Apple House Limited

Summerwood

Inspection report

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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

Overall summary

Summerwood is a small residential home for up to eight people with a learning disability and autism. The home has bedrooms on the ground and first floor. There are two larger rooms on the top floor which provide more self-contained accommodation. There is a small, enclosed garden surrounding the house which provides facilities for growing vegetables, playing games and exercising on a trampoline.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was liked and respected by people, staff and relatives. There was good morale amongst staff who worked as a team in an open and transparent culture. Staff felt respected and listened to by the registered manager. Regular staff meetings meant

Summary of findings

that staff were involved in the development of future plans. There was a positive and caring atmosphere in the home and effective and responsive planning and delivery of care and support.

Staff had received safeguarding training. They told us they understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place and relevant telephone numbers were displayed in the registered manager's office. Relatives told us their relative felt safe and people behaved in a way which indicated they felt safe.

Risks had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medicines were stored safely and administered by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medication.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of his responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy and that staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. Dietary preferences were encouraged and supported by staff, ensuring people felt comfortable and safe in their own home.

Care plans were detailed and included a range of documents covering every aspect of a person's care and support. The care plans were used in conjunction with person centred planning ensuring that people's wishes and skills were recorded along with their support needs. We saw this reflected in the support observed during the visit. There was evidence in care plans that the home had responded to behavioural and health needs and this had led to positive outcomes for people.

Systems were in place to assess and monitor the quality of the service. Regular checks were carried out in relation to the environment and equipment, and procedures were in place to report any defects. Learning took place from incidents and accidents which were recorded, investigated and action taken to minimise the risk of re-occurrence.

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 is safe

People were supported by sufficient staff who knew how to safeguard them from harm. Medicines were managed and administered safely.

Risks to people had been identified and measures put in place to minimise these risks.

Incidents and accidents were investigated and learnt from.

Good

Is the service effective?
The service is effective

Staff had received relevant training to support them to provide effective care.

People were supported to maintain their health and wellbeing and were referred to healthcare professionals when necessary.

People were supported to eat and drink a varied diet which was suitable for their needs.

Good

Is the service caring?
The service is caring

Staff were friendly and interacted with people positively and with compassion and understanding.

Staff respected people's privacy, dignity and choices, and treated people with respect.

Relatives were complimentary about staff attitudes and practice.

Good

Is the service responsive?
The service is responsive

People's care plans were person centred and took account of their individual preferences and activities reflected people's personal interests.

Care plans were regularly updated to reflect people's changing needs.

Complaints and concerns were investigated and responded to appropriately.

Good

Is the service well-led?
The home is well led.

Systems were in place to assess, monitor and develop the quality of the service.

The culture within the home was open and transparent and staff told us they felt supported by the manager.

People were asked for their ideas and opinions and were involved in running their home.

Good

Summerwood

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 was carried out by an inspector on 9 & 10 June 2015 and was unannounced.

Before the inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. We had not requested a Provider Information Return (PIR) before the inspection because there was not time. A PIR 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. This information helps us decide what areas to focus on during inspection. However, we will request a PIR before the next inspection.

During our inspection we observed how staff interacted with people who used the service. We spoke with two people living at the home and two relatives to obtain their views on the quality of care. In addition, we spoke with the registered manager, deputy manager and two care staff. A visiting health professional also spoke with us. We reviewed two people's care records which included their daily records, care plans and risk assessments. We viewed five people's medicine administration records (MARs). We looked at recruitment files for four staff. We also looked at records relating to the management of the home. These included maintenance and health and safety records, audits and minutes of meetings.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at Summerwood and had no concerns. One person told us staff talked to them about safeguarding and bullying during their 'residents' meetings so they knew what to do if they were worried. A relative told us "It's very safe. I can sleep at night".

The provider had arrangements in place to manage medicines effectively. Staff received an initial competency assessment and this was reviewed when required. Systems for ordering, receiving and disposal of medicines were well managed. The storage of medicines met the required standards and a staff member explained that schedule three controlled drugs had been prescribed for one person but these were exempt from safe custody storage. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

Staff dispensed medicines to people safely. They took time with people and asked them for their consent before giving their medicines. They ensured each person had a drink to assist them to take their medicines easily. Medicine administration records (MAR) were signed after each medicine was given to record that the person had taken it successfully.

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff told us they had access to the manager and felt confident they would act if concerns were raised. They had received safeguarding training and were able to explain how they would identify and report suspected abuse. Staff also knew who to report concerns to outside of the home if they needed to such as the Care Quality Commission or social services. The home had a safeguarding policy which included contact details of external agencies for staff to report any concerns to. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Whistleblowing is when a staff member can raise concerns anonymously outside of their own organisation. Information was available to people who lived at Summerwood, and safeguarding was discussed during 'residents meetings' to ensure people understood who they could speak to if they felt unsafe.

People were cared for by staff who had demonstrated their suitability for the role. The provider had carried out checks on staff skills and experience, and satisfactory references and criminal records checks were completed. There were sufficient staff on duty to support people with their care, support and social needs, including one to one support where required to keep them safe. Staff told us they were happy with the level of staffing and they could meet people's needs. The registered manager confirmed they kept staffing levels under review and would request additional resources if they thought people's care and support needs had increased. They confirmed they were managing at the current levels and people's needs were being met. Our observations confirmed that people had the support they needed and external activities were effectively supported by staff.

People were protected from foreseeable harm because the provider had carried out environmental and individual risk assessments, and measures had been put in place to reduce the risks. Accidents and incidents were recorded and analysed for trends, such as people's behaviour patterns, and actions taken to minimise future risks. The home and its equipment were maintained to a safe standard. Policies were in place for the safe management of the home and were reviewed regularly, such as for fire and infection control. Checks were carried out on equipment such as the fire alarm, boiler and window restrictors and any actions required were recorded and completed.

The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function. The plan included what actions should be taken and by whom, as well as key contact details and locations of alternative accommodation should this be required.

Good

Is the service effective?

Our findings

People and relatives told us the staff knew them well and had the skills to support them. A relative told us their family member had been in care for 39 years and said: "This is the best place we've had in all those years. If we'd had this twenty five years ago I'm not sure where [they] would be with their learning. The potential is there". Another relative told us the initial assessment was "Really good" and that staff from Summerwood visited their relative in their previous home on several occasions and "Helped with bedtime and getting up routines". This helped their relative and staff to become familiar with each other and with their routines before they moved to Summerwood. People and relatives told us staff responded quickly to health concerns and referred them to a GP or other health professional if needed.

Staff understood people's known likes, dislikes and allergies, and provision was made for people requiring specific diets. There was a list of people's specific requirements in the kitchen for staff to refer to when preparing meals and guidance on people's preferences for where they liked to eat their meals. One person had an emergency action plan with contact details in case they had difficulty with their swallowing at meal times.

People were supported to eat and drink sufficiently for their needs. People were involved in choosing the menus which were planned in advance and on display in the kitchen. People were supported to make informed choices about the food they ate, including healthy options and alternatives. There were choices of hot and cold food, and drinks and snacks were available throughout the day.

Lunch was served in the dining room and people were supported to eat and drink where required. One person needed to drink in very small quantities because they were at risk of choking. Staff poured small amounts of their drink in to a beaker for them and topped it up when they had finished each mouthful.

People were supported appropriately with their specific health needs. Staff talked knowledgably about people's health needs, behaviour patterns and hobbies and interests. They shared any recent observations or changes in people's wellbeing throughout the day and at handover meetings. Health professionals were called promptly if there were concerns about people's health. Referrals to other specialists, such as speech and language therapists, psychologists and occupational therapists were made when necessary to access support and advice and to assist people to maintain their wellbeing.

Staff completed monitoring charts which provided them with information about people's behaviour or seizures that was shared with specialists to help them identify patterns. A visiting healthcare professional told us the staff were knowledgeable about people they supported and the information they provided was helpful. They confirmed the staff regularly sought support from their specialist team and there was a lot of good practice within the home.

People were cared for by staff who were trained and competent to provide effective care. Training included general topics such as infection control, health and safety, safeguarding adults (to help staff to understand how to keep people safe from abuse) and first aid. Staff also had specific training that was relevant to people's health and communication needs, such as epilepsy and autism awareness, and on-going development such as a level 3 diploma in health and social care.

People were supported by staff who received effective supervision and appraisal. The registered manager and senior staff provided regular individual supervision meetings for staff. Records of what was discussed and the actions required was recorded in staff files and followed up. Staff confirmed they had received recent supervision, and where due, an annual appraisal. Staff told us they felt supported by the manager and could talk openly and freely about their work, ideas for training or any concerns they may have.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. The registered manager and staff understood the MCA and how it should be applied. There were mental capacity assessments that were decision specific for people and best interest decisions had been made where required.

Part of the MCA relates to the safeguards that protect people's freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people's freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the

Good

Is the service effective?

DoLS, which applies to care homes. Staff were aware of DoLS and how it was applied. The registered manager had made appropriate DoLS applications to the local authority when required.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the care they received at Summerwood. One person told us "They [the staff] are all friendly. I love it here. They ask if they can come in [to my room]". Relatives told us "I'm happy with the support and care. They do a brilliant job", and "They are so caring, just unbelievable. It's good to be in the presence of people who know what they're doing".

Staff were kind, caring and respected people's dignity. During conversations with people the staff communicated clearly and effectively in a relaxed and informal way. Staff recognised when people needed assistance and engaged people in an unhurried manner with praise and encouragement. For example, two people were making father's day cards and staff encouraged them by sitting alongside them and saying "You are doing fantastically well".

Staff knew people well, and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. They spoke sensitively and enthusiastically about the people they supported. Staff exchanged banter with people and talked about things they were interested in, such as dancing, swimming or college, which stimulated their engagement and interaction. Birthdays were celebrated and one person showed us the party invitation they had designed with the help of staff and sent out to their friends for their birthday.

Staff promoted people's choices and independence. Staff described how they recognised people's individual choices and their views were respected. A member of staff was supporting a person to prepare their shopping list and asked them questions to help them identify what they needed. One person told us they were the fire warden and tested the fire alarm every Monday. People told us they made choices about their day to day lives, such as choosing what time they got up or what activities they did. One person explained how they preferred to spend time in their room that day as they did not feel so well. People were smartly dressed and wore jewellery and make up if they chose to.

Staff provided care and support for people with respect, used people's preferred names and checked for permission before providing any care or support. Staff were discrete when people required personal care and ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms.

There was a 'homely' atmosphere. Relatives were welcomed, visiting was not restricted and people had use of communal areas to entertain visitors as well as their rooms.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received and had opportunities to be involved in the community. One person told us "I go to college. I do cooking. I enjoy it. I made wraps today". They told us they had their own car and staff took them out to do their shopping or go swimming. Another person told us they had been dancing and were about to go out shopping. Relatives said that staff enabled people to follow their interests. One relative said when they used to live at their previous home their relative "Used to spend quite a lot of time in their room. They do a lot more now", such as going to church and the friendship club.

Relatives told us they were involved in the planning and reviewing of care. One relative said "They keep me involved with everything and I'll ask; it's a two way thing". Another relative told us "Anything significant they would phone. We email quite a bit, but day to day I leave it to them".

People and relatives told us they knew how to raise any concerns about their care or how to make a complaint if they needed to. Information about how to complain was available and minutes from 'residents meetings' showed that this was discussed with people so they knew how they could raise a concern if they wanted to. One relative told us they had raised a minor issue with the registered manager and this had been dealt with satisfactorily.

People's care plans were comprehensive and personalised, and provided guidance to staff in how to provide care in the way people wanted. Care records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. For example, we noted in one person's care plan that they liked cars and watching Top Gear and we later saw this had been put on television for the person to watch. Relatives had also contributed information about people's life history and their choices in respect of their care needs and interests.

People's care plans and risk assessments included specific plans for their health conditions, such as epilepsy, and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what it meant for the person concerned. People's care plans and risk assessments were relevant to their individual circumstances and were reviewed and updated regularly or when their needs changed.

Communication aids were in place for people who were unable to communicate verbally to support them to follow their care plan, daily routine or to tell staff what they wanted or how they were feeling. These aids included drawings and photographs that people could point to which helped staff understand what they were trying to say.

People were supported to pursue social activities to develop skills and confidence and to protect them from social isolation. Some activities took place at home, such as gardening, artwork and games. However, there was a wide range of activities based on people's hobbies and interests for people to pursue in the community. For example, shopping, dancing, visiting the garden centre and volunteering at the local rugby club. One person liked to go for a walk and the registered manager told us they were in discussion with a neighbour about walking their dog with them.

There were a number of ways people and visitors could comment on the service or raise concerns. The manager and staff encouraged people to speak with them directly if they had concerns or worries and there were regular 'residents meetings'. Residents, relatives and professionals questionnaires had been sent out and responses were logged. Any concerns were recorded, investigated and responded to.

Good

Is the service well-led?

Our findings

Relatives thought very highly of the registered manager. One relative told us "I would say the home is well led. The culture is very open". Another relative said "He [The manager] manages really well. We have a very good relationship and I can say what I can. I'm listened to and it's taken on board". When asked in a survey if staff and managers gave them time to talk to them, 90% of relatives confirmed they were very satisfied and 10% were satisfied most of the time.

Staff told us they felt supported and involved in the way the service was run and felt valued because of this. Staff told us the home was well led and that the registered manager was professional and approachable. There were regular staff meetings which all staff were invited to. Minutes were available to those who could not attend the meetings.

There was a positive atmosphere in the home with management and staff working to together. The culture within the home was open and transparent. The registered manager was available and visible throughout the home and interacted well with people, relatives and staff.

We spoke at length with the registered manager who was enthusiastic and proactive in their approach to developing the service. They had a clear vision for the future of the home and for people who lived at Summerwood and this had been communicated to staff. They were supported by administrative staff who had been involved in developing systems to aid improvements, such as putting in place a training plan to keep track of staff training needs.

Quality assurance systems were in place to assess and monitor the quality of the service. People were supported to give feedback during meetings and at care reviews. Surveys had been completed by healthcare professionals and were positive in their feedback. For example "Always organised" and "Staff are caring and know their job well and are very good advocates for people they support".

The home had operational policies in place which were reviewed and updated when required. There were staff signatures sheets which staff signed when they had read each policy. Staff were knowledgeable about the policies and knew where they were kept if they needed to refer to them.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action that may be required. The home had a complaints procedure and this was available for people's information. The home had not received any formal complaints, but any concerns raised were acted on and a response was given in writing. For example, a neighbour had been distressed by some noises made by a person at the home. The registered manager explained the situation to the neighbour and reassured them that this was usual behaviour for the person at this time. However, they said they would take steps to minimise the impact on neighbours in future by closing windows when the person became vocal.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.