

St David's APL Limited

# St David's APL

## Inspection report

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11 April 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

St David's APL is a residential care home that provides care for up to nine people who have a learning disability or autism spectrum disorders.

There were six people using the service at the time of our visit.

The care service was meeting 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.

People's experience of using this service:

People lived in a happy and caring environment and had warm and friendly relationships with the staff who supported them and with each other.

People felt safe at the service and told us staff were always kind. One person said, "They're [staff] very good to me, I like all of them."

There was a strong person-centred culture. Staff knew the needs and preferences of people well. Staff had developed very positive relationships with people and were seen to display kindness as well as compassionate support to people.

People received personalised care and support which was in line with their care plan. People's privacy and dignity was respected, and independence promoted. Staff were committed to improving the quality of life and opportunities available for people.

People were protected by staff who understood how to protect them from avoidable harm. The risks to people's health and wellbeing were assessed and action taken to reduce them. There were enough staff deployed to keep people safe. People's medicines were well managed, and staff understood how to reduce the risk of the spread of infection. There were systems to learn from mistakes including the detailed analysis of accidents and incidents.

Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements.

People knew how to make a complaint and they were confident about complaining should they need to.

People were supported by staff who had received appropriate training to carry out their roles. Staff had access to a wide range of training, including training to meet people's specialist needs. This meant people could be confident that staff had the skills needed to effectively and safely support them.

The registered manager was described as supportive and approachable. They demonstrated a good understanding of their roles and responsibilities as a registered person. The registered manager promoted an open and inclusive culture and worked in partnership with external agencies to ensure people received the care and support they needed.

Staff told us they enjoyed working at the service and felt respected and valued. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

Rating at last inspection: At the last comprehensive inspection the service was rated 'Good' overall with 'Requires Improvement' in 'effective'. (report published 24 October 2016). A focused inspection took place on 23 March 2017 where the rating in 'effective' was rated as 'Good'.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# St David's APL

## 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 checked 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.

**Inspection team:** The inspection consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** St David's APL is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was announced as we wanted to make sure people and staff would be available to speak with us. Inspection site visit activity started on 10 April 2019 and ended on 11 April 2019.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority safeguarding adults team, the quality team and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection we met with everyone living at the service and spoke with five people about their experience of the care provided. We also spoke with three relatives. We spoke with three members of care staff, the deputy manager, registered manager and the registered provider.

We reviewed a range of records. This included three people's care plans and medicine records for all of the people living at the service. We also looked at three staff files around staff recruitment, various records in

relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe and relatives confirmed this. One relative said, "Yes, he's absolutely safe, he wouldn't be there if he wasn't. My son's needs are high, and the staff are absolutely on the ball."
- Systems were in place to promote people's safety and safeguarding procedures were followed.
- Staff attended training and were knowledgeable about identifying abuse. Staff told us they were confident the registered manager would act to deal with any safeguarding concerns that were raised with them.

Assessing risk, safety monitoring and management.

- Risks to people continued to be assessed and were safely managed. People's needs had been assessed prior to using the service and there were personalised detailed risk assessments and care plans which guided staff on how to keep people safe. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were reviewed regularly and included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Staff told us about risks to individuals which affected their daily lives, such as mobility, behaviour which some people may find challenging, and health related risks. Staff demonstrated they had good knowledge of risks people faced and how to mitigate these.
- Risks relating to the environment continued to be monitored and managed safely. This included regular fire drills and checking of fire and electrical equipment, as well as the water system.

Using medicines safely.

- Systems were in place to ensure people continued to receive their medicines safely. Medicine Administration Records (MARS) were completed accurately and showed that people received their medicines as prescribed.
- People's care plans contained lists of people's current medicines. There were detailed guidelines and protocols, for example, for insulin administration, to identify when people should be given their medicines.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Medicines were stored appropriately. However, daily temperature checks were only being checked for the

medicines fridge. We spoke with the registered manager about this and they immediately introduced temperatures monitoring for all medicine storage areas.

#### Staffing and recruitment.

- People received care and support from sufficient numbers of staff to meet their needs.
- Relatives and staff felt there were enough staff on duty to support people and keep them safe.
- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment, such as references from previous employers, and a police check.

#### Preventing and controlling infection.

- People continued to be protected against the risk of infection.
- The service was clean and smelt pleasant and a programme of refurbishment was ongoing.
- The premises were kept clean by both staff and the people using the service, who were supported to complete the household tasks they wanted to contribute towards.
- Staff were supplied with personal protective equipment to prevent the spread of infections. Staff had received training in infection control.

#### Learning lessons when things go wrong.

- Robust systems were in place to monitor and learn from incidents and accidents.
- Records of accidents and incidents were of good quality and overseen by the registered manager who monitored for any themes or patterns to take preventative action when this was needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- Staff worked together as a team and were advocates for people to ensure they were supported to access effective healthcare that met their needs. For example, staff arranged for one person living with diabetes, to have a sensor fitted which negated the need to have their blood sugar levels checked with regular finger pricking. This intervention meant staff did not have to wake the person during the night, and reduced their stress and anxiety. For another person, staff, instigated and pushed for a referral for Vagus Nerve Stimulation therapy to better manage their epilepsy. We were told this had been life changing for the person as they were previously having 20 or more seizures a day and now they rarely had any complex partial seizures. The person told us, "I used to just fall on the floor without any warning but it's not often now that I need medication." They added that their seizures had improved since having this treatment.
- Staff sought advice from community health professionals such as GP's and were assisted to use the community dentist, chiropodist, and opticians.
- Staff had regular opportunities to discuss people's care at daily handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people. Staff told us they all held a common goal which was to provide the best person-centred care to people living at the service.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff ensured that people were involved in decisions about their care. Staff sought consent from people when supporting them and respected their decisions.
- Mental capacity assessments were completed when there was any question of a person's capacity to

independently make important decisions.

- Where people did not have capacity to make decisions, they 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.
- A best interests decision making process was used and appropriate documentation completed.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.

Adapting service, design, decoration to meet people's needs.

- People told us they were happy living at St David's and were satisfied with their bedrooms.
- People's rooms were individually decorated to their preferences. For example, one person's room was decorated in a football theme which reflected their love of football. Most rooms had ensuite facilities.
- The home was decorated in a homely way and the communal areas were spacious and comfortable.
- People had access to a secure garden area to enjoy.

Staff support: induction, training, skills and experience.

- People were supported by staff who had completed a range of training to meet their needs.
- Staff were knowledgeable about how to support people effectively and told us about training they had completed which helped them provide effective support.
- The registered manager had a training matrix to monitor staff training completed and training required. Staff training included safeguarding, the Mental Capacity Act 2005 (MCA), epilepsy, diabetes, and behaviours that challenge.
- Staff were supported with a thorough induction, regular supervision, and appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they started using the service. Assessments recorded people's ongoing physical and mental health needs and provided the service with the opportunity to assess whether they could meet those needs.
- Staff knew people well and applied learning effectively in line with best practice, which led to positive outcomes for people and supported a good quality of life.

Supporting people to eat and drink enough to maintain a balanced diet.

- People told us they enjoyed the food and were involved in food preparation as much or as little as they wished. One person told us, "I like the food they provide here and we have resident's meeting and talk about what we want and we can choose what food we like, I had toast and butter this morning and for lunch it's eggs on toast."
- Care plans included nutritional risk assessments and people had appropriate records to ensure staff understood their nutritional needs. Speech and language therapists (SALT) were involved where people were identified as a risk from choking. We observed lunch and staff supported people appropriately to eat their meals.

- Where people required specific diets to maintain their health and wellbeing, care plans contained detailed information for staff to follow.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People and their relatives felt staff were kind, friendly, and attentive to their needs. One person said, "They're [staff] very good to me, I like all of them." Another person said, "They're [staff] always polite to me, I get on well with all of them."
- People were treated with kindness and care.
- We saw people were comfortable with staff and there was lots of smiling, laughter and light-hearted conversation between them. It was clear that staff and people knew each other well and enjoyed being in each other's company.
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- Staff told us they enjoyed working at the home. One staff member said, "I love my job, this is exactly where I want to be. Everyone cares about the clients."
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. This included using different methods of communication and interpreting non-verbal gestures and cues.
- People and their relatives had been included when care was being planned and reviewed.
- People and their relatives were given the opportunity to provide feedback about the service through regular reviews and through the completion of questionnaires.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy was respected. People received support with their personal care in private

and staff were discreet when people required support with personal hygiene.

- We observed that staff called people by their preferred names and spoke to them politely and with respect.
- People's independence was promoted and encouraged according to their individual capabilities. We saw people were encouraged to do things where possible, such as cleaning their own rooms, and were supported to go out into the community.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received personalised care.
- Staff knew people well and understood how to meet their needs, and people chose how they preferred their care to be delivered. Care plans were extremely detailed and individualised and centred around what support people needed, with guidance for staff. These were reviewed regularly and kept up to date.
- Care plans included information to guide staff about people's preferences. This included how people's needs relating to their protected characteristics were met including considering their culture, religion and sexuality.
- Staff were knowledgeable about people's communication support needs. When staff spoke with people we saw them adapting to how the person would best receive information, for example by pointing at objects and speaking slowly.
- An element of the home's philosophy of care was that activity was important to people's wellbeing, health and social development. Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests. For example, one person loved football and enjoyed going to the park for a game of football with staff.
- People were supported to go out into the community and participate in activities in line with their personal interests. Activities included visits into the local town, the park, shopping trips, lunches and day trips to the seaside and other places of interest. One person told us, "I enjoy the activities, usually we go out somewhere, on walks, after dinner we're going to Teignmouth museum and then we're coming home!"
- Staff supported people to attend day services where they could make new friends and have pride in their work. People were encouraged to take part in activities such as; music, arts & crafts, cooking, gardening, off site grounds work, money management and writing/reading skills. Staff also encouraged people to take further education courses such as, independent living skills, computing, theatre and arts and crafts. During the inspection one person was out on the first day attending day services. When they returned they told us they really enjoyed going each week.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. The complaints procedure was available in accessible formats such as, an easy-read picture format.
- People and relatives told us they had no complaints but would feel able to raise any concerns with the managers. One person said, "If I had any worries I would go and ask [manager's name]."

## End of life care and support.

- At the time of our visit there were no plans in place for people's end of life care wishes. The registered manager told us people would become distressed talking about the end of their lives. They said that if someone wished to discuss this in the future, this would be recorded in their care plan.
- The registered manager told us staff had supported people when they had lost a relative and information was available in easy read formats to help people understand and cope when this happened.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. We saw the latest CQC inspection report rating was available for people to read at the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff were clear about their responsibilities and the leadership structure in place. Staff told us they felt well supported by the registered provider and registered manager.
- The registered manager and provider had a good oversight of the care provided. The registered manager carried out regular quality audits to check staff were working in the right way to meet people's needs and keep them safe. Quality checks were effective and identified areas where actions needed to be taken.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Staff and managers knew people and their relatives well which enabled positive relationships to develop and good outcomes for people. All staff we spoke with demonstrated a desire to provide quality care for people using the service.
- People and their relatives told us they felt the service was well run and responsive to their concerns and needs.
- The managers understood their responsibility under the duty of candour and there was an open and honest culture with in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff told us they felt the service was well managed and they were supported in their roles by the management team. Comments from staff included, "I think [manager's name] does an amazing job. It's such a lovely place to work" and "I think they are very good and they are approachable."
- Staff told they had regular handovers and meetings which allowed discussion to take place on any changes required to improve the service provided, and staff could raise their views if they wished to do so.
- People and their relatives had the opportunity to present their views about the quality of service provided.



For example, surveys took place to obtain people's views about the home. Comments included, "The care and compassion provided by St David's and all of their staff is excellent" and "They are excellent. From our point of view things are chugging along well, there are no issues at all."

Working in partnership with others.

- The service worked in partnership with other organisations to make sure they followed current best practice, providing a quality service and the people in their care were safe.
- The service had liaised with health care professionals to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.
- The registered manager told us they kept up to date with good practice by attending local authority events, provider forums and training.