

# Hertfordshire County Council

# Apton Road

## Inspection report

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## Ratings

### Overall rating for this service

**Good**



Is the service safe?

**Good**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



## Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced. The service was found to be meeting the required standards at their last inspection in October 2013.

Apton Road is a short break respite care service provided by Hertfordshire County Council. The service offers support and care for up to four adults with learning

difficulties and people with physical disabilities. There is a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were supported by staff who knew them well and had the necessary skills to support them appropriately. Staff had a good understanding in regards to people's safety and welfare in addition to protecting people from the risk of abuse.

Care plans were written in a way that demonstrated the involvement of the person, and where appropriate their

# Summary of findings

relatives, in the planning and reviewing of their care and support. People experienced care that was delivered in accordance with their plan. People had regular access to health care professionals.

People, their relatives and visiting professionals were positive about the staff. Staff were kind, caring and responsive.

The service had clear values in what they wanted to achieve. Staff were clear on what their roles were and shared the managers view of the type of service they wanted people they supported to receive. There were systems in place to gain people's feedback and monitor the quality of the service. The manager responded to issues appropriately and this planned actions were communicated through the team.

# 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.

People were supported by staff who had a good understanding of how to recognise and report the risk of abuse.

People's safety was ensured by staff that were taken through a robust recruitment procedure and received the appropriate training for their role. There were sufficient numbers of staff to meet people's needs.

The support plans we viewed included detailed risk assessments for people which enabled them to participate in the activities they chose in a way that minimised risk to their safety and welfare.

Good



### Is the service effective?

The service was effective.

We observed, and we were told by people and their relatives, that people experienced care and support in the way that they preferred and that this was recorded in their support plans.

People and their relatives told us that staff were knowledgeable and supported people appropriately.

We saw from records, and we were told by people, their relatives and staff, that people had access to healthcare professionals when this was needed.

Good



### Is the service caring?

The service was caring.

People and their relatives told us that their privacy and dignity was respected.

We saw that people were involved in the decisions about their care and people and their relatives confirmed this.

Staff knew the people they were supporting well. The staff, the people who used the service and their relatives were positive about the relationships that had formed.

Good



### Is the service responsive?

The service was responsive.

People's care plans were updated as appropriate prior to each respite stay to the service and when there were changes to their needs.

The service responded to people's comments during meetings, audits and surveys and put plans into place to reflect their comments.

There was a system in place for ensuring all staff were aware of actions and changes to a person's needs or activities for the day.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service was led by the manager and the senior staff team. There was an open culture and the team benefitted from effective communication.

There were clear values set out at the service which were set around respecting people, involving people and promoting their dignity. This was the culture throughout the service and staff we spoke with had the same outlook as the manager

Everyone we spoke with were positive about the management of the service, the staff and about the quality of support that people received.

# Apton Road

## Detailed findings

### Background to this inspection

This visit was carried out by an inspection team which was formed of an two inspectors. The inspection was unannounced.

Before our inspection we looked at the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed any information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, four relatives, the registered manager and two

staff members. We received feedback from health care professionals, stakeholders and reviewed the commissioners report of their most recent inspection. We viewed three people's support plans and three staff files.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We spoke with people's relatives who told us that they felt their relatives were safe while they were receiving respite care at Apton Road. One relative told us, "Absolutely I feel it is safe. It is a huge weight off my mind to know [relative] is being looked after there."

We spoke with staff who were clear on their role in regards to protecting people from the risk of abuse. Staff had received training and information to support them on the action they should take should they suspect a person was at risk of abuse was prominently displayed. We saw through an internal audit that the service had recently asked people if they felt safe and if they knew how to remain safe when out and about. People had responded during that audit to say that they felt safe.

Staff employed by the service had been through a thorough recruitment procedure. This included interview questions, written references and criminal record checks. We observed that staff numbers were appropriate for the needs of the people they were supporting. Staff we spoke with told us that they felt staffing levels were sufficient to ensure the safety of people.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and is required to report on what we find. The manager and staff were aware of the circumstances where a person would require a DoLS application and the process that would need to be followed. At the time of our inspection we found that there were no people using the service that required a DoLS application and that this was regularly reviewed in light of the recent high court judgement.

We looked at the support plans for three people who used the service. We saw that each plan included risk assessments which were relevant to the person and these were reviewed by staff prior to the person's visit to the service for respite care. The manager and staff were aware of the individual risks for each person that used the service. For example, staff told us how they would manage an increased risk to a person when they were out in the community.

A visiting health care professional told us that they had worked with the staff in their support of some residents that can present as a risk to themselves and staff had followed recommended guidelines and worked hard to ensure people were safe.

# Is the service effective?

## Our findings

People who used the service and their relatives told us that their choices and views were respected by staff. People's support plans were written in a way that guided staff on how they liked and needed to be supported. Staff were clear on what people's needs were.

One relative told us, "The staff all know how to care for [person] and they really understand their needs." Another relative told us, "They work really closely with me to ensure that we all provide the same support for [person]. [They] have a care plan that we have developed together and the staff also communicate with care professionals about the care they need. It is very comforting to know that."

We spoke with visiting health care professionals. They told us that the staff at Apton Road worked well with them and included them in planning people's care. They told us they found this to be helpful and very positive.

People and their relatives told us that they felt the staff were knowledgeable in their roles. One relative told us, "The staff team really seem to know what they are doing. They have lots of experience and it really shows."

We saw records of staff training and although for some staff refresher training was due, we saw that this was generally up to date. The manager was aware of which subjects were a priority and was planning the training requirements to ensure staff had completed this first. We saw that staff received the appropriate training to meet the needs of the people they were supporting. Staff had regular one to one supervision in which they were able to tell their manager of any additional training they needed. We spoke with a new staff member who told us they had been through a robust

training and induction programme. They also told us that they had been supported by experienced members of the team while they were learning the routines and about people's needs.

Staff told us how they supported people to eat and drink sufficient amounts. One staff member told us how they bought specific types and brands of food for a person, who "...had been a bit off their food...", prior to the person arriving for their stay to encourage them to eat. People and their relatives told us that there was enough food and a good choice with the appropriate assistance provided as needed. One relative told us, "They asked me what food [relative] likes because it is difficult to get them to eat. For example, I said that they like pancakes, so they made them pancakes. The staff really do listen."

Another health care professional told us that the staff team had worked together for a long time and were very experienced in their roles. They also told us that staff supported one another and showed a high level of commitment to thinking about and implementing new strategies for supporting people if things were not working.

We saw from records that if people needed input from healthcare professionals during their stay at Apton Road, this was arranged. On-going nursing treatment, such as dressings, was organised prior to the person arriving. Staff told us that they tried to use the person's own GP when possible for medical conditions that arose but they also used the local practice who were very supportive and the out of hours team, if this was required. At the time of our inspection a staff member was liaising with a person's GP regarding their medicines. We saw from records, and staff told us, that people who used the service were also supported by specialist diabetes and epilepsy nurses and mental health professionals.

# Is the service caring?

## Our findings

People who used the service and their relatives were all very positive about the staff and the way they were supported. One person told us, “The support staff are very good indeed, there are always plenty of staff available and they are all very kind.” A relative told us, “I am confident that they do promote [their] dignity. For example, they always remind [them] to take a dressing gown with them when they go to stay.”

We viewed the support plans for three people who used the service. The plans were individualised and demonstrated involvement from the person. For example, each plan we viewed included the person’s signature and one included a written plan from the person and their relative. The information in people’s care plans was very specific and clearly explained to staff what support they needed and wanted. Entries made by staff in the daily notes showed that staff had a good knowledge of the people they supported and had established positive relationships with them.

We spoke with visiting health care professionals about the amount of involvement people had in planning their care.

One professional told us that the people they had worked with at Apton Road had always been involved in decisions about their care. They also told us that people were supported to attend meetings and were given choices daily around their preferences. The healthcare professional also told us that the staff were very kind, caring and responsive and that they have worked with some people that had been going through difficult periods in terms of their mental health. This showed a commitment to wanting to understand the person and offer the best possible care.

Staff we spoke with were able to explain what it meant to promote a person’s privacy and dignity. We saw this in practice on the day of our inspection in the way people were supported and spoken to respectfully and also in the way information was documented in the people’s notes. Staff spoke about people in a respectful and knowledgeable way and gave examples of how they would promote a person’s independence by ensuring they always offered a number of choices for the person to make their own decisions. For example, supporting them to go out with other people using the service at a pace that suited them which allowed time for them to be independent.



# Is the service responsive?

## Our findings

People's care plans were updated in response to their needs changing and this was documented. Revised plans were in place and the staff communications book instructed them to read the amendments. Staff were able to give us examples of how support had changed in conjunction with a person's needs changing. For example, when a person returned for respite care with a differing medicines routine, staff were supported through the care plan and communications book to be able to support the person's change. We were able to speak with one person who was using the service on the day of our inspection. They told us that the staff supported them in a way in which they preferred when they needed it. They said, "It is very appreciated." When we asked how the staff know what they need, they told us, "I tell them."

The service had a complaints procedure which was available to people and their relatives. The service had not received any recent formal complaints however any minor issues brought to the staff or manager were recorded in the diary with any action required detailed. For example, missing clothing following a stay at the service where the action was for staff to find the missing clothing and future plans to ensure all belongings were gathered before a person went home from their stay. Staff told us that they were kept well informed of any updates through the communication books, handovers and meetings.

We spoke with people who used the service and their relatives. They all told us that they had not needed to make a complaint. One person told us, "I have never had to make any complaints. I have asked for their help in the past when I have had matters that I have not been able to deal with on my own. They have always been very helpful." Another person told us, "I have never had to make any complaint but I know who I would need to speak to. I am confident that they would do everything they could to sort any concerns I may have."

The service carried out an annual review survey with the most recent being completed and returned by 13 people who had used the service and their relatives. The responses received were positive. Suggestions were made in regards to additional outings. The manager told us that this was currently being actioned and some events and activities, such as bowling or a trip to the cinema were planned. They told us this was organised to fit around the stays of people who requested the activities and additional staffing was being arranged for the dates to allow for these trips.

We saw that the service regularly asked people for their views on the standard of care, if they felt safe and their level of involvement. This was carried out with a 'service user audit tool' which was a mechanism in which the service gathered the comments and feedback of people and their relatives. This tool asked people if they knew how to make a complaint and if they had any complaints. The feedback recorded on these audits was positive with no actions arising. We discussed this with the manager and staff who told us that if this highlighted that a person was unsure of how to make a complaint, they would spend time ensuring that they were supported with this.

Staff told us that they were kept informed of changes that were needed in the service and outcomes of surveys, meetings and, any complaints. This was done through weekly meetings and informal get togethers. The handover record and daily diaries detailed updates following people's feedback and the actions needed to improve the service. For example, one action following feedback was to plan the budget a month at a time to enable the service to support people to pursue their hobbies and interests with the required amount of staff to facilitate this. This was to ensure that people had regular access to facilities and venues that they enjoyed and encouraged them to maintain these during their stay at Apton Road.

# Is the service well-led?

## Our findings

We spoke with people who used the service and their relatives. Everyone we spoke with was positive about the service. One person told us, “We get sent a questionnaire every so often about the care and the facilities provided. The responses from me are always glowing, it is a really good place.” Another person told us, “The staff and manager are fabulous, really good.” We were also told, “All the staff team are approachable and helpful, I can’t praise them enough to be honest.”

The manager was supported by a senior support worker team. In addition to the manager, the senior support staff provided supervision and guidance to other staff team members. A senior staff member told us that they felt supported by the manager.

We were told by staff that the manager was approachable and listened to their views. For example, in regards to updating the furnishings in the service to make it a more comfortable environment that was aimed at younger people as well as those who were older. This included the decoration of the house and books, music and the DVDs available for people to use. The service had several staff members who had worked there for many years. One staff member told us this was because it was a, “Nice place to work.”

There were clear values set out at the service which were around respecting people, involving people and promoting

their dignity. We found that this was evident when speaking to staff and the manager of the service. Staff were enthusiastic about providing a high standard of care and some staff expressed frustration by resource constraints that had had an impact on the number of activities outside of the service that they were able to provide due to staffing available. The manager had identified this issue and had a plan in place to manage them to ensure the quality of the service was maintained, and where needed, improved. This was done by means of planning a monthly budget and contacting people in advance of their stay to find out what they wanted to participate in during their visit.

A visiting health care professional told us that the management team were approachable and made themselves available to staff on a daily basis and that they were always willing to respond to recommendations from health care services about the support people needed.

There were systems in place to identify any issues in relation to the service, the environment and people’s welfare. These consisted of regular audits taking place by the manager of the service. This included the environment, care plans, medicines and people’s feedback. We saw that where these audits highlighted an issue, an action plan was developed and then completed. For example, an audit highlighted that the service required some equipment to be replaced. We saw that this had been actioned and that the equipment was now available for use.