

The Apuldram Centre

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Inspection report

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Date of inspection visit:
08 March 2018

Date of publication:
19 April 2018

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

The Apuldram Centre is a supported living service and domiciliary service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs in Chichester and the surrounding areas. This includes people who may have a learning or physical disability as well as people living with sensory impairment.

The Apuldram Centre provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of this inspection, ten people received support with their personal care needs from the agency.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. 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 service had 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.

At the last inspection, the service was rated Requires Improvement. At this inspection we found the service was now rated Good.

Why the service is rated Good.

The service was now safe. At the inspection in September 2015, we found the provider was in breach of a Regulation associated with the safe management of medicines. We asked the provider to take action to ensure medicines procedures were safe and to send us an action plan of how and when this was being addressed, which they completed. At the inspection in October 2016 we found some improvements had been made to the safe management of medicines, but we also found the provider had not taken sufficient action to ensure medicines were safely managed at all times. The report highlighted that people were supported with their medicines, but records of medicine stocks were unclear and did not match the quantities we checked. At this inspection we found that the provider had followed their action plan and that steps had been taken to ensure the breach was met.

People's medicines were now managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received medicines training and understood the importance of safe administration and management of medicines.

The PIR states; "Apuldram is committed to keeping the people who it supports, staff and volunteers safe. Our policies and procedures set out the way in which we work."

The service was now well-led. At our inspection in October 2016 it recorded that at the time of our inspection there was no registered manager in post. It also highlighted that quality and safety of the service was audited but this had not always identified shortcomings in the safe management of medicines as required in the last report. At this inspection we found there was now a registered manager in post and the breach concerning medicine quality checks had now been met.

The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people, relatives and staff said they found access to the office and management team welcoming and easy. Staff were positive and happy in their jobs. There was a clear organisational structure in place.

People able to, when asked, told us the service they received was safe. People felt safe with the staff who supported them. Family members gave positive feedback about the staff, the safety of people and how staff related to their loved ones.

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

People were protected as staff had completed safeguarding training and staff had a good knowledge of what constituted abuse and how to report any concerns. Where staff supported people to manage their finances, amounts of money spent on the person's behalf were carefully recorded and balances maintained and checked.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough, and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to reach their goals and ambitions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by engaging in everyday tasks where they were able, for example helping prepare meals.

People continued to receive a service that was caring. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff showed patience and understanding.

People received information in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the provider and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service was responsive to people's needs and people were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation. People were supported to access the local community.

People could make a complaint and were confident action would be taken to address their concerns. The manager and provider treated complaints as an opportunity to learn and improve.

Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

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 has improved to Good.

People's medicines were now managed safely.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

The registered manager and provider had systems and processes in place to monitor the ongoing safety and quality of the service.

The Apuldram Centre

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 was a comprehensive inspection completed on the 8 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with six people who used the service, including people who lived in their own home. We spoke to two relatives for their views on the service. We spoke with three staff during the inspection and the registered manager and provider.

We looked at four records which related to people individual care needs. We viewed three staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

At our last inspection on 20 October 2016 we rated this key question as requires improvement, because people's medicines were not being safely managed. Namely that the records of medicine stocks were unclear and did not match the quantities we had checked. During this inspection we looked to see if improvements had been made, and found action had been taken.

People's medicines were now managed safely. People's medicines were administered as prescribed. Medicines were stored in people's rooms in locked cabinets. People who self-medicated had completed risk assessments in place. Staff were keeping accurate records of when people's medicines had been given. Staff had also ensured people's medicines were ordered on time.

People had sufficient numbers of staff employed to help keep people safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

The Provider Information Return (PIR) states; "Apuldram's Medication Policy is informed by WSCC's (West Sussex County Council) current policy, adherence to which ensures that individuals receive their medication safely, as prescribed and that there are records available to substantiate this. All staff must successfully complete relevant medication training before carrying out this task."

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hour's service to support staff safety and ensure people having early or late visits received them. Staff vehicle, MOTs and car insurance were checked to ensure people were safe if they were travelling with staff.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place located at the office which staff were aware of. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff confirmed that they had undergone training in this area.

People were supported and encouraged to take an active role in keeping their service clean. People were encouraged to keep their own room clean where they were able. Staff were trained in infection control and protecting people from the risks associated with this.

People had their finances looked after safely by family members or appointees. Staff ensured receipts and records were kept to account for money. People were supported to spend their money as they wanted.

People had documentation in place relating to the management of risks associated with their care. Risk

assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs and any behavioural needs to help keep people safe. Incidents and accidents were monitored and actions taken to prevent the problems occurring again. Updated risk assessments were read and followed by staff. Regular service reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire.

Is the service effective?

Our findings

The service continues to provide people with effective care and support.

Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People were supported by well trained staff. Staff confirmed regular training was provided in subjects which were relevant to the people who lived at the home, for example epilepsy training and the Care Certificate (a nationally recognised training course for staff new to care). Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff were well supported. They received monitoring of their practice, and team meetings were held.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff confirmed the management had an open door policy.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People's right to make decisions about their lives was respected and supported by the staff. Staff used appropriate communication methods for people to help ensure people had their right to have control over their care and treatment respected. The person's chosen communication method and their physical response was written in their care records. Where people lacked the capacity to understand the implication of decisions about their care, best interests decisions were taken with appropriate health professionals, their advocate and care staff who knew them well. For example, if people were able to hold their own medicines cabinet keys.

The service had policies and systems to support people in developing their relationships with each other and those outside the service. This included identifying the right training for staff. The registered manager was aware how to support people to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People's nutritional needs were met. Staff regularly monitored food and drink intake to ensure people received enough nutrients in the day. Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet people's diverse needs and likes and dislikes. The evening meal was a group activity with each person choosing at options of their choice.

Is the service caring?

Our findings

People continued to receive a service that was caring. Relatives commented; "Very caring staff" and "Very happy with the care (Their relative receives)."

People who had lived at the service for a number of years and had built strong relationships with the staff who worked with them. People all appeared happy and comfortable with the staff working with them. Staff were cheerful, friendly and positive. Staff knew each person well. Staff understood the importance of treating each person equally, and as an adult and a valued individual.

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about plans for the evening and the conversations were positive. We heard and saw laughter and smiles. People with difficulties communicating were given time to make choices about what they wanted to do to. Staff, were attentive to people's needs and understood when people needed reassurance, praise or guidance. For example one person's home was having some major repair work carried out which they found distressing. Staff were attentive and provided reassurance to this person throughout our visit.

People had their own rooms and staff were observed respecting when people wanted time alone. Staff struck a balance of people having privacy and being checked to make sure they were safe. This was especially important when the person had a medical condition such as epilepsy and may become poorly. Staff were observed knocking on people's doors or checking people they were fine if they had not seen them for a while.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing meals. Staff did not rush people, and offered support at each person's own individual pace. Staff were observed supporting people with their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Is the service responsive?

Our findings

The service continued to be responsive. A relative said; "They have [...] best interests at heart."

People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health or behavioural needs. All the care plans included detailed 'hospital passports'. These documents help inform hospital staff about people's preferences and how they communicated if they need to go into hospital.

People's likes, dislikes and their aspirations had been identified. For people with limited verbal communication skills care plans identified ways of facilitating communication with the use of pictures, photos and symbols. Care plans held information on personal choice and the importance of supporting maximum independence. For example, people were given as much choice as possible how they like to spend their day and where they wanted to go and do. There was no information regarding sexuality or sexual health. However, the registered manager was aware what needed to be recorded if required.

Referrals usually came through the local authority system. The service undertook their own assessment of people's strengths and needs. Comprehensive, individualised care plans were then developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly.

People had a timetable plan and noticeboard of daily activities if they wished to attend. People told us they enjoyed the activities they attended, which included the Apuldrum Centre itself. This provided day care services where people undertook activities including gardening and working in the onsite café. People were also supported to have holidays accompanied by staff. Social clubs were attended by people so they could meet friends.

The company had a complaints procedure displayed in the service for people and visitors to access. One person, when asked, said they talk to the staff if they were not happy with things. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to some people's nonverbal communication, they knew people well and worked closely with them and would monitor any changes in behaviour. People had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

At the time of this inspection there were no people close to the end of their lives. However, the staff spoken with understood ways of ensuring people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future they could be confident their needs would be met.

Is the service well-led?

Our findings

The service was now well-led. At our inspection in October 2016 there was no registered manager in post. It also highlighted that quality and safety of the service was audited but this had not always identified shortcomings in the safe management of medicines. At this inspection we found there was now a registered manager in post and medicine management was safe.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed detailed checks on all aspects of the service people received. The provider had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice.

People, relatives and staff all spoke very highly of the registered manager of the service. Comments included; "Always approachable and supportive" and "Absolutely supported by the management of the service." One relative said; "They keep me informed."

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.

Staff had confidence in the management of the service. The provider and registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to ensure people came first and received good outcomes.

Staff, were hardworking and very motivated. They shared the philosophy of the management team. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. Senior management visited regularly and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as

well as the ongoing quality and safety of the care people received. For example, there were process and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.