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Apple House

Inspection report

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Tel: 01162888028

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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

We inspected the service on 29 September 2016 and the visit was unannounced.

Apple House provides care and support for up to eight people with learning disabilities or autism. At the time of our inspection eight people were using the service. The accommodation was offered over two floors accessible by stairs. There were two communal lounges and a dining area. There was a large accessible garden for people to use should they wish to.

The manager oversaw the daily running of the home and supported people with personal care and support where required.

People felt safe with the staff supporting them. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. The provider had a system to manage accidents and incidents to make sure people received the support they required. Risks to people's health and well-being had been regularly assessed. For example, where people accessed the local community independently, measures were in place to support them to keep safe.

The provider had a suitable recruitment process in place for prospective staff including undertaking relevant checks. People and staff were satisfied with the number of staff available to offer them support. We found that staffing numbers were suitable to help people to remain safe.

People received their prescribed medicines safely. Staff received regular guidance and understood their responsibilities to handle people's medicines safely. Medicines were suitably stored in line with manufacturing guidelines. Guidance was available and followed by staff about how people preferred to take them. The manager told us they would speak with people's GPs where people bought over the counter medicines to make sure they were safe to use with their prescribed medicines.

People received support from staff with suitable knowledge and skills. Staff received regular training in topic areas such as food safety and first aid. New staff received an induction when they started to work for the provider so that they knew their responsibilities. They had regular meetings with the manager so they could receive guidance on their work.

People were supported in line with the Mental Capacity Act 2005. People were supported to make their own decisions and the manager had documented their capacity to make decisions where this was necessary. Staff understood their responsibilities under the Act. The manager had made an application to the local authority where they had sought to deprive a person of their liberties.

People chose what they ate and drank and were satisfied with what was available to them. People had regular access to healthcare services such as to their doctor or a community nurse where this was required to maintain their health. Staff had guidance on people's health conditions so they knew how to provide

effective support.

People received support from staff who showed them respect, kindness and compassion. Staff protected their dignity. The provider had arrangements for storing people's care records safely and discussions about their care needs occurred in private.

People were supported to be as independent as they wanted to be, such as making their own snacks, in order to retain their skills. People were involved in decisions about their support including how they chose to spend their time. The manager told us they would make information about advocacy services available to people should they require support from independent sources.

People had contributed to the planning and review of their support requirements. They had support plans that were centred on them as individuals and contained guidance for staff to follow to provide responsive support to them. Staff knew about the people they supported and offered their assistance in line with people's preferences. People spent their time in ways that were important to them including attending local social and activity groups.

People knew how to make a complaint. The provider had a complaints policy in place that outlined what they would do should they receive a complaint.

Staff knew their responsibilities as the manager had arrangements in place for them to receive regular guidance and support. Staff knew how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

People and others involved in their support had opportunities to give feedback to the provider. The manager was aware of their responsibilities and had arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on the equipment within the home routinely occurred. However, their checks did not always identify where improvements were required in relation to the cleanliness and décor within the home.

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.

People were protected from abuse and avoidable harm by staff who knew about their responsibilities to support them to keep safe.

The provider had a suitable recruitment process including checks on the suitability of prospective staff.

People received their prescribed medicines in a safe way.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular guidance and training.

People were supported in line with the Mental Capacity Act 2005. Staff knew their responsibilities under the Act. People were asked for their consent to the support offered.

People were satisfied with the food and drink offered to them and had access to any required healthcare services.

Is the service caring?

Good

The service was caring.

Staff were respectful, showed kindness towards people and protected their dignity.

People's independence was encouraged where this was important to them and their preferences were known by staff.

People were involved in making decisions about their support although the provider had not made information about advocacy services available to them.

Is the service responsive?

Good

The service was responsive.

People contributed to the planning of their support. They received support based on their preferences from staff who knew them well.

People spent their time in ways that were important to them.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

There were opportunities for people and their relatives to give suggestions about how the service could improve.

Staff understood their responsibilities.

The manager regularly checked the quality of the service. However, their checks did not always identify where improvements were required.

Apple House

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.

The inspection visit took place on 29 September 2016 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

We spoke with four people who used the service and with two of their relatives. We also spoke with the manager, a senior member of staff and a support worker who all offered people help and support when required. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care. We received feedback from a social care professional during our inspection.

We looked at the care records of two people who used the service. We also looked at records in relation to health and safety, people's medicines as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the manager had undertaken. We looked at three staff files to look at how the provider had recruited and how they supported their employees.

Good

Is the service safe?

Our findings

Staff knew how to protect people from avoidable harm and abuse. We saw that the provider had made available to staff a procedure to follow should they have concerns about the safety or well-being of people. We saw that this procedure did not contain contact numbers for other organisations that staff could contact should they have needed to. The manager told us they would update the procedure to include these details. Staff members were able to describe the action they would take as well as the indicators that people might be at risk of harm. One staff member told us, "I'd tell the manager or whoever was in the building. When one person was late home I called for advice. I could call social services or if needed the CQC [Care Quality Commission]." Staff told us, and records confirmed, that they received regular training on how to protect people from abuse and avoidable harm. People told us they felt safe with the staff that supported them and if they needed any support to remain safe, such as with managing their monies, they received it. This meant that staff knew how to support people to remain safe and knew their responsibilities.

Risks to people's health and well-being were regularly assessed. We saw that the provider had risk assessments in place in areas such as hazards within the home environment and keeping safe when people went out of the home on their own. Staff had written guidance to follow for supporting people to reduce risks to their well-being. This included making sure that people had monies available to them when accessing community facilities and making sure their mobile phones were in good working order. This meant that risks associated with people's support were managed to help them to remain safe.

The manager had a suitable process to manage accidents and incidents. A relative told us, "There was an incident some time ago with the staff. It was resolved." Where an accident or incident had occurred, the manager recorded any actions taken including any support gained from healthcare professionals. The manager also recorded if they referred the accident or incident to the local authority for further investigation. We found the records to be detailed. The manager documented any action they had taken to reduce the likelihood of a reoccurrence such as a person receiving physiotherapy to maintain their mobility and to reduce the reoccurrence of a fall.

The provider carried out regular checks on the environment and equipment to reduce potential risks to people's health and well-being wherever possible. We saw that checks were undertaken including regularly testing the temperature of the hot water supply. We also saw that fire prevention equipment and the safety of the electrics and gas within the home had all been routinely tested in line with manufacturing guidelines.

Staff knew the action to take should they be faced with an emergency situation such as a fire. This was because the provider had plans in place for staff to follow. Staff were able to describe these plans and told us about emergency arrangements available for people including alternative accommodation should it be required. This meant that the provider had considered people's safety should a significant incident occur.

People were satisfied with the number of staff available to offer them support to remain safe. One person told us, "You've always got someone here all day and evening as well." Another person said, "I've got my own house keys to come back here and there's somebody here. If there's any emergencies, there's always

somebody about." Relatives agreed that staffing numbers were suitable. One told us, "Staffing is alright. I think so. If he needs anything he always knocks on the staff's door [during the night]. He would certainly tell me if there weren't enough staff." The manager told us that four staff were currently employed and they were in the process of recruiting a fifth. They described how this small staff team were able to provide the support people required. When we visited we found that staffing numbers were suitable as most people were independent in many areas of their life and required only minimal support to remain safe.

The provider had recruitment procedures in place for checking the suitability of prospective staff members. We saw that their policy included obtaining two references for each prospective employee and a Disclosure and Barring Service (DBS) check. The DBS check helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found that staff records contained documents that confirmed these checks had consistently taken place. This meant that people were supported by staff who were appropriately verified.

People received their prescribed medicines safely and when they required them. One person told us, "They come round to the box [medicines cabinet in their room] with the keys and get the right medication, so it doesn't go wrong." We saw that medicines were stored safely and records of their administration were completed. Where people had taken as and when required medicines, such as pain relief, the amount was not always recorded. This is important as healthcare professionals would need to know this information in an emergency situation. The manager told us they would make improvements to their recording. We also saw that people occasionally bought medicines from their local pharmacy for themselves. The manager told us that they did not routinely seek guidance from people's GP as to whether these had any adverse effect on their prescribed medicines. This is important as some over the counter medicines can affect prescribed medicines. The manager told us they would consult with people's GPs where they were aware a person had bought their own medicines.

Staff had guidance on the safe handling of people's medicines. The provider had made a policy available to them on the processes they should follow as well as providing them with regular training and guidance. This included the regular checking of their competence by the manager. We also saw that people's preferences for how they took their medicines were documented in their care records. Staff knew these and could describe each person's individual requirements. This meant that people received their medicines according to their preferences and staff knew their responsibilities.

Good

Is the service effective?

Our findings

Staff had the necessary skills and knowledge to provide effective support. We saw that new staff received an induction before they started to support people. This included discussing with the manager people's support requirements. New staff were supported by the provider to complete the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Staff told us the training opportunities available to them were suitable. One staff member told us, "We've had everything. Moving and handling and I'm doing my NVQ level two. I'm absolutely satisfied." We saw that staff members had undertaken training in topic areas such as food safety, nutrition and first aid to improve their knowledge and skills. The manager showed us their training records and explained how they could see at a glance when staff members required an update to make sure their practice remained in line with current guidance. This meant that staff received up to date guidance when offering support to people.

Staff members received regular guidance from the manager. One staff member told us, "Supervision is at least once a month. I know it's necessary and useful to discuss things." Supervision is a process whereby staff have the opportunity to meet with the manager to receive guidance and feedback on their work. We saw records of regular supervision that included the manager discussing with staff members topic areas such as suggestions for improvements to people's support plans and future training requirements. We also saw that the competency of staff was regularly checked to make sure the support they offered to people continued to be effective and met their needs. This meant that staff received regular guidance and support on how to provide effective support to people.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

People made day to day decisions for themselves such as how they spent their time and we saw that staff asked them for their consent when support was offered. Information about people's capacity had been recorded in their support plans. For one person we read, 'Able to make my needs and wishes clear and can make decisions.' Where there were concerns about people's ability to make a specific decision in relation to managing their own medicines, the manager had undertaken mental capacity assessments to determine their understanding. These assessments involved people receiving care and we saw that any required best interest decisions were made in line with the MCA.

Staff understood the requirements of the MCA. One staff member told us, "It's giving people the right to make their own decisions where they can. To give people informed choice." The staff member confirmed that people they supported had the capacity to make most decisions. They also said, "There are mental capacity assessments if needed to judge capacity." We saw that staff received training in the MCA so that

they understood their responsibilities.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the manager had made one application to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff understood the reason as to why a DoLS application might be required such as if a person was under constant supervision from staff.

People were satisfied with the food and drink available to them. One person told us, "I get what I want." Another said, "When I come back, I make myself a coffee. And if you want anything else, I've got supplies upstairs [in their room], which I get from Saturday shopping [with the provider]." Staff told us that people chose their own food every day. One staff member said, "We ask them on the day what they want or a few days ahead. We don't need a menu. The freezer and fridge is well-stocked. They know what they like. We do plan the groceries shop and they tell us what to buy." Where people required a specialist diet staff confirmed that alternatives were always available. We saw that information for staff on people's specialist diets was available within their care records for them to follow. We also saw people helping themselves to drinks and food during our visit without needing to ask staff. People were able to sit in communal areas or their own rooms to eat their meals and we found that mealtimes were pleasant, relaxed and based on people's individual requirements and preferences.

People were supported to maintain good health. One person told us, "Sometimes if I've got an appointment, [manager's name] will come, or I'll go on my own." A relative said, "The staff take him to the doctor [if there was a problem]. They'd sort it out straight away, and of course they'd tell me." We saw that people's healthcare needs were detailed in their support plans which included information for staff on people's specific conditions. We saw that health action plans were in place in people's care records. These detailed the support people were receiving to manage their health including appointments they attended with any follow-on action required. This meant that staff had up to date information about their people's health conditions.

People were given information on their health conditions to help them to understand how these would affect them and the things they could do to promote their own well-being. We also saw that people received support from various healthcare workers where required such as psychiatrists and community nurses. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

Staff offered their support in kind and considerate ways. One person told us staff treated them kindly and said, "They're [staff] like friends, that's right." A relative commented, "Of course they are [kind]." We saw that staff spoke to people in a friendly and respectful manner and offered their support and advice where this was requested in a timely way. Staff spent time with people talking about things that mattered to them such as upcoming activities they were going to take part in. One person was heard informing a staff member that they were going to lay down as they felt tired. The staff member gently asked the person about their well-being and offered additional support. We also saw staff members using humour when spending time with people. People received this warmly and we could see that good relationships had been established.

People were treated with dignity. We saw staff referring to people by their preferred name. We also saw that staff members asked people throughout our visit how they wanted their support to be carried out and listened to and acted upon the responses they received. People's care records detailed the level of support they required to maintain their dignity. For one person we read, 'Talk to me discreetly if I need support'. Staff told us that this was because the person was very private about their support requirements. We also saw that people's care records focused on them as individuals and documented how they had spent their time, how they were feeling and the support offered to them.

Staff understood how to maintain people's sensitive and private information because the provider had made available to them policies on record keeping and confidentiality. We saw that staff discussed people's care needs discreetly and in private. We also saw that people's care records were stored securely.

Staff members had an in-depth knowledge about the people they supported. Staff were able to describe people's interests and hobbies and their preferences. One staff member told us how one person enjoyed gardening and would bring vegetables that they had grown home from the group they attended. The manager told us about some people's preferences for spending quiet time on their own as well as how they preferred their support to be carried out. We saw that people's care records documented things that were important to people which meant staff had guidance available to them to make sure the support they provided was in line with people's preferences.

People were involved in decisions about their support. A relative told us about their family members' support plan and said, "Yes I think he does have a say. They keep it up-to-date, sometimes I'm involved." Staff members confirmed that people were involved in the planning of their support. One told us, "People are asked if they are happy or not [with their support] and they will say." We saw that such discussions were documented in people's care records and described how people had made their own decisions. People confirmed that they chose, for instance, what activities they took part in and how they spent their time. This meant that people were involved in making decisions about their lives.

Where people may have required additional support to make decisions and be involved in the planning of their support, advocacy information had not been made available to them by the provider. An advocate is a trained professional who can support people to speak up for themselves. The manager told us that people

had friends and support networks that could offer this support. They also said that they would arrange for information to be available for people should they wish to gain independent advice and support.

People were supported to be as independent as they wanted to be. One person told us, "On occasions, I'll ask them [for support], otherwise I'll do things myself. Well, I'm alright on my own. I can do my personal care myself. I get social support here. They're like friends." Staff told us how they encouraged people to remain independent. One said, "The things I encourage people to do for themselves include cleaning their own rooms. We do things with people, not for." We saw that people had hot drink making facilities in their own rooms and they made their own snacks when they wanted to. We read in people's care records that staff were guided to support people's independence. For two people we read how they undertook their own laundry. This meant that people were supported to retain their skills and levels of independence.

People were supported to maintain contact with their families and friends. People told us how they met their friends most days. One told us, "On occasions I get them a cup of tea here, and I say 'Of course you can come and visit me!'" Relatives told us they could visit without restriction but would normally telephone their family member first to make sure they were at home.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual requirements, routines and preferences. People told us that they had keys to their own rooms and could come and go of their own choosing. We saw that when people requested support, this was undertaken by staff without them having to wait unduly. One person requested support with their personal care and this was responded to quickly.

People's support plans contained information that was focused on them as individuals. They were written in such a way that staff members would have known exactly how people preferred their support to be carried out. We read about people's support requirements including their preferences and their likes and dislikes. People's support plans gave staff guidance on how to support people in line with their preferences and staff were able to describe these in detail which enabled them to offer responsive care. We read how for one person staff were guided to support them to manage their own finances as this was important to them. Staff were instructed to monitor this with them to make sure the person continued to do this safely. This meant that people received support based on their preferences and in a person-centred way.

People had contributed to the planning of their support. People had signed their support plans to document their contribution. We also saw that there was a keyworker system in place. A keyworker is a staff member who supports a particular person to make sure that they have the things that they need and to work closely with them to make sure they are satisfied with the service offered.

People contributed to the reviewing of their support requirements at timescales that were set by them. For two people we saw that they had chosen to contribute to their review every 12 months. The manager told us, and records confirmed, that people's support requirements were reviewed by them every month or when changes arose. A relative commented on their contribution to their family members' review and said, "I attend meetings every year with [person's name]. We sit down and we review the support plan. I think it's very good for what it is. It covers what [person's name] thinks is important. It's the care worker, [person's name] and manager that attend." This meant that staff had up to date information and guidance about how to provide responsive support to people.

Where people had a change to their support requirements, the provider worked with others to provide responsive support. A social care professional told us how recently they had set up a communication book with the provider between the person's day service and the home to enable communication to be passed between services. The social care professional told us how this had meant both services could be responsive to the person's changing mental health support requirements. This meant that the provider worked with others in order to respond to people's changing needs.

People were supported to follow their interests and hobbies. One person told us, "Last Tuesday evening we went to college where we did a talent show to raise money for charities, I like that." During our visit people were taking part in activities of their choosing. This included accessing local day services as well as voluntary work opportunities and social groups. When people returned home, they spoke positively and enthusiastically about how they had spent their time. We read in people's care records how people joined in

activities that they enjoyed and how people actively chose what they wanted to do. This meant that people spent their time in ways that were important to them.

People knew how to complain. We saw that the provider's complaints procedure was displayed and in an easy to read format containing pictures to aid people's understanding. This detailed the process the provider would follow should a complaint be received and included other agencies people or their relatives could contact should they have wished to. People told us they had no cause to make a complaint and were satisfied with the service they received. The manager told us they had not received any complaints in the last 12 months. A relative said, "There is no complaint; he's been quite settled, everything is familiar to him."

Good

Is the service well-led?

Our findings

Relatives thought the service was well-led. One relative told us, "Oh yes [manager's name] keeps in touch and sees me every week. Any changes, for example changes to the day centre, anything at all, she tells me." Another relative said, "There's generally very good communication. Any issues at all [manager's name] will call me, or talk to me on Sunday when I go up."

The provider had sought feedback from people and their relatives about the quality of the service in the last 12 months. The manager explained that questionnaires were given to people and sent to their relatives to check that they were satisfied with the service offered. We read positive comments about the service in topic areas such as staffing and opportunities available for people. The manager told us they had not shared the outcomes of the most recent questionnaires that had been received from people and their relatives. They explained this was because all of the comments were positive. The manager said that if they needed to take action following any comments received they would tell people and their relatives about it. People told us they could speak with staff members about suggestions for how things could be improved. This meant that the provider was open about receiving feedback on the quality of the service offered.

Staff received suitable support from the manager. One staff member told us, "I like [manager's name] a lot. She's' dead straight forward and supportive. I can offer suggestions if I need to." The manager told us that staff meetings had not occurred for some time as the staff team was small and they shared information every day with each other. We saw that a communication book was in use where staff recorded ideas to make improvements as well as reminders from the manager about people's support requirements or equipment that required repair. We saw that when action had been taken, the item was marked as completed. One staff member described staff meetings as, "Informal" but said this was not a problem as the staff saw each other, including the manager, very regularly. This meant that the staff team had regular opportunities to give feedback to the manager on ways to improve the service offered to people.

Staff were aware of their responsibilities. Staff met regularly with the manager, received regular training and their competency had been routinely checked. The provider also had made a range of policies and procedures available to staff which they knew about. This included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff could describe the action they would take should they have concerns. We found that the provider's whistleblowing policy did not contain alternative contact details for staff to use where they could raise their concerns should they have needed to, such as the local authority. The manager told us they would amend their policy to include this.

The provider had a set of aims and objectives that they strove to achieve that we saw staff adhering to when we visited. We saw that some of the aims included the encouragement of people's independence and to place them at the centre of their support. We found that staff gave people the freedom to use their independence skills. They also enabled a culture where people were central to the decision making process regarding their support requirements. This meant that staff knew about the aims and objectives of the service and offered support in line with these.

The manager understood their responsibilities and the conditions of the provider's registration with CQC were met. This included the submission of statutory notifications by the manager to CQC for significant incidents that they are required to send us by law. We saw that our previous inspection report was on display in the home for people and their visitors to read our judgements when we last visited the service. This showed that the manager demonstrated effective leadership.

The manager carried out, or had arranged for other staff to undertake, regular checks on the quality of the service. We saw that there were checks on the equipment within the home to make sure it worked effectively, on people's medicines to make sure it was handled safely and on a range of other areas within the home. Where actions were identified to address deficiencies these were recorded as completed. We saw, for example, that the provider had identified a leak in a sink which had been fixed and records confirmed this. In these ways the delivery of the support people received as well as the environment was regularly reviewed.

We found on one occasion that the provider's quality checks did not identify a concern that we discussed with the manager. There were cleaning schedules in place and daily checks to make sure these were followed. We also saw that there was a manager's daily audit which checked the cleanliness of the home. However, on the day of our visit we saw that some of the communal areas were dusty and that some of the paintwork and décor required attention. The manager told us they were upgrading parts of the home and described changes to the kitchen that had been made. They said they would look at the areas of concern we raised with them.