Apollo Care And Supported Housing Limited

Acash Lodge I

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 24 November 2015. The inspection was unannounced. Acash Lodge 1 is a care home registered for a maximum of six adults who have a learning disability.

At the time of our inspection there were four people living there permanently with short term respite placements offered to a number of people who live in the community who use the service on a regular basis.

The service is located in a terraced house, on three floors with access to a front and back garden.

We previously inspected the service on 4 September 2013 and the service was found to be meeting the regulations inspected.

Acash Lodge 1 does not currently have a registered manager in post. 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 day to day running of the service was being managed by the deputy manager (who also had a caring role) and the provider.

During the inspection people were calm and there was a pleasant atmosphere and we observed good quality interactions between staff and people using the service, and people were being treated with dignity and respect

Care records were individualised but risk assessments for people using respite were not always up to date. Care records for people using the respite service lacked detail to ensure their needs could be met.

People were supported to maintain good health through regular access to health and social care professionals, such as GPs and the local community learning disability team.

People were promoted to live full and active lives and were supported to access activities in the wider community if they wished. People's cultural and religious needs were actively facilitated by staff.

People had their medicines managed safely. People received their medicines as prescribed and on time. The use of non-prescribed medicines, called 'homely remedies' needed to be formalised.

Staff recruitment processes were not always thorough. Disclosure and Barring Service (DBS) checks were completed but not all references had been received prior to staff being employed by the service.

Staff felt supported and talked positively about their jobs. We saw that staff were caring. However, we found no evidence of regular supervision taking place. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. But there

was not sufficient evidence to confirm staff had received sufficient training in key areas.

There were enough staff to meet people's needs on the day of the inspection.We were not able to evidence how staffing levels were calculated when there were additional people using the service for respite.

The home did not have comprehensive arrangements for quality assurance. Some audits and checks had been carried out by the acting manager but there was no evidence of audits in relation to care records and the last audit of all medicines was in March 2015.

We found the premises were clean and tidy and the building was maintained and decorated to a good standard. There was a record of essential servicing of gas, electricity and fire safety equipment and maintenance was carried out. There was documentation relating to complaints and incidents.

Management of money for people using the service was administered well.

The building was not suitable for people using the service or visitors with significant mobility problems. This was not an issue for the people who used the service at this point in time as nobody had any mobility problems.

We have made recommendation about the management of some medicines and recruitment practices.

We found breaches of the regulations in relation to care records and staff support and training.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments were not always up to date and homely medicines were being given without formal authorisation.

Staff recruitment practices were not always thorough. References had not always been obtained before people were employed by the service.

People's money was managed safely.

The service was clean and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective. There was no evidence of regular supervision, or recent training for all staff in key areas required to safely support the people living at the service.

Staff supported people living at the service to access a wide range of health professionals to maintain optimum health.

There was evidence of people being given a choice of food.

Is the service caring?

Good

The service was caring. We saw staff were patient and took time to engage with people.

We saw people being treated with dignity and respect and staff were able to explain how they supported people living at the service in a caring way.

People living at the service were encouraged to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans for people using the service were not sufficiently personalised, accessible or up to date.

We saw that for the people who lived there full time there was a range of activities they could access if they chose to.

Relatives told us that they could discuss any issues with staff or the owner although formal complaints were rarely documented.

Is the service well-led?

Requires Improvement

The service was not always well led. Leadership and quality assurance was not consistent at the service.

Checks in relation to people's money were in place, but there were no formal audits evidenced of medicines or care records.

There was no registered manager in place and at the time of the inspection.

Acash Lodge I

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 24 November 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority adult social care department.

During the inspection we met and spoke with two people who live at the service. People living at the service have complex needs. It was difficult for them to tell us their experience of the service.
We talked with three members of staff and the provider. Following the inspection we spoke with three relatives, one of them had a family member who attended the service for respite.

We looked at four care records related to people's individual care needs, four recruitment files and staff training records. We carried out a sample audit of medicines stocks at the service and looked at records in relation to medicines management. We checked the administration of money belonging to people who lived at the service.

As part of the inspection we observed the interactions between people and staff, and discussed people's care needs with staff.

We checked fire safety including equipment, testing of the alarm, emergency lighting and the regularity of fire evacuation tests. We checked servicing of essential services such as gas and electricity.

We checked information relating to incidents and complaints. We looked at minutes of residents' meetings

and staff team meetings. We also looked around the premises, and saw one person's room. We also viewed the sensory room located outside and the garden.

Requires Improvement

Is the service safe?

Our findings

Some people were unable to verbalise their views. However, one person told us, "it's alright living here," and another said, "I'm happy here."

We saw there were enough staff on duty on the day of the inspection. Two people went out to activities in the day. One care worker told us, "There are enough staff on duty, we have enough time to spend with people without rushing around." Another told us, "We could sometimes do with more staff, especially when people are here on respite."

There were three people on shift in the day from 07.30am-10.00pm, one staff member worked with one person on a one to one basis. There was one waking night staff member from 10.00pm until 07.30am. Additional sleep in staff were on duty for people staying at the service for respite.

The service offered respite to people living in the community on either a sleep in or daily basis. There was no clear system to gauge additional staffing requirements in relation to people receiving respite other than the additional waking night staff member.

People received their medicines as prescribed.. We checked the medicine administration record (MAR) against stocks and these tallied. There was a system for managing controlled drugs which required authorisation of either the acting manager or the provider to be given. Controlled drugs are prescribed medicines which are subject to legal controls in relation to how they are stored, supplied and prescribed to prevent misuse.

The deputy manager told us that people who come for respite bring in their medicines and a MAR sheet was set up for them. Their medicines were returned home with them. We saw evidence of MAR sheets on care records for respite users of the service.

One person living at the service requested a calcium tablet daily that the staff gave them, but there was no documentation from the GP or from the individual to authorise this.

An audit by the pharmacist at the local chemist in March 2015 made a recommendation that 'homely remedies', medicines not prescribed by a medical practitioner, were authorised on a formal basis, but this had not happened at the time of this inspection. We saw medicines in blister packs were checked and handed over at each shift.

Staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said "I pay attention if behaviours change." Another told us, "I know my service users and their behaviours. I would definitely pick up on any changes, for example, their eating patterns." They explained that if they saw something of concern they would report it to the manager or the senior member of staff on duty.

Staff understood how to whistle blow and told us that the whistle blowing policy was discussed in a previous team meeting.

We saw there were comprehensive risk assessments for people who lived at the service. These assessments were specific to the individual. For example, where a person displayed behaviours which challenged, there were very clear guidelines for staff about how to recognise the triggers for this behaviour and additionally, how they should support the person and others around them. However, where a person used the service for respite care, we found there were inconsistencies regarding their risk assessments.

One person who had epilepsy had not had their risk assessment updated since 2012. Another person had no risk assessments on record, despite it being clearly recorded that they presented with behaviours which challenged in certain predictable situations. This person also had complex healthcare needs, none of which had a risk assessment to reflect this. We spoke with the acting manager and provider, who told us the assessment information was from the local authority and was outdated. They told us the person was not so challenging now. We discussed the importance of people having an up to date risk assessment, specific to this person to reflect their current risks. This was acknowledged by both who said "a risk assessment will be in place before the next respite period."

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at records relating to the management of people's money living at the service. These were accurate and up to date. We were told money was audited and handed over at each shift and monthly receipts were returned to the head office for auditing purposes. We noted some small items were purchased out of an individual's money that should have been purchased by the service. We drew this to the attention of the provider and acting manager who said they would talk with staff to ensure they knew the procedure for individual's expenditure, and would return the money to individuals.

We looked at four staff records and saw there were completed application forms which included references to previous health and social care experience, their qualifications and their employment history. We saw there were health declarations and up to date Disclosure and Barring Service certificates [DBS] on record, as well as proof of identification. In addition, where relevant, records contained evidence of the right to work in the UK. However, we noted that references were not always obtained before staff were employed to work at the service. For example, one staff record had only one reference on record, which covered a period of five months only and another had one reference that had been obtained prior to them starting work, and one that had been requested in June 2014, but only received in December 2015, following a request by the inspector...

The home was clean and we saw it being cleaned throughout the day. Infection control measures were in place and we saw staff using gloves and protective clothing appropriately. Food was stored safely and hygienically in the fridge and kitchen cupboards. There were colour coded chopping boards in the kitchen, and colour coded mops and buckets for use throughout the home to minimise the spread of infection.

We recommend that the service consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

We recommend that the service refers to best practice in recruitment of staff and take action to update their practice accordingly.

Requires Improvement

Is the service effective?

Our findings

A care worker told us, "training has slowed down a bit recently due to changes in management, but when we have it, it is face to face rather than e-learning." Another staff member told us, "I have had training on moving and handling and infection control, but I don't think that is enough to do the job properly."

There was insufficient evidence that all staff had received training in key areas such as safeguarding adults, Mental Capacity Act 2005 and Deprivation of Liberty Standards (DOLS), hygiene control, medicines management or challenging behaviour.These are necessary to support people safely. There was no overview of training for the team of what was completed, outstanding or due. Training information was not stored in a consistent and accessible way.

We spoke with the provider and the acting manager about the lack of evidence of training and they acknowledged that there was no system in place to track whether staff had done, or were due to do, mandatory training. Equally, it was not apparent that specialist training was done in order to support the individual needs of those who used the service. For example, where a speech and language therapist had recommended that all staff attended Makaton (sign language) training in order to communicate more effectively with a person, the only evidence of this training was for one member of staff who had completed training in 2012. One person who used the service regularly for respite had epilepsy, but there was no evidence that staff were fully trained to manage this condition. The provider and acting manager agreed that delivery of training had not been regular and that they needed a more robust system to track staff training.

There was no evidence of regular supervision for staff. A worker told us how they used to get supervision every three months, "but this has suffered with the change in management, but we all know our job and do our best."

We also noted that staff were not able to use 'body maps' effectively in care records. Body maps are diagrams used to assist staff in recording unusual/unexplained marks on people's body They are particularly important for people who have limited communication who may be unable to explain how a bruise occurred, and in situations where there are safeguarding adult concerns. Care staff can monitor areas of concern and highlight these to colleagues/managers through use of the maps. An incident in August 2015 had highlighted the necessity of effective body mapping to monitor a person, but there was no evidence the service had developed a policy or shared any learning points from this with staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. There were referrals to the local authority with regards to deprivation of liberty safeguards (DoLS) for four people living at the service.

Staff we spoke with were familiar with the Mental Capacity Act 2005, and the need to obtain consent from those who used the service. One staff member told us, "Most people have got capacity and make choices." They also told us how they would, where possible, show a picture of, for example, the type of food on offer, or "lay out a selection of clothes to choose from." During the inspection we heard care workers offering choices to the person they were supporting. For example, a variety of snacks were offered to people as they returned from the day centre, and people were asked what activity they would like to do with a member of staff.

We saw evidence on care records of multi-disciplinary work with other professionals such as the local learning disability team, psychologists and speech and language therapists. We also saw where a dentist visited a person, who refused to leave the house, on a regular basis.

There were menus displayed in the kitchen and there was a good supply of dry food in the cupboards. Staff told us how they accommodated those people with specific cultural needs. One relative told us she had asked for a specific diet to be followed for health reasons, for their relative and staff had agreed to follow it.

We saw that the kitchen door had a key pad on it and was closed when staff were not in it. Whilst it was evident that people could access it by asking a member of staff to open it, this limited their access. We spoke with the provider and acting manager about this. They told us there were some people who used the service who would, "empty the fridge and eat all the contents" if not supervised. There were also issues of safety in the kitchen for some people living at the service.

We raised this with the acting manager and provider who agreed that the kitchen door could be open during the times when those who were likely to abuse food or were clearly unsafe in the kitchen were out of the house. This would enable those who did not display such behaviours to enter the kitchen freely as and when they chose.

Good

Is the service caring?

Our findings

We saw from the interactions we observed that the staff team were thoughtful and promoted positive caring relationships between people using the service. For example, one member of staff supported a person to get a plate of biscuits for others.

Throughout the course of our inspection day, we noticed how staff took time to engage with those who used the service, and answered frequently repeated questions. We heard lots of conversations and laughter between staff and those who used the service. We saw one member of staff brushing a person's hair when they became agitated. This had the effect of reassuring and calming them.

A member of staff told us, "I care for them from my heart," and another said, "I treat them as I would like one of my family to be treated."

We saw how staff knocked on people's door and waited to be given permission to enter. We also saw a high level of respect shown for people's dignity throughout the day, especially when supporting a person with their personal care.

We saw that staff had supported one person to put up photographs and paintings all around their room. The photographs were of visits to places they had enjoyed going to. This was evidence of people's independence being developed and people being integrated into the wider community. Interaction between the staff member and this person was particularly warm and friendly. We saw both staff and the person cleaning their bedroom and surrounding areas before going out for the day.

There was a sensory room located in the garden for use by people living at the service. Although it was not in use and so cold on the day of the inspection, we were told heating was available and it was regularly used.

The relatives we spoke with all confirmed the staff were kind and approachable and they could discuss with them any concerns they had.

Requires Improvement

Is the service responsive?

Our findings

The care and support people received was responsive to people's needs. We saw examples of referrals made to the community nurse and psychologist where there were concerns about people.

Most care plans for people who lived at the service were recently reviewed and were detailed, person centred and provided good information for staff to follow. We saw that some care records had accessible documentation, for example a health action plan, so people living at the service could understand them.

Care plans for people using the service for respite were not sufficiently person centred, accessible or up to date and these required improvement.

A care worker told us "it is not one size fits all, our support is tailor made for people." We saw clear details on one care plan about how to encourage a person to engage more with others and another care plan required a food diary to be kept, which we later saw completed on the person's record. This same care plan required the person to be monitored every 30 minutes throughout the night. However, the only record of these checks as written by the waking night staff included, 'checked during the night and all fine,' but no indication was given about the frequency of these checks. We discussed this with the acting manager who told us that waking night staff carried a listening device in order to hear whether this person required assistance at any time. However, she acknowledged that this was at variance with what was in the care plan and she would initiate a simple chart which staff could record their 30 minute checks.

Where there were concerns about a person's health over a period of time, we saw evidence of requests made by the acting manager for a home visit from the GP. This had not taken place at the time of the inspection but staff within the service were actively advocating on behalf of the person for the person to get a home visit as they were refusing to attend the GP surgery.

We noted that those who went out to day centres brought with them a communication book. This was used to update residential and day centre staff on how the person had been. This book was used very effectively and staff at the service and at the day centre made daily entries. For example, care staff updated day centre staff on the outcome of a GP appointment, which would impact on their attendance at day centre. Another entry recorded a pattern of behaviours which challenged, and gave reasons for this, 'just in case this happens with you.'

There was also a communication book on site for staff which staff had to sign to say they had read it. This was particularly useful in a scheme where the people living at the service have very limited communication.

There was a complaints book in place, the last complaint was logged in August 2014. However the three relatives we spoke with confirmed they were able to discuss issues with the provider and staff and they were dealt with so issues may have been resolved before they became a complaint.

People living at the service had a variety of activities to participate in if they chose. Staff told us how

activities "are planned at the weekend. For example, people have a taxi-card and staff accompany them shopping or to the cinema." We were also told by staff how people used public transport, "as much as possible to increase their independence."

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in place at the time of the inspection as they had left in October 2015. The deputy manager was providing management cover alongside the provider at the time of the inspection. We discussed this with the provider as the deputy was also providing a caring role to people living at the service, so was limited in the time they had for management duties.

The provider was seeking to fill the registered manager post and agreed to increase the time available for management support until a registered manager had been appointed .

The service had a clear vision, mission statement and aims and objectives, focusing on choice, independence, inclusion and people's rights as citizens.

There were elements of the management of the service that were well led. Servicing contracts covered areas such as, electricity, gas, and fire safety equipment. A health and safety checklist was carried out monthly and the building was clean and in a good state of repair. Fire alarms were tested weekly and incidents were logged appropriately.

There was evidence of seeking best interest meetings with other professionals and family members when it was unclear if a person living at the service was able to make important decisions regarding their health.

There had been four staff meetings in 2015 which enabled staff and managers to discuss issues and determine priorities.

There was evidence that staff signed to confirm they had read important procedural documents.

However, there was evidence of the lack of effective leadership and quality assurance processes in other areas. For example, there had not been a fire drill since March 2015 despite the acting manager stating they should be undertaken every three months. A fire drill took place in the week following the inspection.

There were no audits to confirm care files had been checked and the lack of person centred, up to date information relating to people using the service for respite was of concern. Although there was a procedure manual which contained office procedures this was difficult to navigate and whilst incidents were logged appropriately there was little evidence of learning from these for the staff team.
The provider acknowledged they were not able to evidence how staffing requirements were calculated to support additional people in the service for respite.

There was a lack of regular supervision which was crucial to improving learning especially for new staff or staff who have limited experience of working with this client group.

There was no action taken to formalise the dispensing of 'homely remedies' following the recommendation by the pharmacist in March 2015. Evidence was required of audits of medicines and MAR sheets to ensure

staff were following the medicines processes correctly.

Meetings with residents and their representatives were infrequent over the last year. In a service where people have limited communication and people attend for respite, it is particularly important to establish regular channels of communication to ensure the service continually improved and met the needs of the range of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of up to date risk assessments for all people using the service including those attending for respite meant people were at risk of receiving care that would not meet their needs. Regulation 12 (1)(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was insufficient evidence of supervision and training in key areas for staff to enable them to carry out safely and competently the duties they are employed to perform. Regulation 18 (1)(2)(a).