

Wellesley House Limited

Apsley House

Inspection report

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Heywood
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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

This was an announced inspection which was carried out on the 3 December 2015.

Apsley House is a large end of terrace property located near the centre of Heywood. Apsley House is registered to provide accommodation and personal care for up to five people with a learning disability / autistic spectrum disorder. On the day of inspection five people were living at Apsley House.

The service had a registered manager in place. 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 visited Apsley house one day per week. There was a manager in charge who was at the house on three days per week. The registered manager and manager in charge were available by telephone at other times.

People told us that they felt safe at Apsley House. Staff had received training in Safeguarding adults. There were sufficient staff on duty to meet people's needs.

Summary of findings

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

Systems were in place to administer and store medication safely. People were supported to access health care professionals when required.

Apsley House was clean and homely. Plans were in place in case of an emergency that would affect the running of the service; such as a utility failure.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decision.

Person centred care plans and risk assessments were in place. These contained clear information and guidance for staff to support people with the choices and activities they wanted to do. The plans were updated monthly to ensure that the information reflected people's current needs.

All the people spoke positively about the kindness and caring nature of the staff. Staff demonstrated a clear understanding of people's needs. Staff explained that they supported people to be as independent as possible, whilst managing risks to keep them as safe as possible.

People who used the service were involved in reviewing their care plans, setting goals and the running of the home. People were able to make choices about the activities that they wanted to do.

The service had an open culture, with systems in place to gather feedback about the service. Information gathered was collated and acted upon. Staff told us that they enjoyed working in the service and the manager in charge was approachable and supportive. Regular supervisions and staff meetings were held. Staff input and discussion was encouraged to establish ways to improve the support provided.

Robust quality assurance audits were in place to monitor the service. Where actions were identified they were completed.

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 safe

People told us that they felt safe at Apsley House. Risk assessments were in place which provided guidance to staff to manage risks.

Staff had been safely recruited and had received training in safeguarding adults. There were enough staff on duty to meet people's needs.

Medicines were administered safely and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had received an induction and the training and supervision that they required to be able to carry out their roles effectively.

Systems were in place to ensure that people's health and nutritional needs were met.

Good



Is the service caring?

The service was caring

People spoke positively about the kindness and caring attitude of the staff.

We observed positive interactions between staff and people who used the service throughout the inspection.

Staff demonstrated that they had a clear knowledge of the support that people required. People were supported to be as independent as possible.

People were involved in planning their support.

Good



Is the service responsive?

The service was responsive.

People told us that they always received the support they required. People made choices about the activities they wanted to do.

Detailed person centred care plans were in place. The plans were regularly reviewed and updated with the people who used the service.

There was system in place to record, investigate and learn from complaints and incidents.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People and staff spoke positively about the registered manager and the manager in charge. They said that they were approachable and supportive.

A robust system of audits was in place to monitor the quality of the service.

A system of feedback forms and surveys of the people who used the service, family and other professionals was in place. Information gathered was collated and actioned to help drive forward improvements in the service.

Apsley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 December 2015. The provider was given 48 hours' notice because the location was a small care home for younger adults; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service, including notifications the provider had sent us. We contacted the local Healthwatch organisation and the Local Authority Commissioning team to obtain their views about the provider. No concerns were raised about the service provided at Apsley House.

During the inspection we spoke with all five people who used the service, the manager in day to day charge of the service and two staff members. We observed interactions between people who used the service and staff.

We looked at the care records for three people and medication records for all five people who used the service. We also looked at a range of records relating to how the service was managed, including two staff personnel files, staff training records, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

The people who used the service told us that they felt safe living at Apsley House. One person told us, “Staff help to keep me safe; they’re supportive when I have a problem.” One person we spoke with told us, “I love it here.” Another said, “I feel happy here.”

Staff had received training in safeguarding adults. Policies and procedures for safeguarding people from harm were in place. A safeguarding risk assessment was seen; this gave details of other agencies who could be contacted about safeguarding concerns. The day to day manager told us that staff understanding of safeguarding was checked by using a questionnaire at staff meetings. This was confirmed by a staff member we spoke with. Evidence was also seen that safeguarding was discussed with staff during their supervisions.

We looked at two staff personnel files and saw that a safe system of recruitment was in place. The files we looked at included an application form with a full employment history, two verified references from the most recent employers, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We also saw a ‘disclosure of any police charges’ document which asked staff to state any police charges that they had had in the previous 12 months. We saw that the staff recruitment policy and procedure stated that people who used the service would be involved in the recruitment process. This was confirmed by the manager in day to day charge of the service. One person told us, “If we get new staff, we get to ask them questions.” However another person told us that they wanted to be involved in interviewing new staff but had not been.

People who used the service told us that there was always enough staff on duty. One person told us, “There is enough staff on so I can do what I want.” We looked at the rotas for Apsley House and saw that there were three staff on duty during the day, with varied start and finish times depending on the activities that were planned for the day. The day to day manager was at the home three days per week and the registered manager was at the home for one day per week. This was in addition to the staff on the rota. An on call

system was in place to provide support for staff out of office hours. We were told that the staff on call were provided with a ‘trouble shooting’ document for known issues that may arise.

The manager in day to day charge told us that the home had a policy of not using agency staff. If necessary cover would be found from within the staff team or from staff at the other three homes within the group. If needed the on call manager would cover the shift. This was confirmed by the staff we spoke with.

We looked at the care records for three people who used the service. The records contained risk assessments, including those relating to household risks, travel, being in the house alone and sexual health. Risk management plans provided guidance for staff about the support people required to minimise any identified risks. The service had also identified risks which people who used the service were choosing to take and had strategies in place to manage this risk. When asked about this, one staff member told us, “Care plans and risk assessments are in place with management strategies to help us deal with things.” All risk assessments had been reviewed on a regular basis and updated to reflect when people’s needs had changed.

We saw that the service had a whistleblowing policy in place to advise staff of the action to take if they witnessed poor practice. We were told, and saw records which confirmed, that whistle blowing was on the agenda and discussed at each team meeting.

We found that medicines were administered safely. We saw that a Standard Operating Procedure had been written in consultation with Rochdale NHS. This gave guidance to staff on ordering and disposal of medicines, administration guidelines, storage, changes in medicines, taking medicines off site, consent and refusal and managing errors. We saw evidence that medicine errors were recorded and action taken to reduce the risk of the error re-occurring.

We saw evidence that all staff had been trained in the administering of medicines. Staff completed a medicines questionnaire during their supervisions to check their understanding of safe medicines administration. We saw that when two members of staff were on duty they administered the medicines together to reduce the possibility of errors occurring.

Is the service safe?

The care records we reviewed contained information about the medicines people were prescribed. Consent forms for staff administering people's medicines had been signed. We saw that each person had an annual medication review with their GP. One person told us, "They always give me my medicine at the right time, morning and night." Another said, "Staff look after my medicines and watch me having it."

The records contained information about any 'as required' medicines people had been prescribed and how people would inform staff if they needed any pain relief. This included verbal and non-verbal methods of communication.

We looked at the Medicines Administration Record (MAR) charts for all five people who used the service and found that they were fully completed. However the prescribing instructions on the MAR sheet for four medicines were not correct. The GP had changed the instructions to 'as required' but the MAR sheet printed directions had not been changed by the pharmacy or staff. This could mean that staff who did not regularly work at the home could administer as required medicines according to the wrong directions. The manager in charge assured us that they would speak with the pharmacy to ensure that the MAR sheet reflected the GP instructions.

We saw that the medicines were securely stored and the temperature of the room where they were stored was taken daily. We saw that staff completed a daily check of all as required medication and that the manager in charge completed a weekly audit.

We found that there were appropriate environmental risk assessments in place to promote the safety of the people

who lived at Apsley House and the staff. These included risks in the kitchen, laundry / utility room, using electrical equipment and safe storage of medicines. The risk assessments were reviewed monthly.

We checked the systems that were in place to protect people in the event of an emergency. We found that Personal Evacuation Plans were in place for all people who used the service. There was an up to date fire risk assessment in place. Records showed that regular checks were carried out on fire systems, emergency lighting and fire extinguishers. The service had a disaster plan in place, with a list of contact numbers kept in all communal areas. Records we looked at showed that regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

The service had procedures in place to deal with any accidents and incidents. We saw that accident and incident reports were included in the staff handover file so that all staff knew what had happened. The manager in charge told us that the staff team used each incident to learn how to resolve the issue in a better way if it re-occurs. This was confirmed by a staff member we spoke with.

We saw that the home was clean throughout, with weekly cleaning schedules in place. Policies and procedures were in place for infection control and regular checks were carried out to ensure a high standard of cleanliness was maintained. A member of staff had been designated the infection control lead for the house. Their role was to check the personal protective equipment was available and to monitor staff practices such as hand washing.

Is the service effective?

Our findings

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.

The manager in charge and the staff we spoke with all had a clear understanding of the MCA. The service was working within the principles of the MCA. One staff member told us, "People make their own decisions; we can advise but it's their choice." Another said, "We can all make bad decisions; we support and encourage people to make their own decisions and learn from their mistakes." This was confirmed by the people who used the service. We were told, "They [the staff] let me make my own decisions."

One person who used the service had an authorised DoLS in place, the CQC had been informed of the DoLS as required. The manager in charge explained the process required and who had to be involved to renew the DoLS every 12 months. People's care records contained evidence that they had signed to indicate their agreement to their care and support plans.

We saw that the door to the kitchen was locked to meet the needs of one person who used the service. The door was left unlocked when they were not in the house. We were told that the other people who used the service had been asked about this and it was discussed at resident meetings. One person told us, "I ask staff to open the kitchen; I can get anything I want from the fridge."

During the inspection we found that the staff received the essential training they needed to carry out their roles. The manager in charge showed us the training matrix. This detailed the training staff had attended and the date. Staff

records we saw contained certificates for their training, including emergency first aid, epilepsy, food hygiene, fire safety, MCA, challenging behaviour and the safe administration of medicines.

We were also told that family members had been involved in providing information about the specific needs of one of the people who used the service when they moved in. One staff member also told us, "I did some research on the computer and shared it with other staff."

Staff we spoke with told us that new members of staff had completed the Common Induction Standards; the manager in charge told us new staff would now be expected to complete the Care Certificate. We saw a completed induction pack in one staff member's personnel file. All staff had achieved or were working towards a nationally recognised qualification at Level two. Staff are encouraged to also complete a level three qualification. One staff member told us, "I did the common induction standards and then started on the level two straight away; I learnt a lot." We were also told that, "I did a lot of shadowing with staff to get to know people."

This meant that staff were provided with the skills and knowledge to help them to deliver safe care.

We saw records that showed that supervisions were held every two months with the manager in charge. We noted that the in the supervision meeting training and development was discussed with staff, including how the training applied to the individual staff member's role. Questionnaires about infection control and the administration of medicines were also used as part of staff supervisions. The core values of the service (including independence, quality care, and safe environment) were discussed and issues or comments from the staff member were sought. Tasks for staff to achieve were set, the staff members key work role was discussed and feedback from the manager in charge given.

We looked at the systems in place for ensuring that the nutritional needs of people who used the service were met. People who used the service were involved in writing the shopping list and planning the menu each week. The calories in the menu for one person were carefully controlled to meet their particular needs, with alternative meals being agreed when required. A food diary was used to record what the person using the service had eaten. Weight charts were in place to monitor this person's weight.

Is the service effective?

The people who used the service and staff had developed a food picture book to assist people in choosing what they wanted to eat. We were also told that the home purchased halal meat to meet the cultural needs of one person who used the service. One person told us, "I asked for the food to change and they did do." One person who used the service had adapted cutlery and staff told us that, "Sometimes we have to sit with [person who used the service] and support them to eat."

The systems in place should help ensure that people's nutritional needs are met.

Records we saw showed that people's health needs were clearly documented. Records of visits to health care professionals were kept. One person told us, "Staff come with me to support but don't speak for me." Another told us that they like the staff to talk to the health professional; though they could speak themselves if they wanted to. Annual medication reviews were completed with the GP. Each person had a health action plan. We saw that referrals to specialist services were made when required; for example podiatry and the epilepsy support service.

Is the service caring?

Our findings

All the people who used the service spoke very positively about the staff team at Apsley House. One person told us, “The staff are kind; they know me.” Another said, “My keyworker is [staff member name]; she’s really good. I tell her everything.” We were also told that, “Staff know me well; they know what I like and don’t like” and “Staff are always here if we need them.”

Throughout the inspection we observed warm interactions between staff and the people who used the service. The atmosphere in the home was relaxed and we observed staff and the people who used the service having fun together.

All staff we spoke with showed that they had a clear understanding of people’s needs and wishes and knew the people who used the service well. The care plans for people detailed their likes and dislikes and gave clear guidance to staff about how they wanted staff to support them. We found that people were supported to be as independent as possible, both within the home and in the local community. One person told us, “I’ve got a good quality of life. I’m more independent (since moving to Apsley House), but also get to see my family at weekends.” Another person said, “We all clean up after meals; we all have different chores to do.” Apsley House had a clear ethos of promoting the people who used the service’s independence.

Records showed that regular service user meetings were held. One person told us that at the meetings they talked about the activities they wanted to do and also the jobs they had to do in the house.

One person who used the service told us that they looked at their care file with staff. Another said, “I’ve got a care plan; it says what support I need.” We were told that the staff team was stable. This should help ensure that staff were able to form meaningful and caring relationships with the people who used the service.

We saw that all files were stored securely; this helped to ensure the confidentiality of the people who used the service was maintained.

We were told that the home had a dignity champion. Their role was to ensure that the people who used the service understood the meaning of dignity and privacy in relation to the care they received. The dignity champion also talked to the staff about respect. One person told us, “Staff knock on the door and will come back later if I ask them to.” We were told that people had keys to their doors so they could lock them if they wished. One person who used the service liked the bathroom door slightly open when they bathed as it made them feel safer. The manager in charge described how staff made sure that they were aware of where the other people were in the house to provide privacy and dignity for the person bathing.

Staff supported people to meet their cultural needs. One person said, “Staff support me to meet my religious needs. I use beads to pray.”

Is the service responsive?

Our findings

From our observations and the records we saw that the service was person centred. We saw a comment from a member of the Care Service Commissioning Team Rochdale Metropolitan Borough Council about how person centred the service was.

People's care and support was planned pro-actively in partnership with them. The care plans we reviewed were written in a personalised way and we saw that the people who used the service had been involved in writing them. Each person had a person centred plan which was reviewed every month. An annual review was held that included pictures and goals of what people wanted to achieve. We also saw that people's families and other professionals were invited to be involved in the annual reviews.

The people who used the service had a detailed individual assessment completed by the manager in charge before they moved to Apsley House. The person who used the service and their family had been involved in the assessment. The assessment also included information from the funding Local Authority.

People received personalised care that was responsive to their individual needs and preferences.

We were told that one of the people who used the service sometimes chose to stay overnight at a friend's house. The care plans and risk assessments guided staff on how to enable this person to make their own choices and remain as safe as possible. The person who used the service told us that they had to tell staff if they were staying out overnight. They said that they had agreed to do this. A staff member said, "People are as independent as they can possibly be, whilst ensuring that they are safe." Another said, "It's allowing people to make their own decisions and take risks." This showed that people were supported to take positive risks and the service was responsive to managing the risks.

The manager in charge explained how one person who used the service had particular needs around food. Therefore when the people who used the service planned a holiday, arrangements were made for this person to stay in a caravan with staff support, with all food stored separately in a different caravan. This meant that the person who used

the service's needs were met and they were able to participate in the holiday. This showed that the service responded to people's needs and sought different ways to support them when required.

People's personal files included a pen picture, consent forms, a log of all medical appointments, financial information, achievements from the previous year and goals agreed for each year. A 'working file' was also used. This contained the current care plans and risk assessments which gave clear guidance to staff in how to support the people who used the service. The support had been agreed with the person who used the service. One staff told us that the care plan informed staff how to react depending on how one of the people who used the service was feeling. A staff member we spoke with said, "It's about not over supporting people; encouraging people to do as much as they can for themselves."

The agenda for staff meetings included people's person centred plans. One staff member we spoke with told us, "We've learnt how to deal with things; we discuss approaches in team meetings."

Staff were also informed of any day to day changes in the people who used the service's needs through a communications book and daily handover meetings. A handover took place between staff at every shift change. A daily handover sheet was used to list the tasks staff had to complete that shift. A handover file contained documents for staff to read and sign, a daily planner of the week's activities, any incident reports and the week's menu.

All the people we spoke with were happy that the staff knew what support they needed and wanted. We saw feedback from the college that people who used the service attended. They stated that, "The staff know their clients really well and understand how best to support them in college whilst promoting independence and encouraging self-advocacy."

There was a weekly plan of current community activities in place. The activities were varied and included attending a Life Skills course at college, drama, going to watch football with a friend, attending the Gateway club and Zumba classes. One person told us, "I really enjoy the activities that I do; I go out all the time." One staff member told us, "People make their own plans for holidays and the activities they want to do."

Is the service responsive?

We were told that a weekly planner was written on a Sunday. This detailed the activities planned for the week and which staff member would be supporting each person or activity. A staff member told us, “We try to let people [who used the service] have input into who is supporting them.” We observed one person who used the service being advised that they could choose which staff member they wanted to support them to attend an appointment.

We found that the service had a complaints policy in place. A copy of the policy was included in people’s personal file. The manager in charge told us that at the service user meeting they also talked about how to make a complaint and asked if people had any issues that they wanted to raise. One person said to us, “If I complain to staff, they listen to me.” A record of complaints received was kept

which detailed any action taken to resolve the issue that had been raised. We saw that the home had a comments box if people who used the service or visitors wanted to make suggestions or raise any issues.

We saw that each person who used the service had personalised their room with their own items and pictures. People told us that they could get up and go to bed when they wanted to. One person said, “I can do what I want; I can go out to see friends.”

On the day of our inspection we saw that the registered manager had brought their dog to the house. We also saw that a member of staff had also brought their dogs with them when they were on shift. All the people living at the home were very positive about having the dogs in the house and enjoyed taking them for walks. This contributed to the relaxed atmosphere and homely feel of the house.

Is the service well-led?

Our findings

The service had a registered manager in place who visited the service one day per week. They were also the registered manager for two other small registered homes in addition to Apsley House. There was also a manager in charge who was at the home three days per week. At other times staff could telephone the registered manager, manager in charge or an on call manager. The manager in charge compiled the rota, conducted the staff supervisions and completed the quality assurance audits.

On the day of the inspection we spoke with the manager in charge. The registered manager had a prior commitment; they were available for the feedback at the end of the inspection.

Staff we spoke with were very positive about the manager in charge and the culture of the home. One said, "I love it here; a lovely place to work" and "[Manager in charge] is very supportive and approachable; I would always ring them if I need support or advice about how to deal with something." Another said, "[Manager in charge] was very much around when I started; they showed me how to do personal care." The people who used the service knew the registered manager. Staff told us that the registered manager was approachable.

Records we looked at showed that regular staff meetings were held. We saw that these meetings were used to remind staff of important issues such as whistle blowing, fire safety and infection control. Staff told us that they felt able to raise any suggestions or concerns that they wanted to at the meetings. The staff felt that they would be listened to. One staff member told us, "I can raise issues and make suggestions without feeling that you are being judged." Another said, "Everyone is listened to; you can voice your own opinions."

All the people who used the service were complimentary about the manager in charge. One person said, "[Manager in charge] would listen to me if I wasn't happy. There's nothing I don't like."

During our inspection we saw that the manager in charge knew the people who used the service and the staff well. The atmosphere in the home was very relaxed and friendly.

We asked the manager in charge what they considered to be the key achievements of the service. All of the examples

the manager in charge described to us focused on the achievements of the people who used the service. One person had accessed a college course for the first time and won the student of the year award. They told us the key challenges for the next 12 months were to maintain the staff team with all relevant training being up to date and continuing to support people who used the service to achieve the goals which were important to them.

From the records we reviewed we saw that there was a robust system of quality audit procedures in place. These included daily finances (household and personal) and medicine checks undertaken by staff. The manager in charge completed weekly checks of the medicines, the rota, finances, fire safety, bedrooms and care plans. Records showed that an annual programme to monitor infection control was in place. An environmental audit and care plan audit were completed every six months. We saw that action plans were completed when any issues were identified.

We also saw that Rochdale Metropolitan Borough Council had completed an environmental audit and had found no issues of concern.

The service had a business plan, a training plan and an infection control strategy in place for 2015/16. The Statement of Purpose and quality assurance documents for the service were focused on the rights of the people who used the service and the culture of the home to support people to have choice, a community presence, individuality, respect, dignity, relationships and religion and culture.

We saw that annual feedback forms had been sent to the families of people who used the service and other professionals who were involved with the home in May 2015. A summary of the questionnaire results had been compiled, with evidence of actions taken to address any issues raised.

Service user questionnaires were completed every two months. All the feedback was positive.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC as required. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.