Apollo Care And Supported Housing Limited

Acash Lodge I

Inspection report

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Date of inspection visit:
17 May 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 17 May 2016. The inspection was unannounced. We last inspected the home on 24 November 2015 and breaches of legal requirements were found. This was because we found that there was insufficient evidence of supervision and training to support staff to carry out their role safely and risk assessments for people using the respite service were not always up to date. We also made recommendations in relation to staff recruitment practices and the use of non- prescribed (homely) medicines.

We undertook this unannounced focused inspection of 17 May 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this matter. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Acash Lodge I on our website at www.cqc.org.uk. Acash Lodge I is a care home registered for a maximum of six adults who have a learning disability.

At the time of our inspection there were four people living there permanently. Additional people stayed at the service on a short term basis to enable family carers to have a break. This is often referred to as a respite break.

The service was a terraced house, on three floors with a front and back garden.

Since our last inspection a registered manager had been recruited. 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 we found staff were not receiving regular supervision and had not been trained in all the key areas to support them in carrying out their role safely. At this inspection we found that staff had either completed training or were booked onto training in the majority of the key areas. There were some areas such as Makaton training (a communication tool that some people with a learning disability use) and use of a specific medicine for epilepsy that were still outstanding.
At the last inspection we found that the service was not always using 'body maps' effectively in care records. Body maps are diagrams used to assist staff in recording unusual/unexplained marks on people's bodies. At this inspection we noted that whilst one body map had been completed correctly and acted upon appropriately for a person who was using the service for respite, another body map for the same person had been filed away without any investigation of the mark taking place. This was of concern as it was not clear how the marks noted on the person's body had occurred.

At the last inspection we found that staff recruitment processes were not always thorough. Disclosure and Barring Service (DBS) checks were completed (to check whether a person had a criminal record) but not all references had been received prior to staff being employed by the service. At this inspection we found that

references had been received for three new staff employed since our last inspection, and other checks had been carried out. These were important to ensure staff were considered safe to work with people living at the service.

At the last inspection we found care records were individualised but risk assessments for people using the service for respite care were not always up to date. Care records for people using the respite service lacked detail to ensure their needs could be met. At this inspection we found that the care records for people using respite had improved and the majority had up to date risk assessments on file. However, there were some that had not been updated in the last year , although their needs had not changed since they were written.

At the last inspection we found that whilst people had their prescribed medicines managed safely, the use of non-prescribed medicines, called 'homely remedies' needed to be formalised. There was a person who was routinely being given a homely medicine without any formal authorisation. At this inspection we found that provider had introduced a homely medicines policy, and there were no regular homely medicines given without a prescription from the GP.

We found the provider was in breach of standards relating to the safe care and treatment of people using the service.

We have also made a recommendation in relation to training.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. We found that there was insufficient action taken place to ensure that unexplained marks on people's bodies were investigated, and therefore people were potentially at risk of abuse.

Regular homely medicines were only given with formal authorisation of a medical practitioner and there was a homely medicines policy in place.

Staff recruitment practices were now thorough so staff were considered safe to work at the service.

Is the service effective?

Requires Improvement

We found that the service was not consistently effective. There was evidence regular supervision and the majority of training had been undertaken or planned for all staff in the majority of key areas required to safely support the people living at the service. However Makaton training and training in administering emergency medicine to manage epileptic seizures was still outstanding for the majority of staff.

Acash Lodge I

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 17 May 2016 and was unannounced. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 24 November 2015 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service effective. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at six care records for people using the service for short term respite care, five training records and five staff recruitment files. We looked at the policy for homely medicines and the medicine administration record for the person who had been receiving a regular homely medicine.

We spoke with the newly employed registered manager and the director of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection whilst prescribed medicines were well managed we found one person who was routinely being administered a homely, non-prescribed medicine without formal authorisation from a medical practitioner. We saw at this inspection that the service had introduced a policy in relation to homely medicines which stated that staff could give homely medicines as an exception, any regular medicines needed to be prescribed. We checked the medicines administration record for the person and saw their previous homely medicine was now prescribed.

At the last inspection we were not able to confirm how the service ensured there was sufficient staff available to support people coming to stay for respite care. We discussed this with the registered manager who explained she reviewed staffing requirements weekly depending on who was coming into the service and had a number of staff who worked flexibly to provide additional support as required. This system worked for the service as it was small and staff knew people well.

At the last inspection staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They also understood how to raise any concerns and told us that the whistle blowing policy had been discussed in a previous team meeting.

However, at the last inspection we noted that staff were not always able to use body maps effectively in care records. Body maps are diagrams used to assist staff in recording unusual/unexplained marks on people's body. They are particularly important for people who have limited communication who may be unable to explain how a bruise occurred, and in situations where there are safeguarding concerns. Care staff can monitor areas of concern and highlight these to colleagues/managers through use of the maps. An incident in August 2015 had highlighted the necessity of effective body mapping to monitor a person, but there was no evidence the service had developed a policy or shared any learning points from this with staff.

At this inspection we noted on a care record for a person that came for respite that bruising had been noted on a body map on a specific occasion. Staff discussed this with the parent and an accident form was sent to the local authority. However, there was also another body map on file which noted bruising which had not been acted upon. On this body map bruising had been noted on three out of four days in close succession but there was no follow up action recorded. We spoke with the registered manager regarding this who was unaware of this particular body map as it had been filed by staff into the care record and so had not been sent to the local authority or the family been spoken with. This meant that neither the registered manager nor the inspector could tell if the bruising should have been considered a concern or whether there was a reasonable explanation for it occurring. The registered manager confirmed there had not been any training on body mapping since they started in post in February 2016. They undertook to speak to staff about the use of body maps and their importance in relation to safeguarding as a priority. Following the inspection the service had developed a body mapping procedure and planned to implement it with immediate effect.

This was a breach of regulation a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we saw there were comprehensive risk assessments for people who lived at the service. These assessments were specific to the individual. For example, where a person displayed behaviours which challenged, there were very clear guidelines for staff about how to recognise the triggers for this behaviour and additionally, how they should support the person and others around them. However, where a person used the service for respite care, we found there were inconsistencies regarding their risk assessments, and the lack of information meant there was a risk their needs would not be met.

At this inspection we looked at care records for people using respite or the outreach service based at the home. We found that four of the six care records had been updated since the last inspection. Of the four that had some information updated two had updated risk assessments at the time of the inspection. We were sent the remaining risk assessments for the other two people the evening of the inspection by e mail. Of the two people whose records had not been updated, one person's care plan and risk assessment was dated April 2015 and the other October 2014. We were told their needs had not changed, although the registered manager planned to update them on return from annual leave in early June 2016.

At the previous inspection we noted that whilst there were there were completed application forms, up to date Disclosure and Barring Service certificates [DBS] on record, as well as proof of identification, there were not always two references in place prior to a person starting work. At this inspection we checked staff records of people who had been employed since the last inspection and there were two references in place as well as the other requirements noted above. These documents were important as they ensured staff were considered safe to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that not all staff had received training in key areas such as safeguarding adults, Mental Capacity Act 2005 and Deprivation of Liberty Standards (DOLS), hygiene control, medicines management or challenging behaviour. These were necessary to support people safely. There was no overview of training for the team of what was completed, outstanding or due and training information was not stored in a consistent and accessible way.

We also noted that where a speech and language therapist had recommended that all staff attended Makaton (sign language) training in order to communicate more effectively with a person, the only evidence of this training was for one member of staff who had completed training in 2012. One person who used the service regularly for respite had epilepsy, but there was no evidence that all staff were fully trained to manage this condition.

At this inspection we could see the newly employed registered manager had reviewed staff training records and had ensured some staff had attended training in key areas such as safeguarding, medicines training and manual handling. Some staff were also booked onto training from now until January 2017. Epilepsy training was planned for 11 July 2016 and although the registered manager had applied for training in Makaton in June and November 2016 the courses were full, and they had been advised to see if cancellations made places available. We discussed the need for staff to be able to administer a specific medicine for a person with epilepsy that was vital if this person had a prolonged or repeated episode of seizures. Not all staff were trained to provide this medicine. We discussed this with the registered manager who told us they ensured that the staff who could administer the medicine were on shift when the person came in for respite. The registered manager told us obtaining this training was a priority for all staff and they would consider asking the learning disability team nurse to come to the service to provide advice as not all staff were booked onto the epilepsy course.

At the last inspection we saw that staff were not being regularly supervised. This was important to ensure staff were given time to reflect on their skills, knowledge and training requirements. At this inspection we saw that staff were receiving supervision every three months and that the registered manager had a schedule of supervision planned for the year.

At the last inspection we saw that the kitchen door had a key pad on it and the door was closed when staff were not in the kitchen. Whilst it was evident that people could access it by asking a member of staff to open the door, this limited their access. We had been told there were some people who used the service who would, "empty the fridge and eat all the contents" if not supervised. There were also issues of safety in the kitchen for some people living at the service.

At this inspection we saw that the kitchen door was in the main kept open, and only closed when staff could not actively supervise the kitchen area safely. One person's Deprivation of Liberty Safeguards document (a legal authority to restrict movement of a person due to their mental incapacity) noted a restriction to use the kitchen for safety reasons. In the main people had free access to the kitchen and the garden which was

accessed through the kitchen.

We recommend that the provider ensure that all staff are suitably trained, to communicate with people who use non-verbal communication tools and to administer emergency medicines required to manage epileptic seizures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had the provider had not ensured that staff were assessing the risks and mitigating them by monitoring people for any signs of injury and ensuring any unexplained marks/bruises were properly investigated.