

Apasenth Ltd

APASENTH Lodge

Inspection report

Abbey House
90 Hermon Hill
South Woodford
E18 1QB

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14 April 2016

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20 May 2016

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

This unannounced inspection took place on 14 April 2016. At our last inspection on 08 April 2014, we found that the provider breached regulations relating to meeting nutritional needs. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. Apasenth Lodge is a care home for up to ten adults with learning disability and mental health needs. At the time of the inspection there were five people using the service.

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

People and relatives told us they felt safe in the home and they were comfortable using the service. Records showed that people had a risk assessment which identified possible risks to them and how staff could manage them. Staff were aware of how to deal with incidents and were knowledgeable about adult safeguarding. The registered manager and records confirmed that there were systems for auditing and testing various aspects of the service including medicines, fire alarms and the electrical equipment. These ensured that the facilities and equipment were checked and any errors or shortfalls were addressed so people were not put at risk.

People and relatives told us that staff were nice and knew how to support them. Staff received supervision and had training opportunities in areas relevant to their roles. For example, they had received training in Mental Capacity Act 2005 (MCA), medicine administration and moving and handling. Records showed that new staff underwent recruitment processes which involved completing an application form and providing satisfactory evidence such as a police check, two reference letters and evidence to confirm they had the right to work in the country. This ensured that the staff employed at the home were suitable to deliver care and support people needed.

Staff supported people to take part in activities of their choice. People were encouraged to make decisions about their care. Records and observations showed people were asked for their consent about their care. We noted staff supported people to practice their faith. People told us the food provided at the home was good and they were happy with the service.

The home had a complaints procedure. People and relatives told us staff listened to them and they knew how to make a complaint if they were not happy about the service. The registered manager had recorded and investigated complaints. People, relatives and staff had been asked through annual surveys for their views of different aspects of the service. This ensured that the registered manager received feedback from others to improve the service as required.

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 safe. People and their relatives told us they were safe in the home.

The service had recruitment procedures in place which ensured that staff were appropriately checked and had the necessary experience and knowledge to support people. We noted that there were enough staff to support people with their needs.

Risks assessments were completed and guidance was put in place for staff to manage the risks.

Good ●

Is the service effective?

The service was effective. Staff received training and support for their roles. People were supported to maintain their health through access to healthcare services and appropriate nutrition and hydration.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through use of the Deprivation of Liberty Safeguards.

Good ●

Is the service caring?

The service was caring. People their relatives told us that they were happy with the care and support they received.

People and their relatives were involved in the development and reviewing of plans of care and each person using the service had a key worker responsible for ensuring that their needs were reviewed and met.

People and their relatives told us staff promoted their privacy and treated them with respect and dignity.

Good ●

Is the service responsive?

The service was responsive. People's needs were assessed prior to them moving into the service. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

Good ●

People had opportunities to engage in various activities.

Is the service well-led?

The service was well-led. There was a registered manager who welcomed feedback and had clear view as to the service they wished to provide which focused on promoting people's rights and choices.

People, relatives and staff were encouraged to share their views about the services' development.

The registered manager undertook effective audits to check the quality and safety of the service.

Good ●

APASENTH Lodge

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 14 April 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. This included any complaints we received and statutory notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people using the service, one relative and a member of staff. We observed people using the service and reviewed four care files, three staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also spoke with the registered manager and received a guided tour of the premises.

Is the service safe?

Our findings

People and relatives told us they felt safe in the service. One person said, "Yes, I feel safe here. The home is all right." Another person said, "I like the home. It is safe." A relative told us that they were "comfortable with the home" and they felt the person using the service was "safe" because the staff were "friendly".

People's care files contained detailed risk assessments. For example, one person's risk assessment stated that the person had an "emergency call button" which staff needed to teach and remind them how to use. People's risk assessments gave information and guidance for staff on how to manage the risks so people were safe.

Risk assessments covered possible incidents that could happen when providing care and supporting people with various needs, such as personal care and using the kitchen. Guidance for staff was given against each identified risk to ensure that they could manage the risks. Staff told us they had read the risk assessments and were clear about their responsibilities to follow the guidance and ensure that the risks to people were reduced.

The registered manager told us the staffing level varied depending on the needs of people. They informed us that during the weekdays (when people went out to day centres or activities) there was one care staff and the registered manager working at the service. However, when there were people with a behaviour that put themselves and others at risk, the staffing ratio was increased to meet their needs. We checked the staff rota and noted that the staffing level varied depending on how many people were at the home during a specific time. During the inspection, there were two care staff and the registered manager working in the home. We noted one of the care staff went out with one person who used the service providing one-to-one support. Only one person stayed all day at the home with the others going to day centres. Staff and the rota confirmed that three care staff worked during the weekend and the night shift was covered by one sleep-in care staff. This showed that provider reviewed the staffing levels so that there were sufficient number of staff to provide care that people needed.

There were systems in place for staff recruitment. The staff files contained evidence of completed application forms, two written references, police checks and the right to work in the UK. The registered manager confirmed that all new staff were required to complete an induction programme before starting work. We were informed that the home recruited staff who had experience in supporting people who had behaviours that put themselves and others at risk. Staff had knowledge about safeguarding people and reporting incidents and accidents. Staff told us, and records confirmed that they had attended training in adult safeguarding and were able to discuss different forms of abuse and the procedures they would follow if there were any concerns or incidents of abuse. This showed that people were supported by staff who were appropriately recruited and introduced to the service.

People told us they received their medicines. Staff told us they administered people's medicines. We noted the medicines were kept in locked cabinets in people's bedrooms. We checked the medicines and the medicine administration record sheets (MARS) and found that they were all in order. We saw that staff had

signed the MARS to confirm the medicines had been administered as prescribed. Staff told us and records confirmed that staff had attended medicines administration. The registered manager told us that medicines were audited weekly and we saw the evidence of this in the records we checked. This ensured that there was a system for checking safe storage, administration and recording of medicines.

All parts of the home were clean and tidy with no offensive smells. Staff told us they carried out the cleaning of the home. There were hand washing facilities in the toilets and people's bedrooms were personalised and kept clean. Records showed that the equipment such as three wheelchairs, were regularly maintained to ensure that they were safe to use. However, we saw that the passenger lift was not operational. The registered manager and records confirmed that an appointment had been made for engineers to carry out the necessary work so that the lift was in good working order. At the time of the visit, the passenger lift was not required as all people using the service lived on the ground floor.

Is the service effective?

Our findings

At the last inspection we stated that people were not protected from the risks of inadequate nutrition and dehydration because they did not have access to the kitchen as and when they wanted. The registered manager had sent us their action plan confirming that the lock on the kitchen door had been removed and people had access to food and drink when they needed. We saw that the kitchen was not locked and people had access to the kitchen to make drinks and snacks. People and staff confirmed that people staff supervision was provided, as appropriate, to support people to prepare some meals. This ensured that the risk to people was minimised when using the kitchen.

People and their relatives were positive about staff. One person said, "Staff are nice. They know how to [assist me with my personal care]." A relative told us, "[Staff are good. They communicate with us. They know what they are doing."

We noted that staff communicated effectively with people. We saw how staff explained to people what they were doing and how they were supporting them to meet their needs. Staff told us they knew the needs of people and made sure that they communicated in ways that were suitable to each person.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. 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 noted that there were documents which detailed people's capacity assessments. Records showed that a DoLS authorisation had been granted for one person and staff and the registered manager had the knowledge of what to do if someone needed to be deprived of their liberty. Staff told us that they encouraged and supported to make their own decisions about their care. Records showed that the registered manager had obtained people's consent to receive care. We saw people or their representatives had signed care plans to confirm their agreement to the care provided.

Staff received training and support to enable them to support people effectively. Staff told us that they had attended various training and learning opportunities. They told us they had attended training programmes such as first aid, management of medicine, health and safety, fire safety and food safety. They also told us that they received regular supervision and appraisal and worked effectively as a team. The staff files confirmed that they had completed training programmes and received supervision. This showed that staff had good training opportunities and support provided by the registered manager.

People's healthcare needs were part of their care plans. We noted people had access to healthcare professionals and had received appropriate medical care. We saw staff had made medical enquiries on

behalf of people regarding certain uncommon health conditions. We saw staff sought advice from health professionals and obtained information from the internet to enable them to support people with their needs. Records showed that people had received care from professionals including dentists, chiropodists and opticians. There was evidence in people's files that each person had a "Health Action Plan" (which was also called a "Hospital Passport"). This contained information about people's medical, social and support needs, which could be available to healthcare professionals, such as nurses in hospitals and general practices so that they would provide appropriate and effective care if and when they attended these services.

People and their relatives were satisfied with the food provided at the home. One person said, "I like the food. I had curry and rice last night." A relative told us, "The food is OK. They change the food. They have [a] variety of food." We noted that there was a four week rotating menu. Staff told us the menu was flexible and they did not always stick to it because people changed their mind and they provided them with their choice. We saw that fresh fruit and vegetables were available and people could choose the meals they preferred. Records showed that people's weights were monitored and appropriate follow-up interventions were made when there were significant changes.

Is the service caring?

Our findings

People and their relatives told us they liked the home and the staff. One person told us they "loved" being in the home. Another person said that they had "a friend" and they liked living in the home. A relative told us, "Staff are very caring" and they were "happy with the care provided" at the home. They told us that staff treated people "with respect and dignity" and they had no concerns about the support and care people received. We observed that interacted with people in a respectful manner by offering people choices and by explaining to them what they were doing. This ensured that people were involved and were aware of how staff supported them.

A relative told us that there were no restrictions on when they could visit. They told us staff kept them informed of the wellbeing of their relatives and they could also ring and ask staff about them. A member of staff told us they liaised with families and friends of people so that they kept in touch with their loved ones.

We observed people were happy at the home. We saw one person smiling when talking with staff and another person told that they were "happy [with the way staff treated me]". They told us staff were "nice" and they liked living at the home.

People were involved in the review of their care plans. Records showed that keyworkers explained care plans to people. The registered manager told us each person had a named keyworker. A key worker is a member of staff who had a special interest in organising care plan reviews and making sure that people had appropriate services to meet their needs. The care plans were detailed and contained information (people's needs) staff needed to know and what they were required to undertake to meet people's needs.

APASENTH Lodge was spacious, bright and had an relaxed feel where people were able to walk around freely through the communal areas. The sitting areas were large for people, including people who used a wheelchair, to move around. We saw that people could access the back garden which the manager said would be used for growing plants and vegetables. We were told that people would be supported to be involved in looking after the plants and vegetables.

Is the service responsive?

Our findings

People and relatives were satisfied with the activities provided at the service. One person told us that they went to "a day centre" where they enjoyed their "time with friends". Another person said, "I go to a lot of shopping." A relative told us that staff took people to the shops and the park for a walk. During the inspection we noted that a member of staff went out for a walk with a person using the service and returned to the home. We also noted that three other people went to a day centre. The registered manager told us that, other than one person who chose not to attend a day centre, each person living at the home had a day activity during the weekdays. Staff told us they supported one person to attend a place of worship. This showed that people had opportunity to participate in a day activity.

People and relatives told us they received personalised care. One person told us that they chose when to go to bed or get up. They told us they could decide when or where to eat their food. A relative told us the person using the service was happy with how they were treated by staff. We observed people moving freely within the service including having access to the kitchen and sitting where they preferred in the communal areas.

A relative told us that staff took people to the shops and the park for a walk. During the inspection we noted that a member of staff went out for a walk with a person using the service and returned to the home. We also noted that three other people went to a day centre. The registered manager told us that, other than one person who chose not to attend a day centre, each person living at the home had a day activity during the weekdays. Staff told us they supported one person to attend a place of worship. This showed that people had opportunity to participate in a day activity.

People's care plans were detailed with information about their needs and how they wished to be supported. We saw that pre-admission assessments of needs had been completed and background information relating to people's social, medical, family and emotional support was obtained by the home. Staff told us they had read people's care files and were aware of the information detailed in them.

We asked staff how they provided personalised care to people. One staff member told us that they asked people and encouraged them to decide how they wanted to be supported. They told us they listened to people and provided them with support and care suitable for each person. They said, "People ask you what they want. It is flexible [and we provide care that meets individual person's needs." Staff recognised that each person was different and the support and care provided depended on the needs of the person.

The home had a complaints procedure in place. One person told us that they would speak to staff if they had a concern. A relative said, "Yes, I can speak to the manager [if I have a complaint]. They listen to me." We saw the complaints procedure was displayed at the home. We also noted that the registered manager discussed the complaints procedure in relatives' meetings. This showed the registered manager made people aware that there was a complaints procedure which people and their relatives could use to raise concerns.

The registered manager told us that staff took complaints seriously. We were told that any complaints received by staff would be recorded and investigated following the procedure. We noted two complaints had been recorded and investigated since the last inspection.

Is the service well-led?

Our findings

The home had a registered manager; however, we noted that the name of the previous manager had not cancelled their registration which meant that two managers' names were linked to the service. The registered manager told us they would contact the other person to advise them to apply to the CQC to cancel their registration. We discussed with the registered manager that CQC would enforce the cancellation of the other registered manager if an application was not received within four weeks of the inspection.

The registered manager told us that the home sought the views of people, relatives and staff about the quality of the service. They informed us that annual survey questionnaires were used and people, relatives and staff were able to share their views about the quality of the service. The registered manager said that they completed survey questionnaires which were analysed and actions were put in place to ensure that the feedback was used to improve the quality of the service. The manager told us that the outcome of the feedback was discussed in people, relatives and staff meetings. This was confirmed in the minutes of the relevant meetings. We also checked examples of survey questionnaires completed by relatives. We noted that the relatives gave positive feedback about the service. For example one relative wrote, "I feel APASENTH Lodge is providing a very good service and I am happy." Another relative wrote, "I do know [the person using the service] is very happy [in the home.]"

Staff were positive about the registered manager. A member of staff said, "I feel the home is well managed. The manager arranges for more staff when we have a respite service user. It is a good home. I am happy working here." The member of staff told us they had read the home's policies and procedures and were confident to provide compassionate and safe care. They told us they attended team meetings and shared information with staff.

The registered manager told us the provider regularly visited the home and spoke with people, staff and checked the records and facilities. We were informed that the registered manager worked well with the provider. The registered manager said, "I continue to work to improve. I welcome feedback and comments."

We looked at incident, accident and health and safety records. We saw that incidents and accidents were recorded and, when needed, reported to the CQC. We also noted that equipment and facilities were appropriately checked and serviced. For example, records showed a gas installation safety check was carried out on 16 March 2016 and portable electrical appliances were tested on 8 April 2016. We noted the registered manager undertook various auditing activities including medicine, fire safety and infection control.