Ms Joanne Archbold

Apple House

Inspection report

16-22 Blushloe End
Wigston
LE18 2BA
Tel:01162888028
Website:

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out our inspection on 25 November 2015 The inspection was unannounced.

The service provides accommodation for up to eight people. At the time of our inspection there were eight people using the service.

Apple House is a care home which provides accommodation and support for people with learning disabilities.

The service 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.

People were safe because staff understood their responsibilities for protecting people from abuse and avoidable harm. People were supported to be as independent as they wanted to be. Risk assessments were in place to manage risks associated with people's care routines and activities they chose to participate in.

Summary of findings

Staff deployment had potential to cause concern as there was potential that there were on occasions when their were insufficient staff to ensure people could access their chosen activity.

The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at Apple House were recruited.

People received their medicines at the right times. They and staff knew what their medicines were for. We found one medicine that had not been labelled with a date when it was opened and first used.

The provider supported staff by an induction and ongoing support, training and development.

People had been asked for their consent to care and treatment and their wishes and decisions respected. The provider adhered to the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008.

People were supported with their nutritional needs. They had a choice of varied and healthy meals and their food preferences were respected. People were supported to access health services when they needed them.

Staff were kind and caring towards people using the service and their relatives. They understood people needs, their likes and dislikes and involved them in decisions about their care and support. Staff respected people's privacy and supported them with dignity and respect.

An accessible complaints procedure was not displayed.

People received care and support that was centred on their personal needs and preferences. They spent their time how they wanted and were supported to participate in activities of their choice.

People using the service, their relatives had opportunities to develop the service. Staff did not always feel listened too regarding their concerns over staffing levels.

Management and staff had a shared understanding of the aims and objectives of the service. The arrangements for monitoring and assessing the quality of the service were not always effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Medicines were managed correctly apart from a minor issue. People had risk assessments in place that made sure people received safe and appropriate care.

Sufficient staff were not always deployed to meet people's changing needs.

Staff knew how to protect people from abuse and avoidable harm.

Requires improvement

Is the service effective?
The service was effective.

People had access to healthcare services.

People said that the food choices were good and they had sufficient to eat and drink.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards were being met.

Good

Is the service caring?
The service was caring.

People and their relatives said that staff were friendly and caring. Staff had developed good relationships with people and communicated with them effectively.

Staff showed consideration for peoples' individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good

Is the service responsive?
The service was not consistently responsive.

People received care and support that was centred on their individual needs. Some care plans lacked detail as to why certain actions were taken.

There was no easy to read complaints procedure available. People knew how to raise concerns and were confident they would be listened to.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

People using the service, their relatives were involved in developing the service. Staff did not feel that the managers listened to their concerns about staffing levels.

The provider did not have effective arrangements for monitoring and assessing the quality of the service.

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 Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 November 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

Before the inspection, we asked the provider to complete 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. The provider completed and returned the PIR to the Care Quality Commission.

We spoke with three people using the service and had the opportunity to meet the other five people and talk with three relatives. We spoke with the providers of the service, one of whom is the registered manager and three care staff.

We looked at the records of three people, which included their care plans, risk assessments, health action plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and premises and the provider's quality assurance records.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at Apple House. They told us they had lived at the service for many years. One person said, "I have lived here for 20 years and it's a nice place." People knew who to contact if they had concerns about themselves or others. One person said, "I would tell staff and they would tell the person to stop." Another person told us, "I would tell [the registered manager] and they would fix it." A relative told us that they thought people who used the service were safe and staff knew how to support people to keep them safe. Another relative said that staff always contacted them if anything serious happened. They said, "I have no cause for concern."

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. All the staff we spoke with understood their responsibilities with regard to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

Staff ensured people were kept safe and promoted their right to make decisions about their day to day lives. People's records included risk assessments and care plans which included potential areas that may cause them distress. These included guidance to be used to support people if they became distressed. This enabled those who used the service to access the wider community with the confidence that their needs would be met and that staff had the information they needed to provide the support people may need.

Areas of potential risk were also identified for people whilst taking part in their chosen activities. These included the role of staff in reducing risk whilst promoting people's independence and choices. For example one person had a mobile phone, which they could use to contact staff at the service if they became distressed or lost. This enabled the person to access the community independently. People told us they were able to take part in and access a variety of activities independently but knew staff were available if they needed them.

Prior to the inspection we received a concern that not enough staff were deployed to ensure that every person's preference about how they spent their time was respected. Most but not all people using the service could travel to activity venues without staff support. This meant that if any person decided to stay at Apple House during the day, a care worker would have to stay with them and another care worker would be required to support people outside Apple House if the need arose. Having only one care worker on duty was not enough to manage the different permutations that could arise.

Records showed that no one worked at the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

People we spoke with told us they received their medicines on time. One person told us, "[The registered manager] sorts that out for me." One person had diabetes and understood the importance of monitoring their diet and their sugar intake. A relative confirmed that staff supported the person to monitor their diabetes.

We looked at the medicine records for seven people. We saw that they all had photographs so staff could identify people to reduce risks of medicine administration errors. We saw that PRN protocols were in place, (prn medication is administered as and when needed). Records showed that when PRN medicines were used appropriate guidelines were followed. One person had specialist medicines for a health problem. We were shown that they carried this with them and knew when they needed to take it. This is important as the medicine must be administered immediately the person feels unwell to ensure the full benefit is felt.

Safe arrangements were in place to obtain, administer and record people's medicines. All medicines were stored securely. Currently there is no one at the service who is prescribed controlled medicines and as a result the service does not have a controlled drugs cabinet.

We did note that one person stored their insulin in the fridge in their bedroom and the temperatures of both medicine cabinets and the fridge were not being taken. We brought this to the provider's attention and they told us they would make arrangements for this to take place.

We were told that only trained staff administered medicines and we saw that training had been completed by staff who administered medicines. We saw that the

Requires improvement

Is the service safe?

provider had started to carry out competency checks but we were only able to find the records of one person. The provider told us they had carried out other competency check for other staff but was unable to locate these records during the inspection.

We saw that people had medicine cabinets in their bedrooms. When we looked at these medicines we found two liquids were not labelled as to when they were opened. One label had faded which meant we could not see how old the medicine was and whether it was still safe to use. We brought this to the attention of the provider who said they would follow this up with the pharmacist.

Good

Is the service effective?

Our findings

Staff told us that they had received an induction when they commenced work at the service. This included the Care Certificate training. The Care Certificate, which was introduce in April 2015 is a set of standards for care workers that upon completion would provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Relatives we spoke with all felt staff had the skills and knowledge to care for people who used the service effectively. We saw the training records for all staff, these identified what training had been completed. Staff told us that the training programme was varied to meet people's needs, it included courses that covered people's health needs as well as methods of manageing behaviours that challenge.

Staff told us there was effective communication between people who used the service and staff and between the staff team. They told us that there was a 'handover' of information at the beginning and end of each shift to ensure that staff coming on shift had up to date information about people who used the service and the day to day running of the service. We saw that there was a 'communication' book, staff wrote any issues, concerns or other information that staff and the provider needed to be aware of. We saw that on occassons the provider had written what action had been taken to address an issue raised.

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. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good understanding of MCA and DoLS, and staff told us they had received some training in this area to help them understand what they needed to do. In discussion with staff they had some understanding of their responsibilities to ensure people did not have their liberty restricted. They also knew if they had concerns to speak with the provider.

People told us they were able to go out every day and were involved in a variety of activities such as doing voluntary work with Help the Aged, attending a local place of worship and shopping. One person told us that they did voluntary work at the Salvation Army and they made their packed lunch the night before. "I take a packed lunch with me, I make it the night before. I've got a little lunch box, you can take pasta and salad in it."

We saw that people's care plans were developed by staff to show what support a person needed. People who used the service as well their representatives were involved in their reviews. All the relatives we spoke with confirmed they were involved in reviewing care plans. One relative told us, "[The provider] phones me regularly to discuss how [person who used the service] is doing and if things have changed or the social worker has visited. I am kept informed."

People told us they received sufficient to eat and drink and that the menu provided choices. One person told us, "The food is alright, I enjoy it, If you feel hungry at all you can make yourself a sandwich, whatever you want to choose. The staff cook." Another person described the food as "fantastic." However despite some of the people who used the service telling us they had cooked where they used to live or having completed cooking skill courses no one but staff actually prepared the main meal. This meant that people who used the service did not maintain or develop their skills.

A staff member told us that people often bought their own food as they didn't like the food offered by the service and it was hard to offer nutritionally balanced meals. People we spoke with did not support this view. A relative we spoke with also told us they thought the food looked appetising and nutritious. We saw that there was fruit and fresh vegetables available.

The main meal was eaten in the open plan dining room/ sitting room. People told us they also could make hot drinks such as tea and coffee in their bedrooms. One person said, "I have a fridge in my bedroom, I keep milk in there and can make drinks." Another person told us if they didn't like what was being prepared for the main meal they could have something else. In some instances people required a diet which met their health care needs. This included a diet to support someone with diabetes. The

Good

Is the service effective?

person was aware of their dietary requirements and managed their dietary needs. They told us they had to "watch what they were eating." This person's relative confirmed that staff supported them to eat a healthy diet.

People told us that they were able to see healthcare professionals when they needed to. One person said, "[The provider] organises GP appointments. They will say what time the appointment is and I either go myself or they come with me." Records showed that where people's health needs changed staff referred them to the GP for referral to relevant health care professionals. Relatives confirmed that the provider would contact them to let them know if there were concerns about a person's health. One relative said, "[The provider] contacts me if [person who used the service] is not well and I am happy that they contact the GP when they need to."

Good

Is the service caring?

Our findings

People who used the service told us that Apple House was their home. People made comments such as, “it’s a nice place” and “people help you out.” A relative told us, “They support [person using the service] to stay in contact with their relative, they go to a lot of trouble. They wouldn’t do that if they didn’t care.” Another relative told us, “I visit regularly and I am always made to feel welcome. It is like a family there.”

Staff we spoke with understood people’s needs and preferences. They told us this helped them to develop a positive and caring relationship with people. We saw staff inter-act with people and demonstrated a caring approach which reflected what people told us about staff. For example, we observed a member of staff ask a person about their day and what they had been doing.

People using the service told us that staff treated them with dignity and respect. A relative confirmed that staff always treated [person using the service] with respect. We were told, “Even when they can have a bit of an attitude with staff, staff are still patient and kind.” Another relative told us, “[Person using the service] always looks clean and smart when I see them.”

People told us they could spend their time as they wanted to. The provider told us that they talk with people regularly to ensure they are involved in making decisions about what they do. Staff respected people’s choices about how people spent their time. Staff did not intrude on time people wanted to spend alone. People were able to enjoy the privacy of their rooms which were personalised to their taste.

People who used the service told us they had keys to their bedrooms and were able to lock them if they were away. Staff gave us examples of how they protected people’s privacy and dignity these included, knocking on doors and treating people as they would want to be treated.

One person showed us their bedroom and was proud of how it looked, including a small area they could make hot drinks in. They showed us the things in the room that were important to them and told us how staff helped them look after their room.

The provider said they had developed a keyworker system. This meant that people would have named staff that would have additional responsibility in their care. The provider said this was to build on the positive relationships people had developed with staff. Additionally, ensure greater consistency and continuity in the delivery of care and improve communication with people’s relatives and representatives. Relatives we spoke with were aware of the changes as the provider had spoken with them about it. Staff we spoke with knew the system had been introduced but were still unsure as to what their changed roles and responsibilities would be.

People told us they could spend their time as they wanted to. The provider told us that they talk with people regularly to ensure they are involved in making

Requires improvement

Is the service responsive?

Our findings

Most people had lived at the service for a considerable amount of time. People who used the service had had their needs assessed by the provider, this included the dependency level of each person. Each person had a care plan that detailed their individual personal likes and dislikes as well as how they preferred to receive their care. It also included information on things that may upset someone rather than just dislike. This meant that staff had enough detail to know how to support a person in an individual way. A relative told us, "[Person using service] has a lovely relationship with staff it feels like their home. They have one to one time with staff and it's their family."

People told us they were able to make decisions about how they spent their day. For example a person told us they had two voluntary jobs, whilst another person went in to the local town by themselves as well as going to the local church. People's care plans included information about their lives, interests and preferences and how they wanted to be supported. People were supported to follow their interests and hobbies. People were able to personalise their bedrooms and staff supported them to personalise their rooms. For example one person told us they had been supported to move their bed so they could watch television in bed.

People were supported to visit local places that were of interest to them. People were involved in a variety of activities during the week. On the day of our inspection several people were preparing to go out to access the community, others their organised voluntary work as well as social events later in the evening. Others preferred to stay at Apple House.

Conversations we heard between staff and people who used the service were positive and showed staff knew people very well. We saw that people who used the service obviously felt at ease with staff and we saw them taking part in activities such as writing Christmas cards together.

We were told that if one person did not want to go out to a group activity such as going to the church then everyone stayed at home. This was because there was only one member of staff on each shift and people could not be left at home on their own. People who used the service and their relatives said this was not their experience. We discussed this with the provider who told us that people were independent and were able to go out to activities without care staff support so people should not be limited in what they did if one person decided they wished to stay at home.

People's care plans included some information as to how staff were to respond to people when they became distressed. For example, it described the best way to give information to a person and what to do if they appeared not to understand. However we found that some plans lacked detail as to why certain actions had been taken. For example where items such as knives had been removed for the person's 'safety'.

The provider told us that because the service was small they regularly speak to people who use the service to gather their thoughts about the service and what things people would like to do. The provider had not recorded this anywhere so we were unable to establish where the provider had done things as a result of these conversations.

People we spoke with said they would speak with the manager if they were unhappy. Relatives we spoke with said they did not know the complaints procedure would would talke to the manager who they were confident would deal with any concerns promptly. We did not see a complaints procedure on display.

Requires improvement

Is the service well-led?

Our findings

People were involved in developing the service in so far as they could contribute ideas and suggestions about how their care was delivered and the type of activities made available to them. A relative told us, "I'm asked for my views and opinions. I can't remember being sent a survey but I speak with the provider regularly and they are very good and listen." Another relative said, "[The provider] contacts me regularly and asks for my opinion, I am sure I have been sent a questionnaire in the past."

Staff had opportunities to make suggestions about how the service was run through one to one supervision meetings and appraisals. Staff we spoke with told us that the provider was supportive and mostly ran the service in the best interest of people who used it. However we were also told that the provider was not around as much as they used to be and so staff were left on their own a great deal. This meant that some staff did not feel as supported as they used to be and that they did not feel their concerns about staffing deployment were always taken seriously.

The provider and staff had a shared understanding of the aims of the service. This was that people were supported to be as independent as they wanted to be and led normal lives. What people told us about their experience of the service showed that they were supported in line with aims of the service. Relatives said that Apple House was like a normal family home.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The provider's arrangements for monitoring and assessing the service included speaking with people who used the service regularly and an annual questionnaire survey for feedback and comments. It was not always clear where action had taken place as a result of the survey or discussions. The provider's arrangements for monitoring and assessing the quality of the service were not robust enough to assess the quality of service people experienced or to identify and make improvements. Nor was it clear whether the provider regularly assessed how staff should be deployed and whether that deployment was effective. This included assessing whether people had always been able to attend scheduled and planned activities.

We saw evidence of other audits. These included the provider's monthly review of the service. This included health and safety issues, risk assessments for safe working practices, new policies and procedures and repairs. We also saw that people's care plans were reviewed on a monthly basis and the provider was following support and guidance from the local authority quality improvement team.

The provider had been working with the local authority to make identified improvements and we saw evidence of where this had taken place, including improvements in care plans and the environment. We spoke with the local authority and we were told that they were happy with the improvements that the provider was making and they continued to work closely with them.