Apple House Limited

Redcroft

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Redcroft is a care home service that does not provide nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to ten people and provides care and support for adults with learning disabilities . At the time of this inspection there were ten people living at the home. The home is situated in a residential area and has recently had an extension built that will provide a further two bedrooms. The new development has also provided a new conservatory and cabin in the enclosed garden.

Redcroft was registered prior to the publication of Registering the Right Support. It reflects the values that underpin Registering the Right Support and other best practice guidance, except that it is larger than this guidance recommends. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection was unannounced and took place on 31 July and 2 August 2018.

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

Relatives , people living at the home and healthcare professionals were very positive about the service. The registered manager and directors had created a calm, empowering environment where people's needs were met.

People were involved in developing goals and development of care plans. These were up to date and informed staff about how people wished to be supported. Staff had detailed knowledge of people's needs and preferences which was used to assist people taking part in meaningful activities. These were arranged communally and individually, based on people's own choice.

People were supported to exercise choice and supported to take calculated risks and have control over their lives. People were actively involved in the local community and supported to meet their needs.

The registered manager had good systems to make sure that the environment and the way people were looked after were safe. Risk assessments had been completed ensuring care was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make sure the environment was safe for people.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse. They knew what action to take if they had concerns . Sufficient staff were employed at the home and staffing was

planned flexibly to meet the needs of people accommodated. Staff had been recruited following robust recruitment policies and procedures. The staff team were both knowledgeable and suitably trained, well supported through supervision sessions with a line manager, and an annual performance review. Staff had good morale and knew people's needs.

Accidents and incidents, although uncommon, were monitored to look for any trends where action could be taken to reduce chance of their recurrence.

Medicines were managed safely.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent . The home was compliant with the Deprivation of Liberty Safeguards, with appropriate referrals being made to the local authority.

People were provided with a good standard of food and were fully involved in planning menus and what they wanted to eat.

People were treated compassionately. People received a high standard of care and support at Redcroft.

There were complaint systems in place and people made aware of how to complain.

Should people need to go into hospital, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well led. There was a very positive, open culture in the home, with staff having good morale and knowing people's needs. There were systems in place to audit and monitor the quality of service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe .

People were protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination.

Risks were assessed and managed in the least restrictive way possible.

There were enough competent, safely recruited staff to provide care and support in a person-centred way.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's needs had been assessed effectively.

Staff were supported to maintain the skills and knowledge they needed to carry out their roles.

People were involved in what they wanted to eat and encouraged to live healthy lives.

People had the support they needed to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness. Their privacy and dignity was upheld

People had positive relationships with staff, who knew and understood them.

Is the service responsive?

Outstanding

The service had improved to outstanding.

People were supported to make goals and staff were very effective in assisting people to achieve these

Staff enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests.

Staff used technology in an innovative way to support people to have greater independence.

Staff were highly responsive to people's needs, and provided excellent outcomes for people.

The service dealt with complaints in an open and transparent way.

Is the service well-led?

Good

The service was well led.

The service had a positive, person-centred, open and inclusive culture. Leaders and managers shape this culture by engaging with staff, people who use services, carers and other stakeholders.

Leaders and managers were available, consistent, and lead by example.

Staff understood their role and responsibilities, were motivated, and had confidence in their leaders and managers.

Redcroft

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 was 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.

At the last comprehensive inspection of the home, published in January 2016, the home was rated as 'Good' with no breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This latest inspection was carried out by one inspector on 31 July and 2 August 2018.

Before the inspection we reviewed the information we held about the service. This included 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. We also liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us throughout both days of the inspection. We met with a director of Apple House Limited and the office manager for the company. We also spoke with the deputy manager and three health care assistants. We met and spoke with most of the people living at the home, a visiting relative and a health and social care professional, all of whom gave us positive feedback on their view of the service. We spent as much time as possible in communal areas so we could observe how people were cared for and supported.

We viewed two people's care records in depth as well as sections of other people's personal files. We reviewed everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

Good

Is the service safe?

Our findings

We spoke with four people who were relaxed, at ease with the staff and comfortable in their environment. They all told us they were happy living at Redcroft. No one had any concerns about safety. We spoke with a visiting relative, whose relative had recently moved to the home. They told us, "Since moving to Redcroft, it has been like a weight lifted from my mind; they are great here."

People were protected as far as possible from abuse and their human rights protected. This was because staff had all been trained in safeguarding adults, as well as receiving update refresher training. They, therefore, understood what constituted abuse and how to make referrals should the need arise. Information posters were displayed in the home and easy read information about staying safe was accessible to people.

The registered manager had made the home as safe for people as possible through risk management and compliance with legislation and guidance. Risk assessments of the premises had been carried out and action taken to minimise the risks from hazards. For example, freestanding wardrobes had been attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent burns. Portable electrical wiring had been tested to make sure appliances were safe for use and an external company contracted with to make water systems safe.
Emergency plans had been developed for the event of situations such as loss of records, power or heating. People were empowered to take more ownership of their home, through involvement as a fire Marshall, health and safety representative.

Certificates showed that the home's boilers, the platform lift and electrical wiring were tested and maintained for safety. The fire log book showed that there had been some months earlier in the year when the fire safety system had not been tested to the required frequency. Internal monitoring systems had picked this up and the registered manager had addressed this with the responsible member of staff. In more recent months, the system had been tested to the frequency required.

Steps had been taken to make sure people's care was delivered as safely as possible. For example, many people could experience seizures from epilepsy. An epilepsy protocol devised in conjunction with specialist epilepsy nurses had been developed for each person. These were cross-referenced to care plans and detailed assistance each person would require, including emergency medical attention if necessary.

To manage the risks associated with some people's epilepsy, auditory monitors were used in some bedrooms. We discussed their use in detail with the registered manager. Monitors were turned off when people were not in their room, had visitors or requested this. People had either requested that a monitor be used for their safety, or their use had been determined as the least restrictive alternative for managing people's safety.

Staff had been trained in a positive behaviour support model that focused on proactive methods to avoid situations that could lead to people presenting with challenges. The model includes three strategies of early intervention, calming techniques and, as a last resort, physical intervention. No incidents had occurred

since the last inspection whereby physical intervention had been used.

The registered manager had a system for the reviewing of any accidents or incidents that occurred in the home, looking for trends or actions where action could be taken to reduce any likelihood of recurrence.

There had been a small number of safeguarding incidents referred to the local authority since the last inspection. The registered manager gave examples of actions taken as a result of learning from these.

There were sufficient staff to help people stay safe and support them with their needs. Staff spent time with people in an unhurried manner. During the inspection people went out with staff for planned individual activities. The registered manager explained that there were core hours of staff provided and that over and above this, there was individual staff hours provided on a one to one basis.

Staff had been recruited safely. All the required checks had been carried out and records in place, such as references, health declaration, full employment history and Disclosure and Barring Service (DBS) criminal records checks. Staff also signed an annual declaration regarding criminal records, and fresh DBS checks were undertaken every three years. The registered manager involved people in the recruitment process. This was either with questions they wanted to ask, or if they didn't want to ask them themselves, by a member of the staff team. People could choose to be part of the interview panel. People were also involved in showing prospective staff around their home and are always asked for their thoughts on the person.

Medicines were managed safely. Policies and procedures were in place that complied with NICE guidelines; they also considered the principles of STOMP (stopping over- medication of people with learning difficulties autism or both).

Medicines were stored securely with appropriate systems for recording all medicines entering the home. There were no controlled drugs in use; however, the service had appropriate storage facilities should people ever be prescribed these medicines. A dedicated small fridge was available for storing medicines requiring refrigeration. The registered manager agreed to buy a maximum/minimum thermometer as had been agreed at the last pharmacy audit in February.

Two people were supported to manage their own medicines and were provided with a small lockable cabinet in their room. Other people had their medicines administered by the staff. MAR sheets were initialled by staff to demonstrate people had been given medicines as prescribed, with any gaps accounted for. Where people had 'as required' medicines, there was guidance in place for staff to ensure that medicines were given consistently. It was agreed that more information would be provided in some people's guidance concerning when to offer pain medicines.

Care plans provided guidance to staff on how to support people with their medicines. They included monitoring sheets for the side effects of medication to alert people's doctor if they experienced side effects of medicines. Care plans also contained easy read medication information packs, to help people understand why medicines had been prescribed.

Staff discussed their understanding for the reason for GP visits to support people in fully understanding the reasons and alleviate any anxiety. They also completed a feedback form, discussing how the appointment went and whether they understood what was said, and whether they understood if further treatment was needed.

Staff who administered medicines had been trained in safe medicines administration as well as having their

competence assessed for carrying out this procedure.
The home was clean and staff trained in infection control. There were appropriate measures in place concerning infection control commensurate with a service for young adults.

Good

Is the service effective?

Our findings

People said they were happy with the way their care and support was managed. People told us of their plans for weeks ahead and things that they had done and achieved. Staff ensured there were high levels of involvement and feedback from everyone and support plans that included a comments section in the read and sign paperwork.

One person had recently moved into the home from another service. They had been given time for a planned, staged admission to make sure that the service was appropriate for them and other people living at the home.

Records showed that for each person an in-depth, comprehensive assessment of their needs had been carried out with the person, using a range of assessment tools. These assessments were comprehensive and showed people could identify goals and aspirations. These then fed into their care plans. Periodic reviews took place to make sure that assessments and plans were followed through consistently. Person centred formation packs that supported each individual's understanding had been created to involve people in their health and support needs. This included information on subjects such as the influenza vaccination.

The registered manager and staff kept up to date with good practice through discussing developments in good practice at team meetings and during supervision. Records showed that staff had regular supervision meetings and annual appraisal meetings with the registered manager. In these meetings they reflected on their work, and training and development needs. The staff told us that they felt supported through the line management systems in place. One member of staff told us, "Since I have been here, I think I have had the best supervision I have ever had ".

Staff had the skills, knowledge, experience and support to perform their roles effectively. The registered manager had qualifications which gave them an understanding of various learning techniques and used varying forms of training methods to accommodate individual staff's preferred training style. Staff, during staff meetings, were encouraged and supported to cascade any information they have gained from personal research and from training sessions to the rest of the care team. On the staff team, ambassadors in Dysphagia, nutrition, health and safety, mental capacity and continence care had been appointed to improve outcomes for people.

Staff had appropriate training when they first started working at the service. This induction training was based on the Care Certificate, which covers a nationally agreed set of standards expected of workers in health and social care. It covered topics such as moving and handling, health and safety, infection control, safeguarding awareness, and equality, dignity and human rights. Staff were trained in a system of positive behaviour management, accredited by a respected learning disability organisation.

Staff also had training in equality, diversity and human rights to help them challenge and avoid discrimination. We discussed with the registered manager how people with protected characteristics under

the Equality Act were supported so that they were free from discrimination.

Care records and our observations showed that people's consent was always agreed where people could make decisions about their day to day care. The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 in relation to supporting people wherever possible to make their own decisions. People's consent had been documented in areas where they could give their consent.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act 2005 to make decisions in the person's best interest. Care plans recorded that people had been involved and supported as far as possible in making any decisions. Best interest decisions had been made on the basis of the least restrictive intervention necessary. Staff had all had training in MCA.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They ensure that care homes and hospitals only deprive someone of their liberty in a safe and lawful way, when this is in the person's best interests and there is no other way to look after them. They require providers to apply to a 'supervisory body' for authority to deprive someone of their liberty. The registered manager had appropriately applied for DoLS in respect of everyone living at the home, although none had yet been granted.

People were happy with the arrangements around food, meals and choice. Staff encouraged and supported people to eat healthily and to be involved in shopping, cooking and budgeting. Everyone participated in the weekly meetings where they could contribute for menu planning for the week ahead. Once a month people chose a country to focus on with their making national meals, having discussions and learning about the history and culture of that country. People's weights were monitored each month and they were supported with health care plans if they needed to either put on or lose weight. People were encouraged to prepare their own snacks and drinks. People were involved in planning of meals; this included communicating preferences, house meetings where a specific aspect of a healthy diet is discussed, along with service user ambassadors for areas such as health and safety leading the discussion. The service had heavily involved Speech and Language Therapy (S.A.L.T.) and dieticians to ensure the service promoted healthy choices. Staff attending specific non mandatory courses preferences from observations. The home had a juicer to encourage individuals to make smoothies themselves for increasing fruit and vegetable variety and intake in more creative ways.

The registered manager had arrangements in place to ensure people's health needs were met. People were supported to manage their health and have access to healthcare services as they needed. This was corroborated in records that showed people were supported with appointments with health and social care professionals when they needed to, including GPs, dentists, opticians, chiropodists, psychiatrists and social workers. The home had made good links with the community support teams and worked with them where people needed particular support. For example, a physiotherapist and occupational therapist assisted a person with the planning and carrying out of exercises/stretches to assist improvement of mobility and quality of life as they had lost independence whilst living in a different type of support service. Health and social care professionals also commented positively about the support people received at the home.

People each had a 'health passport' to provide to hospital staff in the event they needed treatment there. This summarised important information about them, their health needs, and how they communicated.

Individual bedrooms were furnished and decorated according to people's preferences and they were happy to show us around their home. One person had their own sensory equipment installed in their room as this

helped them to relax. A new extension had been recently completed. This included two new bedrooms and communal space of an 'Orangery', providing a quiet area looking out into the garden. Outside was a large garden with a new cabin to be used to support individuals to maintain contact with families through email, look up information and follow hobbies, a quiet, meditation area and for small or individual crafting sessions. Some people had chosen to learn to grow their own salad and vegetables and so raised beds had been created. Another person had an interest in wild life and so a bug house had been made for the person to pursue this interest.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. All the interactions we observed throughout the inspection demonstrated this. People responded as if this was normal and natural, in line with their usual experience. One person told us, "I am happy here, I like it". Everyone was settled at the home and there was a calm atmosphere with enough space for people to engage with each other or to spend time away from others, in their rooms or in communal areas.

The respectful and compassionate approach was echoed when staff spoke about people with each other and with us. People knew and felt comfortable with staff. They told us the staff were kind and caring. We saw people readily approached staff to talk or interact with them. Many of the staff had worked at the service for a number of years. They therefore had a good understanding of people, their personal backgrounds and histories, their interests and preferences. This information was also detailed within people's care records.

Relatives and friends could visit when they wished without notice. Relatives told us that they were made welcome when the visited.

People's privacy and dignity was upheld. Assistance with personal care was offered discreetly where needed and took place behind closed doors. Where people had monitors in their rooms as a means to safely monitor their epilepsy, these were turned off as soon as they were not necessary to allow people privacy.

Most people had in the past exhibited behaviours that challenged others. The trust between staff and people that had built up, had led to people leading relatively peacefully lives together. This had resulted in very few safeguarding incidents and minimised incidents of challenging behaviours.

Outstanding ☆

Is the service responsive?

Our findings

Staff had an excellent understanding of people's needs and worked with them to ensure they were consulted, listened to and valued. One person had significant visual impairment and they had been supported to braille their own reviews, meetings and to host and read out their own information. Other people told us about their daily lives and how they had planned this with the help of staff. People were given opportunities to share their views and be listened to through house meetings, which were held once a month and led by an individual who was supported to organise the agenda and chair the meeting using various forms of communication, such as written, pictorial, braille and quizzes. The home has a residents' notice board and staff encouraged people to decide and choose what information they would like to see displayed. The notice board also had pictures of outings and activities and local information .

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were highlighted in their support plans and health passports and we saw staff adapted their communication according to people's needs. One person had been supported with development plans to improve their communication, previously this person could use a vocabulary of 2-4 words, now they used small sentences and wanted to be more involved. For another person braille cookery books had been created to ensure that this information was accessible to them .

Technology had been used in an innovative way to support people and they had been involved in setting this up. For people who found difficulty in reading or understanding pictures, 'recording buttons' were used to help people get the information they needed. This promoted dignity and self-esteem for individuals who had previously been reliant on staff for this information. By pushing the buttons people could hear information about the daily/weekly menus, 1-1 activity board, their activities and personal information boards whenever they wanted or needed the information and not have to ask staff. This information was kept current so it was of real value to people.

Technology had also been used to enable one person to chair residents' meetings, and take notes in braille. A dementia clock had been purchased for one person when they had developed memory decline. This had helped them to maintain independence and assist them in daily living. For a further person a specific kettle and talking microwave were used to promote their independence, so that they could make food and drinks without support from staff.

Comprehensive, up-to-date support plans were individualised to the person according to their needs and preferences. They included information about people's goals, aspirations and life histories and reflected their preferences. One person had wished for tactile walls, which was provided. This was important to them because they relied on tactile sensation.

Support plans promoted people's independence and informed staff of what people could do for themselves and what areas they needed support and assistance. The plans were up to date and accurate giving staff guidance in areas including communication, personal care, eating and drinking, cultural and spiritual needs,

health conditions and staying safe. The registered manager and staff therefore had a very good understanding of people's care and support needs.

Some people had behaviour that had challenged others in the past. However, by staff following support plans and understanding how to de-escalate potential triggering situations, there were far fewer incidents that caused people distress. One person when they first moved to live at Redcroft had very little self-esteem, poor mobility and low confidence levels. Staff worked with professionals and the person to develop plans for building their confidence. This person had progressed with their mobility, was taking interest in their appearance, now actively choosing what she would like to wear, along with accessories and jewellery. Their self-esteem had improved so that they wanted to experience new things. Records showed that they now enjoyed walking and swimming, which had also improved their general medical health.

There was an emphasis on meaningful activity and following interests. People went out and about during the inspection with some people going out for planned activities or going out for a walk with the staff. People had highly individualised activity plans. Records showed that activities included personal trainers, gym membership, sailing, wall climbing, personal tutor, library, tennis, garden centres, flower arranging, in-house gardening, animals, group outings, theatre visits, cinemas, pantos, musicals, church, swimming. Within the home other activities included, family get-togethers, which include afternoon tea, barbeques, owl visits, live bands. Staff tried as much as possible to find hobbies and past times that people were really interested in by talking with them, of family and friends. One person loved bags and has been supported to decorate their bags and staff had found a special stand for them to store and display these. Staff supported an individual who wanted to go to university with a personal tutor and has now gained their level 1 in Geography.

We were also able to see that each person could access local community resources and to play a part of their local community.

Though a rare event, the home had supported a person very successfully to have a comfortable and dignified death. Staff had worked with GPs and district nurses to ensure the person had the care they needed. They had sought an external body to review the end of life care provided to this person and were awarded the second highest score for palliative care. Part of this had been to purchase an animatronic 'dog', which responded to touch and sound, providing great comfort to the person as they enjoyed tactile responses.

Staff were supportive to people's emerging needs. Two people were being supported with bereavement counselling, creating a memory book and mental health support to cope with the loss of family and friends over the last two years.

Clear information about how to make a complaint was available for people. The registered manager maintained a complaints log to show how complaints had been responded to, investigated and resolved.

Good

Is the service well-led?

Our findings

The home was well-led by the registered manager who had worked at the home for many years. Health professionals told us that since taking over the management of the home, the service had improved with better outcomes for people. The directors of the company took an active part in supporting the registered manger and people living at the home. They visited the home at least once a month to support the registered manager and to review the performance of the service. The company was a finalist in the National Learning Disabilities and Autism Awards 2017 for Employer of the year and also for 2018. The award for 2018 was in relation to the 'Breaking Down Barriers', which celebrates and recognises an individual or organisation who has worked to make sure people get clear information and are able to contribute their views and experiences

One of the directors had been awarded 'Director of the Year' and had also been a finalist for a lifetime achievement award with a local initiative recognising women's achievement in business. The Managing Director and the Director of Operations gave a seminar presentation for Westminster briefing, one of Europe's leading political information, public affairs and policy communication specialist. This service feeds into the House magazine, the weekly business publication for the houses of parliament.

The providers had engaged with the local community wherever possible. For example, a talk was given to the local church about understanding challenging behaviour so that they could understand people and assist in them integrating with the congregation.

Staff felt supported by the registered manager and there was a clear vision and positive values that underpinned the ethos of the home. One member of staff told us, "They really do care for the staff as well as people and you get thanks". Staff told us that the management were approachable and would always listen; there being an open door policy. Members of staff had been delegated 'championship' roles for topics such as, health and safety and medicines.
The manager had attended 'Training HUB meetings', which are a forum for sharing and learning with other providers. The registered manager told us that any learning was shared with staff at staff meetings.

Team meetings minutes showed staff were kept fully informed and had the opportunity to discuss and make suggestions about the running of the home.

The registered manager had sought feedback from staff members with questionnaires asking about their working life. This was in addition to the support, supervision and appraisal given to all staff.
Staff knew how to whistle blow and raise concerns as there was a policy and procedures in place.

At residents' meetings, minutes showed that people were fully involved in day to day running of home, discussing what they wanted to eat, what activities they wanted to arrange and issues that affected them in the home.

The provider had a website containing information about our company, achievements, activities, jobs and

innovative practices. They told us some people living at the home look at the website regularly for updates. The site has a 'listening button', which enables people to hear the words so it is more accessible to the people. It has also allowed the individuals to leave a comment if they wished to.

People's records were up to date and organised in a way that made information easy to access.

There were well-developed quality assurance systems in place to monitor the quality of service being delivered and the running of the home. These included audits such as medication, infection control, accidents, incidents and care planning.

Quality assurance surveys had been sent to people, relatives and professionals affiliated with the home. The registered manager had analysed all returned surveys and collated the results, all of which were very positive.

The registered manager had notified CQC of significant events, such as deaths, serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. We use such information to monitor the service and ensure they respond appropriately to keep people safe.