

Vista

Applegarth

Inspection report

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Date of inspection visit: 1 September 2015
Date of publication: 30/10/2015

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 unannounced comprehensive inspection that took place on 1 September 2015. At the last inspection completed in May 2014, we found the provider had not met the regulations for two areas; personalised care support and treatment, and suitability of staffing. At this inspection we found the provider had made the required improvements and the regulations were being met.

Applegarth is a care home registered to accommodate up to six people who are aged over 18 and who have

learning disabilities, Autistic Spectrum Disorder, or a sensory impairment. The home has six single bedrooms all with en-suite facilities, a lounge and dining room, bathroom, conservatory and kitchen. The home has a large garden that has been developed for the people who live at the service and two people have their own raised flowerbeds that they grow flowers and vegetables in. At the time of the inspection six people were living at the service.

Summary of findings

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

The feedback from the relatives was very positive. Comments included, "excellent" and, "the atmosphere is lovely".

Staff knew how to identify and report abuse and the provider had a system in place to protect people from the risk of harm.

Staff were friendly, kind and caring and gave individual person centred care to each person. Staff told us the training they received was a good standard and enabled them to carry out their roles effectively.

People's needs were assessed and areas of risk were assessed and reviewed to ensure people's safety. Support was offered according to people's likes, dislikes and preferences. Staff knew people well and understood their care needs. Staff treated people with dignity and respect.

People received their prescribed medicines when they needed them and medicines were securely stored and managed.

People were supported to take part in a wide range of activities to maintain their independence.

Staff and relatives told us they were happy to raise any concerns with the manager and felt confident they would be listened to.

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.

Staff knew how to recognise and respond to abuse correctly.

Individual risks had been assessed and identified as part of the care planning process.

There was a robust recruitment procedure in place.

Good



Is the service effective?

The service was effective.

Staff received regular training to develop their knowledge and skills to support people effectively.

People had access to the services of healthcare professionals as required.

Good



Is the service caring?

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences.

Staff had developed good relationships with people and communicated with them effectively.

Good



Is the service responsive?

The service was responsive

People's care plans were developed around their needs.

People's care plans were kept up to date and reflected people's preferences and choices.

Good



Is the service well-led?

The service was well-led.

Staff felt supported by the management team and felt comfortable to raise concerns if needed. They felt confident they would be listened to.

The provider had audits in place to monitor the quality of the service provided.

Good



Applegarth

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 1 September 2015 and was unannounced. The inspection was carried out by two inspectors.

We looked at and reviewed information from the National Minimum Data Sets that the provider had completed which told us about staffing levels and staff training.

We met six people who used the service and observed staff communicating with them and supporting them throughout the day. We spoke with two relatives of people who used the service. We spoke with the assistant manager and three members of care staff.

We looked at the care records of two people who used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes. We contacted the local authorities who had funding responsibility for people who were using the service.

Is the service safe?

Our findings

At our previous inspection carried out on 30 May 2014 we found that people's health needs had not been fully protected when they had potentially serious accidents. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services; which following legislative changes of 1 April 2015 corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

We looked at two care plans during this inspection and found that information from specialists was recorded and staff could tell us about the information. We saw information from an incident where someone had hit their head in the last month. Staff had spoken to the 111 helpline for advice and had recorded what was suggested and followed the guidance. This showed that staff were following procedures that had been implemented after the last inspection and protecting people's health needs.

Some of the people who lived at the home had limited communication so we were unable to obtain direct verbal feedback about their experiences. Relatives that we spoke with told us that they felt that the service was safe. One relative told us, "[Persons name] is safe and all of their needs are met", Another relative told us, "[Persons name] is very happy".

Staff we spoke with had a good understanding of different types of abuse and were aware of how to report any safeguarding concerns. Staff knew there was a whistleblowing policy in place and understood how to escalate their concerns if required. Training records confirmed that staff had received appropriate safeguarding training that was up to date. The provider's safeguarding adults and whistleblowing procedures provided guidance to staff about their responsibilities.

Specific care plans had been developed where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed the

situation in a consistent and positive way. The guidance for one person was not clear on how to actually manage the situation. However this was remedied on the day following our inspection.

Risks related to everyday events were assessed and management plans were put in place where risks were identified. These were reviewed on a regular basis. We saw risk plans for things such as having a shower, sunburn, and going on a bus. The assessments in place enabled people to make choices and undertake activities with control measures to reduce the associated risks of harm. Staff were able to tell us about the risk plans and their roles in implementing these.

Staff maintained records of all accidents and incidents, and the information was passed between staff at handover. Accident and incident forms did not always include a body map of any injuries that people had sustained; these were kept separately with daily records. This meant that it would not be possible for the provider to monitor any injuries. Following our inspection it was confirmed by the deputy manager that all body maps were to be kept with accident and incident forms.

There were general risk assessments for the service, and equipment used. Equipment was regularly serviced and maintained. Fire Safety checks and procedures were in place; this included checks on the equipment, and the premises as well as water checks.

There was a staff recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a record of a Disclosure and Barring (DBS) check, and appropriate references.

The staff rota showed that staffing hours were flexible to meet people's different needs, and activity plans. There were different shifts on days where activities were planned so that staff were able to support people to attend the activity. The staffing levels during our visit met people's needs. This was shown as people did the activities they wanted to do throughout the day of the visit. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

Is the service safe?

The home had disciplinary policies and procedures that were contained in the staff handbook so staff were aware of these policies and had received their own copy.

People received the medicine that they needed as prescribed and there were appropriate arrangements in place for the administration and safe storage of medicines. Staff were trained in medicine administration through a distance learning pack, and also completed a competency assessment that included observations from a manager. Until staff had been deemed competent they were not allowed to administer medicines.

The service made sure that where PRN medicine was required to help someone manage their behaviour that two staff needed to agree that it was required. This helped to ensure that staff members were not inappropriately using this medicine.

On one occasion it was not clear if guidance had been followed when someone had a seizure, staff felt that they had followed the guidance but the reporting of the seizure made it difficult to be sure. The deputy manager agreed that this would be followed up with the psychiatrist and the guidance would be made clearer so staff knew exactly when to give the medicine.

One person had medication that was crushed. This had been agreed by a GP who asked that the pharmacist confirm that administering the medicine in this way would not affect the medicine. The service had not followed this up. On the day after the inspection the deputy manager advised that the pharmacist had confirmed that crushing was appropriate.

Is the service effective?

Our findings

At our previous inspection carried out on 30 May 2014 we found that people's interests had not been fully protected if they lacked mental capacity to make decisions, and all staff had not received comprehensive training to meet all the needs of people living in the home. This was a breach of Regulations 9 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following legislative changes of 1 April 2015 corresponds with Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

Staff received induction and mandatory training that enabled them to support and meet the needs of the people living at the service. Staff told us that they had received an induction when they started to work at the service. There was an induction checklist to show that staff had completed a planned induction. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the people who lived at the service.

We saw a training plan for all staff that identified courses that had been completed and where people were booked on courses, or required the course renewing. Staff told us that they had the training to do their job and that the training was good. Training included dignity and equality, visual impairment awareness, safe handling of medication, fire safety, first aid, health and safety, moving and handling and infection control.

We saw that where the staff required training for specialised subjects that was for the needs of the people living at the service, this was provided, for example training in Makaton which is a form of sign language used by some people who live at the service. Other service specific training included dementia awareness, catheter care, pressure sore management and assisting individuals to eat who are at risk of choking.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their

freedom or liberty. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority. These were awaiting authorisation. These applications did not include all areas where people may have been deprived of their liberty. The deputy manager advised that following the inspection additional information had been included in the applications to cover this.

Staff received mandatory training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us how people make choices, for example one person used two objects to make a choice. Care plans had a section called 'capacity and choices' that included information about how to involve people in making their own decisions. Guidance in the plan also followed the principles of the MCA and told staff what they should do if the person does not have capacity to make a decision.

We observed lunchtime and this was relaxed and informal. People were offered choices of what they wanted to eat and some people were encouraged to take part in preparing this. The care plans we looked at included detailed information on dietary needs and levels of support required. We saw that where people had dietary needs appropriate referrals had been made to the dietician and Speech and Language Therapists (SALT). The information that was given by the health professionals was recorded within the care plans. Copies of suggested foods were available in people's care plan, and the kitchen. Staff could tell us about the dietary needs of the people who used the service.

Menu charts were in place to ensure that people had a balanced and healthy diet that met their nutritional needs. These were completed daily for each person.

People were supported to access healthcare services when required. Each person had a Health Action Plan (HAP) that recorded information about each health professional that the person visited; details of the appointment and any follow up required. On the day of the inspection we saw that one person was supported to attend a health appointment.

People were supported to attend health screening appointments. One person was anxious about attending a screening appointment and staff carried out role play with

Is the service effective?

the person to make them more familiar with the process so they were comfortable with the screening. They were then able to attend the appointment and the screening took place.

Is the service caring?

Our findings

We saw that staff spoke to people in a caring and friendly manner and treated them with kindness. We saw staff talking to people and discussing what people had been doing. People seemed relaxed and at ease chatting with staff. A relative told us, “Staff are very considerate and kind”. Another relative told us, “Even if the staff change, the care doesn’t”.

We observed staff using good communication skills when talking with people. For example, staff sat down and used people’s preferred names. One person used Makaton, which is a form of sign language, to communicate. We saw staff using Makaton while communicating with this person.

We saw a person who was becoming distressed; staff calmly approached the person and talked to them which helped them to become calmer. Staff took action to relieve the person’s distress.

Staff told us they learnt how to communicate with people who used the service, by using each person’s preferred communication method. Communication passports were available within care plans. These provided advice for staff about how best to communicate with the person; and how

the person told the staff what they wanted. For one person an action they carried out when they were happy was described. We saw the person doing this on the day of the inspection.

We found that the care planning process was focussed on people as individuals, and their views and preferences. Staff were able to tell us about people’s likes, dislikes and preferences. Staff told us “the person centred care was the best and was tailored around the individuals”. The care plans we looked at included information about people’s routines, and about how people could be supported to maintain their independence. Important dates for family members were included within the care plan so that people could be supported to send cards if they wanted to which helped maintain family links.

Staff told us how they protected people’s privacy and dignity, examples of this included knocking on doors, using people’s preferred names, getting people to do as much for themselves as possible during personal care and shutting the curtains and doors when supporting people. We saw that staff were providing reassurance and explanations to the people they were supporting.

People were encouraged to personalise their own private space and make them feel at home. We saw all six bedrooms were reflective of the person and the things they liked.

Is the service responsive?

Our findings

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

We saw that care plans had been developed detailing the care and support needed to ensure that personalised care was provided for people. The plans contained information about people's likes, dislikes, routines, what they can do for themselves and preferences. This information provided staff with the required knowledge to provide care that was personalised to meet people's needs. People were encouraged to be as independent as possible. We observed staff supporting people to carry out tasks around the home, allowing the time required for people to complete things for themselves.

A relative told us, "It is nice that [person's name] gets to do so many activities". Relatives also told us that they visited the service regularly, or people were supported to meet them at their home or at another location. One relative told us that they were invited to spend Christmas at Applegarth.

We saw that people were supported to take part in activities of their choice, including household tasks. Each person had an activity plan that changed each week. There were some activities that happened regularly but there was flexibility for people to do what they wanted to do including family visits. Staff told us that one day they decided to take one person to Skegness for fish and chips as the person liked the seaside, and car journeys. Activities included household tasks, meeting family, going out for

walks, going to the cinema, going to the theatre and going shopping. People have been supported to go on holiday, one person went to Blackpool, and another had a holiday on a barge. One person was supported to keep their own pet.

A person's relative told us how staff kept them informed of activities that were taking place. This included day trips, trips into town, domestic duties and holidays. Another relative told us that [person's name] goes out on, "nice walks, lunch out and train journeys as well as being involved in cleaning at the home".

We observed a staff handover where people's needs were discussed. We noted how staff shared important information about people's needs with colleagues. We saw that people's needs and information about their care and support was discussed to ensure that people got continuity of care throughout the day.

We saw a complaints policy was in place and it included contact details of where people could refer complaints on to if they were not satisfied with the provider's response, as well as advocacy services that are available. The complaints procedure was available in other formats including large print, audio and braille. One relative told us that, "I've had never felt the need to make a complaint, but would feel confident to do so if the need arose as everyone is usually pretty helpful". Another relative told us that they would be happy to raise a concern and had raised a question in the past where the outcome was positive. The assistant manager was not aware of any complaints that had been received.

Is the service well-led?

Our findings

Staff and relatives described managers as open and approachable. One staff member said that they felt supported by the manager and action was taken if something was raised. All staff who we spoke with talked about a person centred approach and promoting independence as the culture of the organisation.

The registered manager has been in post for a number of years. She was supported by a deputy manager and two assistant managers. On the day of the inspection we met with one of the assistant managers who had been working for the organisation for 16 years.

Staff told us that they received regular supervision and we saw a supervision matrix that confirmed this. We looked at staff meeting records and saw that there were discussions about the standards of care the provider expected and the action required of how these were to be met. This showed the provider had identified areas of improvement and was able to monitor the progress. Staff meetings were held every six weeks and detailed minutes were completed so everyone could see who was present, what had been discussed and what actions had been agreed.

The provider had various audit systems and procedures in place that monitored the safety and quality of the service.

One set of audits completed monthly by the assistant manager included information around the environment, medication and staff. After completion actions were identified where needed to address any issues.

The provider sent out an annual questionnaire to people who used the service and their relatives as a way for people to share their views of the service. This covered areas including the home environment, the staff, activities and food and drink. We saw feedback was positive and no actions were needed. The feedback was shared with relatives, staff and people who used the service.

We saw that one of the Trustees had visited the home in May 2015 and a report was completed as a record of the visit. During the visit the Trustee met with the registered manager and discussed staffing, training and holidays for people who used the service. Environmental observations were recorded, as well as observations of staff and people who used the service. The Trustee asked that they could talk to staff on their next visit. This helps the Trustees to develop an understanding of the service.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We discussed statutory notifications with the registered manager and she confirmed that there had not been any events or incidents that required notifying to CQC. The registered manager told us that she was aware of responsibilities to notify CQC.