

Apasen

Apasen Lodge

Inspection report

Abbey House
90 Hermon Hill
London
E18 1QB

Date of inspection visit:
22 October 2019

Date of publication:
18 November 2019

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

Apasen Lodge is a residential care home providing personal care to five people with a learning disability or on the autistic spectrum at the time of the inspection. The service can support up to ten people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibility with regard to safeguarding people. Risk assessments were in place which provided guidance about how to support people safely. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection. Medicines were managed safely.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The service sought to meet people's needs in relation to equality and diversity, although we have recommended that care plans cover needs around sexuality.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social activities and we saw people enjoying these on the day of our inspection. Complaints procedures were in place.

Quality assurance and monitoring systems were in place to help drive improvements at the service. The service had links with other agencies to help develop best practice. Systems were in place for seeking the views of people who used the service and their relatives.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Apasen Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Apasen Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager, team leader, a care assistant and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure the premises were safe and that medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place which included details of the risks people faced and what action to take to mitigate those risks. Assessments were person centred, based around the needs of individuals and covered risks associated with falls, using the kitchen, specific medical conditions and medicines. The registered manager told us the service did not use any form of physical restraint to support people and staff confirmed this.
- Steps had been taken to help ensure the premises were safe. Fire alarms and extinguishers had been serviced and the provider regularly tested fire alarms and fire door. Other equipment, such as bath chairs and hoists had also been serviced. Radiators had protective coverings to help prevent people from being hurt by the hot radiators. However, some of these were not secure which meant there was still a risk of people being hurt. We discussed this with the registered manager who told us they were arranging for work to be done to securely fix protective radiator covers.
- Systems were in place for the safe management of medicines. Medicines were stored securely in locked cabinets in each person's bedrooms. Medicine administration record charts were maintained. Staff signed these after each medicine had been given so there was a clear audit trail. The registered manager regularly audited medicine records and the supplying pharmacist carried out a quarterly audit of medicine practices at the service. This meant medicines were managed safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that effective systems were in place to safeguard people from the risk of financial abuse. This was a breach of regulation 13 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection we found that the service did not have effective systems in place for recording and checking monies held on behalf of people. This had been addressed. Monies were stored securely and checked by staff at shift handovers. We checked the amounts of money held for each person and found amounts held tallied with the recorded amounts.
- The provider had a safeguarding adult's procedure in place which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding and understood their responsibility to report any suspicions of abuse they had.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs. We saw staff were able to support people in a prompt manner. The staff rota accurately reflected the staffing situation on the day of inspection. Staff told us they had enough time to carry out their duties.
- Checks were carried out on prospective staff to see if they were suitable to work in a care setting. These included criminal record checks, employment references, proof of identification and a record of staff's previous employment history.

Preventing and controlling infection

- The service had an infection control policy. This provided guidance to staff about how to prevent the spread of infection, for example, through the use of protective clothing and good hand washing technique. We also saw posters in toilets and bathrooms about effective hand washing.
- Staff were seen to wear protective clothing during the inspection as appropriate and there was a good supply of gloves and aprons in stock. The premises were visibly clean and free from offensive odours on the day of inspection.

Learning lessons when things go wrong

- The registered manager told us there had only been one significant accident or incident since our last inspection. This was recorded in the relevant person's risk assessment, and we saw action had been taken to prevent further such incidents. The provider had a policy on accidents and incidents which stated they should be reviewed to see what lessons could be learnt. Records confirmed the policy was followed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out of people's needs before they moved into the service. This was to determine what the person's needs were and if the service was able to meet those needs. They covered needs associated with personal care, mobility, eating and drinking, social and leisure activities and medicines.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills and knowledge to help them in their role. New staff undertook an induction training programme. This involved shadowing experienced colleagues to learn how to support individuals. Staff that were new to the care sector also completed the Care Certificate as part of their induction. This is a training programme designed specifically for staff who are new to the care sector.

Records showed on-going training was provided to staff which included first aid, fire safety, autism awareness, safeguarding adults and medicines administration.

- Staff told us, and records confirmed that they had regular one to one supervision meetings with a senior member of staff. This gave them the opportunity to raise any issues of importance to them. Records showed they included discussions about training, performance, record keeping and issues about people who used the service.

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

- The service supported people to have a varied and balanced diet that reflected people's cultural preferences. People were able to choose what they ate and drank and told us they liked the food. One person told us their favourite food was curry and this was recorded in their care plan.

- People's weight was regularly checked and recorded so the service could monitor if there were any issues with weight gain or loss.

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

- People were supported to access healthcare professionals. Records showed these included GPs, opticians, district nurses and speech and language therapists. People confirmed they attended health care appointments. One person said, "I go to the dentist with staff."

- Care plans were in place around oral health care. We saw people had routine dental check-ups. Teeth brushing was recorded so it was possible to monitor that this took place twice daily for each person.

- Health action Plans were in place for people which provided information about how to support them to be healthy. Hospital Passports were also in place. These provided information to hospital staff about the person in the event of them being admitted to hospital.

Adapting service, design, decoration to meet people's

- The service had been adapted to make it accessible to people with physical disabilities. Hand rails were situated in bathrooms and corridors. Hydraulic chair lifts were used to support people to get in and out of the bath. There was a lift between the floors so that people who used wheelchairs were able to move between floors.
- The service was homely in appearance. For example, artwork produced by people was on display around the home.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA. Where people had been deprived of their liberty this had been done through a DoLS authorisation. The service had notified the Care Quality Commission of any DoLS authorisations, in line with their legal responsibility to do so.
- Staff understood the importance of supporting people to make choices and of people's right to consent to their care. They gave examples of how people were supported to make choices, for example in relation to what they ate and the clothes they wore. Where decisions about people's care were taken without their agreement, this was done in line with legislation and best interest decisions were made involving relevant people. Records showed that family members were involved where people lacked capacity to make decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 told us they were treated well by staff. One person said, "I like it here, they treat me all right." Another person replied, "Yes" when asked if they liked the staff. We observed staff interacted with people in a caring and respectful manner during the course of the inspection. Records were kept of compliments received. For example, we saw a relative had written, "[Person] is well taken care of and we have no concerns."
- The service sought to meet people's needs around equality and diversity issues. Food reflected people's culture. Care plans included information about people's ethnicity and religion. One person was supported to attend a place of worship. The person told us, "Staff take me to [place of worship]." Another person was supported to go to a hairdresser that reflected their ethnic origin. However, care plans did not cover people's sexuality. We discussed this with the registered manager who told us they planned to introduce a new system of care plans that would cover sexuality.

We recommend that the provider follows best practice with regard to care planning so that the cover equality and diversity issues, including sexuality.

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

- People were supported to make decisions about their care as much as possible. Service user meetings were held which enabled people to express their views and make choices. For example, about the menu and activities.
- People's bedrooms had been decorated to their personal tastes, containing family photographs and decorations they liked. One person said of their bedroom, "I have my own telly in my bedroom. I like it."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of supporting people in a way that promoted their privacy, independence and dignity. They gave examples of how they did this. For example, one staff member said, "When you give personal care, shut the door. Cover them properly. Ask them what they want, shower or bed wash. Ask them what clothes they want." Another member of staff told us, "Some of the more independent clients we just need to prompt them." The same staff member added, "We explain what we are doing first, we don't just take their top off."
- Confidential records were stored securely in locked cabinets and password protected electronic devices. This helped to promote people's right to confidentiality. Staff were aware that they were not permitted to divulge information about people unless authorised to do so.

- Each bedroom had ensuite toilet and hand basin facilities which helped to promote people's privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people which set out their assessed needs and how to meet them. They were personalised, based around the needs of individuals and were sufficiently detailed. Plans covered needs related to personal care, medicines, social and leisure activities, oral health care, continence and eating and drinking.
- We saw that care plans were followed. For example, some people attended day centres on the day of inspection which was in line with their care plans. Plans were subject to review. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service sought to meet people's needs in relation to communication. Communication was covered in people's care plans and information had been produced in a variety of formats. These included in written and pictorial form, and also in languages other than English.
- The service used aids to help people to communicate and make choices. For example, picture cards were used to enable people to make choices about what they ate and the activities they took part in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of social and leisure activities. On the day of inspection some people attended day centres and we observed staff supporting people with puzzles and beauty treatments. Records showed other activities included day trips, the cinema and meals out.
- People were able to maintain their relationships with family and friends. Family were frequent visitors to the service and people used a variety of electronic devices to maintain contact with relatives.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints received. However, it did not provide accurate information about who people could complain to if they were not satisfied with the response from the provider. We discussed this with the registered manager who told us they would amend the procedure. They registered manager also told us there had not been any complaints received since the previous inspection.

End of life care and support

- The registered manager told us none of the people using the service at the time of inspection were in the end of life stages of care. We found that some people had end of life care plans in place. However, one person did not. The registered manager told us the family wanted to take responsibility for this, but this was not recorded. The registered manager said they would update the care plan to reflect this.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

At our last inspection the provider had failed to ensure that effective systems were in place to monitor and assess the quality and safety of the care people received. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place to monitor and improve care and support at the service. Some of these had been implemented since the previous inspection. For example, there were now monthly medicines audits carried out by the registered manager and checks were carried out on money held on behalf of people at each staff shift handover.
- There were clear lines of accountability at the service. A registered manager was in position, and since the last inspection a team leader had been appointed. This member of staff worked partly as a care staff but also had time each week to concentrate on administrative duties to support the registered manager in the running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans were person centred and developed around achieving positive outcomes for people. People told us they were happy with the support provided. A senior manager from the organisation carried out quarterly monitoring visits to the service. These included discussions with staff and service users so they could provide feedback on the service.
- Service user meetings were held, and family were encouraged to be involved in the service and developing care for people. Staff meetings gave staff the opportunity to raise issues of importance to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager told us there had been some discontent within the staff team in recent months and at times poor communication. These issues had been discussed during team meetings. An outside facilitator had been brought in to work with the service on these issues. The registered manager told us this

work was still on-going, but some possible solutions had been identified including providing staff with training on cultural awareness.

- The registered manager was aware of their legal responsibilities. For example, they were knowledgeable about what issues they had a duty to notify the Care Quality Commission [CQC] about. Records showed they had notified CQC of significant events as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us they carried out annual surveys of relatives and staff, "To see if they are happy with the service and if there are any issues they want to discuss." Completed questionnaires from the 2019 survey contained mostly positive feedback. For example, one relative had written, "I love how calm and relaxed everything is."

- The service worked with other agencies to help gain knowledge and develop best practice. For example, they were affiliated to Skills for Care who provided support with training and were a member of the British Institute of Learning Disabilities. The service also worked with local authorities, and the registered manager attended forums run by the local authority to share knowledge and information.