

Apple House Limited

Apple House

Inspection report

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Date of inspection visit:
27 February 2018
01 March 2018

Date of publication:
18 June 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Apple House is a care home service that does not provide nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to four people and provides care and support for four adults with learning disabilities, all of whom have lived at the home for many years. The home is sited in a residential area provides a homely environment for people, with access to a garden area.

The inspection was unannounced and took place on 27 February and 1 March 2018. At the time of this inspection there were four people living at the home.

There was a registered manager in post who had worked at the home for many years. 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.

Overall, people received a high standard of care and support at Apple House.

The registered manager and directors had been responsive to meeting people's needs. Relatives and a healthcare professional provided very positive feedback regarding the care provided at the home. People were involved in developing their care plans and informing staff about how they wished to be supported. Staff responded promptly to people's changing needs. Staff utilised their detailed knowledge of people's needs and preferences to ensure people were able to continue taking part in activities that were important to them.

People enjoyed a range of activities that were arranged communally and individually, based on people's own choice.

People were supported to exercise choice and empowered to take calculated risks and have control over their lives. People were actively involved in the local community and supported to meet their social and spiritual needs.

The registered manager had good systems to make sure that the environment and the way people were looked after were safe. Risk assessments had been completed ensuring care was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make sure the environment was safe for people.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how take action if they had concerns.

Accidents and incidents, although uncommon, were monitored to look for any trends where action could be taken to reduce chance of their recurrence.

Sufficient staff were employed at the home and staffing was planned flexibly to meet the needs of people accommodated.

No new staff had been recruited to the service since the last inspection but recruitment policies and procedures were in place, should the service need to recruit more staff.

Medicines were managed safely.

The staff team were both knowledgeable and suitably trained.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

The home was compliant with the Deprivation of Liberty Safeguards, with appropriate referrals being made to the local authority.

People were provided with a good standard of food and were fully involved in planning menus and what they wanted to eat.

Staff had good morale and knew people's needs. People were treated compassionately.

There were complaint systems in place and people made aware of how to complain.

Should people need to go into hospital, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well led. There was a very positive, open culture in the home.

There were systems in place to audit and monitor the quality of service provided to people.

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.

Staff had been trained in safeguarding adults and knew what action to take if they were concerned or worried about someone.

Risks in supporting people, as well as the physical environment people, had been assessed. Action had been taken to mitigate risks.

Robust recruitment procedures were in place. No new staff had been employed since the last inspection.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's needs had been fully assessed.

Staff had the right skills and knowledge to support people effectively.

People's consent was always sought and staff worked within the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and menus were based around what people liked to eat.

Is the service caring?

Good ●

The service was caring.

Staff were caring and supportive, having formed positive relations people.

People were actively supported to express their views and were fully involved in the running of the home.

Is the service responsive?

Good ●

The service was responsive.

People' received highly personalised, supportive care that had allowed people with complex needs to lead full and active lives.

People contributed and helped in writing their care plan.
Pictorial aids helped people to understand specific aspects of their plans.

There was a well-publicised complaints system in place.

Is the service well-led?

Good ●

The service was well-led.

There was an open positive culture that empowered people and supported their independence.

The service had systems in place to make sure the care and support delivered was of a high quality.

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.

At the last comprehensive inspection of the home, published in November 2015, the home was rated as 'Good' with no breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This latest inspection was carried out by one inspector on 27 February and 1 March 2018.

Before the inspection we reviewed the information we held about the service. This included 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 improvements they plan to make. We also liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us throughout both days of the inspection and we also met with two directors of Apple House Limited. We spoke with two health care assistants and three of the people living at the home. Health and social care professionals gave us positive feedback on their view of the service. We spent the majority of time in communal areas and so were able to observe how people were cared for and supported.

We viewed two people's care records in depth as well as sections of other people's personal files. We reviewed everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

Is the service safe?

Our findings

We spoke with three people who lived at the home, all of whom were living full active lives. They all told us they were happy living at Apple House and were keen to be part of the inspection. No one had any concerns about safety and they made comments such as: "I am very happy here", and "This is a nice place to live".

People were protected as far as possible from abuse and their human rights protected. This was because staff had all been trained in safeguarding adults, as well as receiving update refresher training. They had a good understanding of what constituted abuse and how to make referrals should the need arise. Information posters were displayed in the home as a reminder for staff and to impress the importance of safeguarding.

The provider had made the home as safe for people as possible for people, complying with legislation and guidance. The registered manager had carried out a risk assessment of the premises to identify hazards and had then taken steps to minimise the risks to people. For example, freestanding wardrobes had been attached to the wall to prevent risk of being pulled over and window restrictors fitted to windows above the ground floor. The majority of radiators in the home had been covered to prevent scalds and burns. The radiator in one person's room was not covered and by the second day of the inspection the registered manager had arranged with their maintenance staff for this to be covered. Portable electrical wiring had been tested to make sure appliances were safe for use. The home had contracted with an external company and met water regulations.

The registered manager had also taken steps to make sure people's care was delivered as safely as possible as all aspects of people's care had been risk assessed. The risk assessments showed that the service was not 'risk adverse', as people were supported to take calculated risks in meeting their objectives. One person had been assessed as having memory problems; however, they were supported to maintain their preferred routine of going out in the evenings and arrangements were made to support them with this goal.

This person was also the in-house Fire and Health & Safety officer. They worked with staff and had their own picture format to work from. This helped them identify risks or hazards in the way that they could understand. They were supported by a member of staff and assisted with fire evacuations and monthly health and safety checks. The registered manager told us this has helped this person's esteem by being valued and included in the safety of their own home.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. Certificates showed that the home's boilers and electrical wiring were tested and maintained for safety.

Being a small service for adults, there was a low incidence of accidents and incidents affecting people living at the home. Those that had occurred were recorded and reviewed to see if any remedial action could be taken to minimise the risk of recurrence.

There was a stable staff team that had been recruited safely. Since the last inspection there had been no

changes to the staff team. As the staff recruitment files had been inspected at the last inspection and all the required checks were in place, such as references and Disclosure and Barring Service (DBS) criminal records checks, they were not reviewed at this inspection.

Medicines were managed safely. Policies and procedures were in place that complied with NICE guidelines and also took into account the principles of STOMP (stopping over- medication of people with learning difficulties autism or both). There were also antipsychotic medication protocols and guidance in place to inform staff.

The home had recently had an audit of their medicines' management by their pharmacist. The report showed good compliance with medicines guidelines. The registered manager shared knowledge with their medication auditor as they did not know the risks to using paraffin emollients. They said they would feed the information, which was taken from NICE/ CQC and NHS guidance, back to their pharmacist team.

Medicines were stored securely with appropriate arrangements in place for recording any medicines entering the home.

Room temperatures were monitored and an air conditioning unit used when necessary to cool the area to a suitable temperature range. There were no controlled drugs in use; however, the service had appropriate storage facilities should people ever be prescribed controlled drugs.

People received their medicines as prescribed. MAR sheets were initialled by staff to demonstrate they had given medicines as prescribed, with any gaps accounted for. Where people had 'as required' medicines, there was guidance in place for staff to ensure that medicines were given consistently.

People's care plans provided guidance to staff on how to support people with their medicines. They included monitoring sheets for the side effects of medication to alert people's doctor if they experienced side effects of medicines. Care plans also contained easy read medication information packs, to help people understand why medicines had been prescribed. The registered manager told us that on two occasions a person's medicine had been stopped as a result of information gathered via this monitoring process being shared with health professionals.

One person was supported to self-medicate. They signed their own MAR sheet, allowing them to have some independence over their medication.

All the staff who administered medicines had been trained in safe medicines administration as well as having their competence assessed for carrying out this procedure. The registered manager had worked with the auditor to update a medication competency tool for ensuring staff were knowledgeable and competent.

Is the service effective?

Our findings

People were satisfied about how their care and support was managed at Apple House and fed back to us that their consent was always agreed before any changes to their routine. Health and social care professionals also commented positively about the support people received at the home.

The same people were living at Apple House as at the time of the last inspection. The registered manager told us that should a vacancy arise, there were procedures of assessing needs of a prospective service user before they would be accepted for a placement at the home. This would also involve discussions with people already accommodated and a planned, phased introduction to the home. Records showed that a preadmission assessment had been completed for the people already accommodated.

People's records contained a full range of assessments, which covered all aspects of people's lives; health, social, recreational and religious needs. The assessments were kept under review and updated as people's circumstances or conditions changed.

The home had a small staff team who felt well supported by the registered manager as well as the directors of the company. Records showed that staff had regular supervision meetings and annual appraisal meetings with the registered manager. In these meetings they reflected on their work, the people living at Apple House, as well as training and development needs.

Staff had the skills and knowledge to support people effectively. The staff member we spoke with told us they felt they had the training they needed to perform their roles and were provided with update training as and when this was needed.

Training records evidenced that staff had been trained in core subjects as well as training to inform them of health of any particular health needs affecting people. For example, staff had received mental health training as one person was being supported with a mental health condition. Staff were also trained in a system of positive behaviour management, accredited by a respected learning disability organisation.

There was an induction programme in place for the event of a new staff member joining the organisation. This included training in topics such as safeguarding adults, fire safety, health and safety, emergency first aid and food safety. Should any newly appointed staff be new to the care industry, they would enrol on the Care Certificate, which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

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. One DoLS authorisation had been granted, whilst applications had been made for other

people.

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. People's consent had been documented in relation to areas such as care and treatment, medication, sharing information with professionals and having photographs taken. People told us that their consent was always gained and that staff respected their decisions.

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. Care plans recorded that people had been involved and supported as far as possible in making any decisions. Best interest decisions had been made on the basis of the least restrictive intervention necessary. Staff had all had training in MCA.

People were satisfied with the arrangements around food, meals and choice. Staff encouraged and supported people to eat healthily and to be involved in shopping, cooking and budgeting. For example, one person's cookery folder showed how staff had worked with them. Real time photos had been used as visual prompts to help the person remember what actions were needed to complete the task. The staff and the person completed feedback sheets to see how they felt about the activity and what they had learnt. This had been e-mailed to their family and professional link team at their request, and enabled them to take some responsibility and learn about risks such as hot or sharp items. This person's cookery pictures were displayed on the menu board so that everyone could see what choices there are for their meals. We saw it was not uncommon for the individuals to all choose different meals commensurate with their food likes and dislikes. Everyone participated in the weekly shopping and could choose items they wanted to eat.

People were encouraged to prepare their own snacks and drinks and they kindly supplied us with tea and drinks throughout the inspection. People's weights were monitored each month and records showed these had been stable for several months.

There were arrangements in place to ensure people's health needs were met. People's records showed that people were supported with appointments with health and social care professionals when they needed to, including GPs, dentists, opticians, chiropodists, psychiatrists and social workers. The home had made good links with the community mental health to support a person with a mental health condition.

Is the service caring?

Our findings

People and health and care professionals all told of how supportive the staff were at Apple House.

Everyone accommodated had lived at Apple House for many years. There was a long-standing staff team who had formed positive relationships with people. They were clearly at ease and comfortable with the staff as they sought their support and told us how much they liked the staff team.

Staff we spoke with had very good understanding of people, how to support them and knew of their goals as detailed within care plans. Each person had a communication plan and staff knew how to communicate with each individual.

Staff were aware of people's preferences and respected their choices. People's records included information about their personal circumstances, likes and dislikes and how they wished to be supported. For example, care plans referred to people's preferred routines and how they liked to spend their day.

We discussed equality, diversity and human rights with the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

People's birthdays and other important events were celebrated.

People were supported to maintain friendships and relationships with families. People could have visitors whenever they chose. At the time of the inspection one person was spending some days with their family.

There was a strong cohesive team and continuity of staff with a very low sickness level, which had led to the development of trust between people and staff. The registered manager told us this in turn had helped to stabilize people's behaviours which challenge enhancing their quality of life. Staff understood people's needs and support from other agencies was sought if and when this was needed.

Is the service responsive?

Our findings

Apple House has been very successful in providing a long term home and stability for the people living there. Everyone accommodated had complex needs and challenges before moving to Apple House. The success of the service has been achieved by being responsive to the needs of people, through the provision of a strong, longstanding staff team and good leadership. A relative said of the service, "Apple House provides a caring home for (person's name). In my opinion (person's name) feels loved as a family member by staff and residents. I am not sure there could be any greater compliment because that is what any family member of a person requiring residential care seeks above all else and it is probably elusive". Another relative in feedback, commented, "The consistent professional support that (person's name) receives at Apple House gives him a sense of security and belonging and has helped him enormously in managing his condition. (Person's name) has built strong trusting relationships with long standing staff members who know him well and how best to support him with his fluctuating health needs".

An advocacy worker who had been engaged to work with one person commented; "It is refreshing to meet such a dedicated staff who have such a strong bond with the residents. It is very clear that (person's name) enjoys life at Apple House, and there is solely due to the professionalism and genuine warmth of the staff to the residents. Believe me, there are not many homes that I would endorse without a second thought."

Each person had an up to date personal care plan. The plans detailed people's needs and how they should be supported. The plans gave good information about the whole person; their health, social, spiritual and emotional needs and identified goals set with that person. The plans were up to date and shared with the people living at the home so that they were fully involved in planning what they wanted to achieve in the future. For example, the registered manager told us that staff at Apple House and family had worked with one person with a mental health condition to remain stable for the past 18 months. The professionals involved had agreed to sign a support plan the person had written with the help of staff. This person had also with support written their own support plan to lower their stress levels, demonstrating the service encouraged people to contribute to planning their care.

After people had attended any appointment, they were invited to take part in 'a reflective account'. This involved asking them whether they felt supported during the visit.. This showed that staff sought people's views about how their care was planned and delivered.

Care plans were integrated with the risk assessments and showed that people were empowered to take calculated risks and have control over their lives. For example, one person was beginning to develop memory difficulties. Plans had been made with that person so that they were still able to pursue a full life whilst mitigating identifiable risks. They were still able to go out to the pub alone in the evening with staff ensuring the person had the address of the home on their person and a care plan in place. This time afforded the person to have some time on their own away from others and be in the presence of friends and acquaintances, promoting their well-being and independence.

This person had attended karate for the past five years, gaining their brown belt and becoming an assistant

teacher at this group. Maintaining and following their routine helped to keep them independent in their local community. They were very enthusiastic and proud of their achievements showing us all the certificates they had gained.

The person had memory board which helped them see their activities and a staff picture board on view so they knew who would be on shift for the day/night. The registered manager told us this reduced feelings of confusion for that person.

Another person had wanted to find out more information about having relationships. Staff supported them to attend a six-week course, so they could have a better understanding of what kind of relationship they wanted and to give them more information and awareness. Again, this demonstrated the service's responsiveness to the person's needs.

People were enthusiastic to share their experience of the home and were happy for this report to reflect the full lives that they were able to enjoy because of the support and assistance of the staff. Each person had varied, differing interests and the staff had worked with people to ensure people individuality was respected.

The home had a car that was used to take people to activities, shops and medical appointments. There were regular outings to places of interest and people would choose where they wished to go and what to do through formal and informal meetings. One person told us that for their seventieth birthday they had wished to do a parachute jump. The person's GP and instructors for these events felt the risks were too high and so together with the person a helicopter ride had been arranged instead. The person proudly showed us the photos of this memorable day flying over Bournemouth bay. Other people told us about day trips, holidays and other events organised with other homes within the group.

Staff and people were integrated with the local community having formed good links with the local church. Staff and residents had recently organised a coffee morning and had raised £100 for a local charity. Some individual's attended the local church and are well known to the congregation as active participants. Staff had worked with the link person within the church to complete feedback sheets. This continuous monitoring of people's safety, well-being and independence ensured their right to enjoy their faith with members of the congregation.

People told us they had never had a need to make a complaint but that if they did, they had confidence in the registered manager to look into and resolve issues. This was reflected in returned quality assurance questionnaires. There was a well-publicised complaints procedure on display that was in an easy read format for the benefit of people living at the home. The complaints log recorded two complaints that had been raised. The log detailed the complaint and how the complaint had been resolved to the satisfaction of the complainant.

One person had been supported to make a complaint, as they were not happy with the service they were receiving from a taxi company. The registered manager told us this had assisted them in not entering an episode of mental health decline by their feeling listened to and promoting their independence.

Is the service well-led?

Our findings

The home was well-led by the registered manager who had worked at the home for many years. The directors of the company also took an active part in supporting the registered manager and people living at the home. They visited the home at least once a month to support the registered manager and also to review the performance of the service. The company was a finalist in the National Learning Disabilities and Autism Awards 2017 for Employer of the year and also for 2018. The award for 2018 was in relation to the 'Breaking Down Barriers', which celebrates and recognises an individual or organisation who has worked to make sure people get clear information and are able to contribute their views and experiences.

One of the directors had been awarded 'Director of the Year' and had also been a finalist for a lifetime achievement award with a local initiative recognising women's achievement in business. The Managing Director and the Director of Operations gave a seminar presentation for Westminster briefing, one of Europe's leading political information, public affairs and policy communication specialist. This service feeds into the House magazine, the weekly business publication for the houses of parliament.

The providers had engaged with the local community wherever possible. For example, a talk was given to the local church about understanding challenging behaviour so that they could understand people and assist in them integrating with the congregation.

Staff felt supported by the registered manager and there was a clear vision and positive values that underpinned the ethos of the home. The manager had attended 'Training HUB meetings', which are a forum for sharing and learning with other providers. The registered manager told us that any learning was shared with staff at staff meetings.

Staff told us that the management were approachable and would always listen; there being an open door policy. Members of staff had been delegated 'championship' roles for topics such as, health and safety and medicines.

Team meetings minutes showed staff were kept fully informed and had the opportunity to discuss and make suggestions about the running of the home. Staff took turns to write up a monthly quiz, based on the information given at the previous team meeting and outcomes during the previous month within the service. This helped staff to retain information, research subjects and feel involved in the home and needs of the individuals.

The registered manager had sought feedback from staff members with questionnaires asking about their working life. This was in addition to the support, supervision and appraisal given to all staff. The registered manager gave feedback in an open letter to the team to motivate and inspire the team.

Staff knew how to whistle blow and raise concerns as there was a policy and procedures in place.

At residents' meetings, minutes showed that people were fully involved in day to day running of home,

discussing what they wanted to eat, what activities they wanted to arrange and issues that affected them in the home.

The provider had a website containing information about our company, achievements, activities, jobs and innovative practices. They told us some people living at the home look at the website regularly for updates. The site has a 'listening button', which enables people to hear the words so it is more accessible to the people. It has also allowed the individuals to leave a comment if they wished to.

People's records were up to date and organised in a way that made information easy to access.

There were well-developed quality assurance systems in place to monitor the quality of service being delivered and the running of the home. These included audits such as medication, infection control, accidents, incidents and care planning.

Quality assurance surveys had been sent to people, relatives and professionals affiliated with the home. The registered manager had analysed all returned surveys and collated the results, all of which were very positive.

The registered manager had notified CQC of significant events, such as deaths, serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. We use such information to monitor the service and ensure they respond appropriately to keep people safe.