014.

This inspection took place on 11 April 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with one person who used the service, two support staff and the registered manager. We spoke with four relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People told us that they felt safe living at Apton Road. A relative of a person who used the service told us, "I can completely relax when [Person] is there; they are totally safe and happy there." Another relative said, "Oh [Person] is definitely safe there without a shadow of a doubt." People had confidence to approach the staff and we saw that they looked relaxed and happy when they approached staff for support.

We spoke with staff about protecting people who lived at the service from abuse. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. One staff member said, "I would have no hesitation to report any concerns up the line, we have a duty to protect people."

People's finances were managed safely whilst they were accommodated at Apton Road. Each person had an account sheet. Any monies they brought with them into the home were logged in on arrival and signed out as and when they were given out. Two care staff members signed every transaction and the person countersigned where they were able. Some people kept control of their own money dependent on their individual choice and capacity to do so.

We found that risks to people's health and well-being had been identified and management plans were available in the care records. These included areas such as medicines, finances and people going out independently. All staff we spoke with were aware of the risks to people's health and well-being. The risk management plans were routinely reviewed when people returned for a period of respite to ensure that the management strategies continued to effectively reduce or minimise the risks.

People who were able and their relatives told us that they thought there were enough staff available to help keep them safe. One relative said, "There are always enough staff available to provide the support that people need." The registered manager told us that the service occasionally used agency staff to provide additional cover however; this had significantly reduced in recent times. The agency provided consistent staff which meant they had knowledge and understanding of people's support needs.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. We saw evidence that identification checks and permanent address checks of applicants had been undertaken however, there was no system in place to validate references received. We discussed this with the registered manager who acknowledged that this was good practice and undertook to amend the recruitment processes to include this. All the people who used the service, relatives and professionals we spoke with told us that the staff employed to work at the home were of a high calibre.

Staff were able to confidently describe the procedures to be followed in the event of an emergency, for example a fire and confirmed that regular fire alarm checks were undertaken to help ensure people's safety was promoted.

People's relatives told us that people's medicines were managed safely. One relative said, "They look after [Person's] medicines whilst they are the home and they always come back with the right amount left so I know it is right." There was just one person accommodated at the short break respite centre at the time of this inspection and they did not have any prescribed medicines, so we were not able to check physical stocks of medicines on this day. However, we were able to check how medicines were managed in the home. People's medicines were checked in by trained staff and a medicines administration record was then developed. This was signed as medicines were given to people and checks were made by a senior staff member each morning and night seven days a week to ensure that the stock of medicines held agreed with the records. Staff told us that they received regular training to support them to administer medicines safely if any medicine errors occurred that they were immediately stopped from administering medication and undertook refresher training. There were lockable facilities within people's bedrooms so that people who had the capacity to administer their own medicines were able to store them safely. We noted that the risk assessment that supported self-administration of medicines included instruction for staff to routinely check that medicines were locked away safely.

# Is the service effective?

## Our findings

All the relatives of the people who used the service that we spoke with told us that the care and support provided was effective. One relative said, "I am very satisfied that [Person] receives the care and support they need. Staff always talk with us if they have any concerns, it is clear that staff know what they are talking about. The local authority team told us that they were not aware of any concerns or issues.

People were supported by staff who had the knowledge and skills necessary to provide safe and effective care and support. Staff told us that they received the training they needed to support them in their roles which we confirmed during our inspection. Specific training was provided relating to the needs of the people who used the service. For example, training to give the staff skills to manage conditions such as Asperger's, autism, dementia and diabetes. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice.

We found that all staff members received regular supervision from a line manager and staff told us they were able to discuss any aspect of their role with senior staff which made them feel supported and valued.

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. The application procedures for this in care homes and hospitals are 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 were being met. Staff had completed the relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. A senior supported worker demonstrated a clear awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. However, people who used the service at the time of inspection did not require an application.

The menu was developed from people's wishes. Some people who used the respite service were not able to verbally indicate their wishes. Staff told us that in this instance they gathered family input and tried to provide new experiences for people to try. A staff member told us, "People have a choice of the meals they eat, we like to take people shopping to help them make choices." Information in people's care plans confirmed that people's likes and dislikes had been explored and that they had been offered options in line with their preferences. Relatives told us that people who used the service enjoyed the food and liked that they were able to choose their meals.



People's relatives told us that people's health needs were well catered for whilst they were at the respite service and that they received support from staff to attend appointments as needed. Staff told us that people were supported to access health professional advice where needed, One staff member said, "Occasionally we support people to attend health appointments whilst they are here. For example the dentist and doctors." Staff told us that many people brought their purple health folders with them in case emergency treatment was needed. A staff member told us, "Recently we noticed that a person who stayed with us was not well. We reported it to the manager and the community assessment team to make them aware." We saw that this was written in the communication book to alert other staff members.

## Is the service caring?

### Our findings

Relatives of people who used the service said they felt the staff team were caring and supportive. One relative told us, "The staff are absolutely brilliant; they are kind, caring and respectful." Another relative said, "The staff are brilliant, [Person] loves them. My [relative] really enjoys going there; they count the days down on the calendar until the next visit." A further relative confirmed that staff had a caring attitude and said, "If [Person] didn't like it there and didn't trust the staff they would not go back there. They are always very happy to return to Apton Road."

We observed sensitive, respectful and kind interactions between staff and a person who used the service. Staff took the time the person needed to speak with them and clearly had a good understanding of the support needed.

Relatives of people who used the service told us that they were involved with developing people's care plans and that they helped to make sure that people's choices were respected about how their care was delivered. They told us that the staff and management team were responsive to them and one relative said, "If I have any questions or concerns I know I can call the manager. If they are busy they always call me back when they say they are going to." Another relative told us that they had a communication book that they used to document any events that they felt staff should be aware of from the person's home life. Staff used the book to keep the person's relative up to date with any events that occurred during their stay at Apton Road.

People who used the service had received support from external advocacy services to help them make decisions about matters in their daily lives. For example, one person had received support to find an appropriate permanent residence. This showed that people received support to speak up for themselves.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. People who used the service and their relatives told us that they were supported to maintain family relationships.

Private and confidential records relating to people's care and support were maintained in a lockable office. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information and told us that they had signed a confidentiality agreement. This helped ensure that people's personal information was treated confidentially and respected.

## Is the service responsive?

### Our findings

Staff supported people to do the things they wanted to do. For example one relative told us, "Staff go out with [Person] every day, they really enjoy it, they have support to go into town or go to the pub if they want. Staff keep up us to date with everything whilst [Person] is staying at Apton Road. It feels like we are working together to care for [relative]."

Staff told us that the service did not provide group activities but that each person pursued their own activities. For example care plans showed that one person enjoyed feeding the ducks, watching trains at the railway station and playing pool at the pub. We were told of a further person who revelled in being able to spend time alone in their room with music and DVDs in privacy. Staff told us that there were events that took place at the home such as barbecues and picnics in the summer, shopping trips into the local town, Saturday night takeaway and trips to the cinema. Another member of staff told us of birthday parties and trips out to the pub. The registered manager told us that Saturday was ring fenced with additional staff available so that everyone could be supported to go out and about as they wished. For example to a local car boot sale or just into town.

Care was centred on the needs of individuals and people's care plans were updated in response to their changing needs. People's relatives and staff members were able to give us examples of how people's support had changed in conjunction with their changing needs. Staff told us, "If there is any change to people's needs people's relatives always write it down for us." For example, one person who used the service no longer received prescribed medicines and we saw this was clearly documented in their care records.

Relatives of people who used the service told us that they found the staff and management team at Apton Road to be very accommodating and flexible to people's needs. One relative told us, "They are approachable and friendly, it is a collaborative approach, they bend to meet [Person's] needs."

We observed interactions by staff with people who used the service and noted that staff responded to people in an individualised manner. It was clear when we asked the staff that they knew and understood what the people's needs were.

People and their relatives told us they would be confident to raise anything that concerned them with staff or management and told us that the registered manager operated an open door policy. All the relatives we spoke with as part of this inspection praised the service highly and said that they had not had an occasion to make a complaint. One relative told us, "I do know who to complain to and would be confident to do so but, there is nothing at all to complain about."

## Is the service well-led?

### Our findings

We found that the registered manager promoted a positive culture within the home that was transparent and inclusive. A relative told us that the registered manager always made themselves available and was always supportive. They said, "I speak with them on the phone regularly about [Person's] care and they regularly send me quality surveys for me to complete and return. If there are any problems at all I can always call them and I know it would be fine."

A social care professional told us that the staff and management team were always responsive to any comments and suggestions and were committed to working collaboratively with people, their families and relevant professionals. They told us, "I have nothing but praise for the service and would be confident to recommend it to any of my colleagues."

The registered manager had monthly one to one meetings with their line manager. All aspects of the service provision were discussed during these supervision sessions and people who used the service and visitors had the opportunity to share their views and opinions on the service provided.

A range of audits, checks and observations were undertaken routinely by the staff and management team that were designed to assess the performance all aspects of the service delivery against the five domains that we inspect against. (Safe, responsive, effective, caring and well-led.) The registered manager told us that the audits were undertaken with the involvement of the staff team. For example, a recent audit relating to 'caring' was undertaken with the night staff asking them to explore their own practice and explain how they provided a service that was caring. Information about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider's quality assurance team.

The provider had a range of systems in place to assess the quality of the service provided in the home and we found that these were effective in identifying areas that required improvement. For example in such areas as furnishings or equipment that required replacement. We noted that appropriate actions were taken to address any areas of shortfall.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us of regular meetings that were held to cascade information to them from the management team and to give them opportunity to contribute ideas and suggestions about the service people received. The registered manager had a clear leadership structure that staff understood.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly

demonstrated an understanding of what they would do if they observed bad practice.