

## The Apuldrum Centre

# The Apuldrum Centre

### Inspection report

Common Farm  
Appledram Lane South  
Chichester  
West Sussex  
PO20 7PE

Tel: 01243783370






Date of inspection visit:  
20 October 2016

Date of publication:  
22 November 2016

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 20 October 2016 and was announced.

The Apuldram Centre provides personal care in a setting called 'supported living' in three houses in the Chichester area. At the time of the inspection personal care was provided to five people in the three 'supported living' houses. 'Supported living' is a scheme whereby people have their own tenancy to live independently with care and support provided by a choice of provider.

At the last inspection of 1 September 2015 we made three legal requirements where the provider was not meeting the regulations. These were regarding the management of medicines, procedures for the use of the Mental Capacity Act 2005 and a failure to notify the Commission of a change to the nominated individual for the provider. The nominated individual is the person employed as a director, manager or secretary for supervising the management of the service. The provider sent us an action plan to say how and when these regulations would be met. The Commission have been notified of a new nominated individual. The service now has policies and procedures regarding the Mental Capacity Act 2005 and staff have received training in this. The inspection highlighted that a 'best interests' decision had been made on behalf of one person prior to the person's capacity being assessed regarding the decision in question. The nominated individual recognised this should have been completed and confirmed this was completed following the inspection. The regulation regarding the safe management of medicines was still not fully met at this inspection.

At the last inspection the service had a manager who completed their registration with the Commission following the inspection. This person has now left the service. The Commission were notified of these changes and the interim management of the service, which was being provided by the nominated individual and a care coordinator. The provider was in the process of recruiting a manager who would apply for registration with the Commission. However at the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not safely managed as there was an excess of medicine stocks for one person and which the staff and management could not account for. Records showed that other people received their medicines as prescribed.

Staff had a good awareness of how to keep people safe and knew what to do if they had concerns or if they considered someone was being abused. Relatives, staff and a health and social care professional said the service provided safe care to people.

Risks to people were assessed and care plans included details of how staff should keep people safe.

Sufficient numbers of staff were provided to meet people's needs. Pre-employment checks were made on newly appointed staff so that only people who were suitable to provide care were employed.

People received care from staff who knew people's needs well and were able to communicate effectively with people so they could provide care in the way people preferred. Staff training and supervision has improved and is more organised than we found at the last inspection. Staff had access to a range of relevant training courses and said they were supported in their work.

People were involved in choosing and cooking their meals. This was done with the support and guidance of staff so people had a healthy diet.

People's health care needs were assessed and recorded. Care records showed people's physical health care needs were monitored and that people had regular health care checks.

Staff had positive working relationships with people and demonstrated a caring attitude.

Staff were familiar with people's needs and supported people in the way they preferred. People were consulted about their care needs. Staff, people and relatives met to review people's care needs. Relatives told us this gave them an opportunity to raise any issues about changing care needs or any concerns they had. Relatives said any concerns raised were promptly acted on.

People were supported to attend a range of activities including supported employment, social activities, holidays and outings.

The service had an open culture where staff, people and relatives were consulted about how the service ran and how it could be improved. Staff said recent changes had empowered people to have more control over their daily lives.

A number of audit tools were used to check on the effectiveness, safety and quality of the service but these were not sufficient to identify shortcomings in the safe management of medicines.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were supported with their medicines but records of medicine stocks were unclear and did not match the quantities we checked.

Staff knew how to recognise, respond and report any suspected abuse of people.

Risks to people were assessed and measures in place to reduce the risk of harm to people.

Sufficient staff were provided to meet people's needs.

Checks were made that newly appointed staff were suitable to work with people in a care setting.

### Is the service effective?

**Good** ●

The service was effective.

Since the last inspection the service had devised policies and procedures to follow where people were unable to consent to care and treatment as defined in the Mental Capacity Act 2005 Code of Practice.

People were supported by staff who were trained and had the skills to provide effective care.

People were supported to have a balanced and nutritious diet. Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

### Is the service caring?

**Good** ●

The service was caring.

People's views and preferences were acknowledged in how staff provided care. Staff communicated well with people and had a good understanding of what people wanted.

Staff had positive working relationships with people and treated people with respect and dignity.

People were supported to develop independence and their privacy was promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care which reflected their needs and preferences. Care needs were reviewed and changes made to the way care was provided when this was needed.

People's lifestyle also reflected what they wanted to do. Activities and holidays were arranged based on individual's preferences.

There was a complaints procedure which people, and their relatives, were aware of.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

At the time of our inspection there was no registered manager.

The quality and safety of the service was audited but his had not always identified shortcomings in the safe management of medicines as required in the last report.

The management of the service took steps to consult and include the views of people, staff and relatives in how care was provided. Improvements have been made to the service quality, which have been driven by the management team.

# The Apuldram Centre

## 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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection also checked whether improvements had been made since our September 2015 inspection which rated the service as 'requires improvement' overall.

This inspection took place on 20 October 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for three people. We looked at the staff supervision, training and recruitment records and spoke to three care staff, the nominated individual for the provider and a staff member with responsibility for coordinating the delivery of personal care to people. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with three people who received a service from The Apuldram Centre. As these people had communication needs and would not always understand what we asked we spent time observing staff interacting with these people to judge their experiences of the service. We also spoke with two relatives of people who used the service. In addition, we spoke with a social worker who was involved with the placement and review of people's care needs at the service.

# Is the service safe?

## Our findings

At the inspection on 1 September 2015, we found the provider was in breach of a Regulation associated with the safe management of medicines. We asked the provider to take action to ensure medicines procedures were safe and to send us an action plan of how and when this was being addressed, which they completed. At this inspection we found some improvements had been made to the safe management of medicines, but we also found the provider had not taken sufficient action to ensure medicines were safely managed at all times.

The service had policies and procedures regarding the storage, handling and recording of medicines. Staff were trained and designated as competent in the safe handling of medicines by training and observation of their practice. The stocks of medicines were checked and recorded when they were supplied by the pharmacist and medicine administration records (MARs) were returned to the provider's office so a check could be made that they were completed.

One person who was assisted with their medicine was not fully protected as the staff had not accurately assessed the risk of the person having access to their medicine in their accommodation. The provider took immediate steps to rectify this by updating the risk assessment and making sure the person was safe.

The previous inspection identified that stocks of medicines did not match the medicines records in the person's home. At this inspection we looked at medicines procedures for two people. One person's medicine was in a liquid form and matched what was recorded in the MARs. Staff had completed a record to show the person received the medicine at the prescribed times. For another person, the MARs showed this person also received their medicine at the prescribed times, but the stock of medicine exceeded what was recorded on the MARs. The MARs stated 30 tablets were received for the current course of medicines and that 25 tablets had been administered. However, there were 39 tablets in two different dated medicine boxes. Staff could not account for the excess of medicine stock and there was no record to show if any medicines had been 'carried over' from a previous supply. There was no audit system to check the stocks of medicines against the MARs in people's homes. This meant medicines were not all accounted for which meant there was risk the staff and provider were not safeguarding medicines from any misuse. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the procedures for reporting any safeguarding concerns they had about people. Staff recognised the needs of people who were at risk and were trained in safeguarding procedures. The staff said they were vigilant in checking people were safe and that they knew people well which would help them identify if people had any concerns or were in distress. Care plans identified where people were at risk such as possible psychological abuse or discrimination. The provider informed us they used the local authority safeguarding adults' policies and procedures for dealing with any safeguarding issues. There were copies of the local authority safeguarding procedures available for staff to use in the staff office. A social worker explained how the service liaised and cooperated with them with them regarding any safeguarding concerns and implemented any changes to ensure people were safe.

Relatives and staff considered the service provided safe care to people.

There was a system for supporting people with their finances. This included a series of checks and audits. Where people were supported with their finances and the provider looked after people's money we saw accurate records were maintained of this. Where people were supported to purchase goods this was recorded along with a receipt. Records were maintained of any monies held on behalf of people for safekeeping. The staff and provider liaised with the local authority finance team where people were at risk of financial exploitation so arrangements could be made to safeguard people's finances.

Possible risks to people were assessed and recorded in a document called, 'Individual Support Plan and Risk Assessment.' These were comprehensive and covered risks to choking, nutrition and fluid, road safety and personal care. There were corresponding care plans so staff knew how to support people in minimising any of the identified risks.

Sufficient staffing was provided to meet people's personal care based on the hours assessed as needed for each person. The provision of staffing hours also took account of assessments carried out by the local authority who funded the care. As well as assistance with personal care people were supported with cooking, preparing meals and activities, such as outings. Staffing was organised on a duty roster and people lived in a house where they had staff support over a 24 hour period. Individual staff support was also provided on a one to one basis where this was assessed as needed. These staffing arrangements were recorded on a four week staff duty rota. Staff and people's relatives said sufficient staff were provided to meet people's needs.

Pre-employment checks were carried out on newly appointed staff and staff were interviewed to check their suitability for care work. Application forms were completed by staff and these included an employment history for the staff member. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.



# Is the service effective?

## Our findings

At the inspection on 1 September 2015, we found the provider was in breach of a Regulation associated with the Mental Capacity Act 2005 (MCA). The provider did not have any policies for assessing the capacity of those unable to consent to their care and treatment as set out in the Mental Capacity Act Code of Practice or for making 'best interests' decisions on behalf of people. Staff had not received any training in the MCA. We asked the provider to take action to ensure the Mental Capacity Act 2005 was being followed and to send us an action plan of how and when this was being addressed, which they completed.

At this inspection we found improvements had been made regarding the implementation of the MCA. The service had policies and procedures regarding the assessment of capacity and for making 'best interests' decisions on behalf of people. There were pro-formas for assessing capacity and there was a training programme to ensure staff were trained in the MCA. Staff confirmed they received training in the MCA and had a good awareness of people's needs in this area. For example, one staff member described how one person had capacity to consent to their care which involved giving the person time and helping them to make decisions by the use of pictorial diagrams. People's care records showed how people's communication was assessed and how staff should communicate with people to seek their agreement to their care. We observed staff communicating with people to check what they wanted and how they wanted support as well as seeking their agreement before assisting them. The provider had liaised with the local authority where people did not have capacity to safely look after their finances. We also discussed with the provider and member of the management team the supervision of people and their freedom to access the community or not. The provider was aware of the procedures for restricting people's liberty for their own safety and how people may be deprived of their liberty through the Court of Protection. Arrangements were made with people to access the community with their agreement.

During the inspection we identified an area where the provider had not followed the principles of the MCA. For example, staff needed to ensure someone's medicine was safe as the person lacked capacity and understanding of the risks of having access to this but had not formally assessed the person's capacity regarding this. Following the inspection the provider implemented a 'best interests' decision on behalf of the person regarding the storage of their medicine. The provider had followed the correct procedures by involving the relevant professionals and relatives in the decision. It was apparent the 'best interests' decision had been taken regarding the person not having access to their medicine prior to a full assessment of the person's capacity to understand this. The nominated individual confirmed this was completed when we raised this with them.

People said they liked the staff and relatives said staff were skilled in providing the correct care and support. For example, one relative said the staff sometimes went "over and above" their duties to ensure people were well cared for giving examples of staff working beyond their duty times to support someone attending hospital.

Staff had a good knowledge of people's needs and were motivated in their work. One staff member told us how much they enjoyed their work and described the training as, "brilliant." This staff member described their work, "as more than a job." Staff said they were supported to attend training courses and would also

arrange their own training. A staff member said they attended seven training courses in 2016 and were able to choose courses from a local training provider.

The provider had improved the range and quality of training for staff. Staff were supported to complete nationally recognised training qualifications such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff said the training had improved greatly and gave examples of being able to develop their skills and knowledge such as attending training in areas where they became a lead for other staff to seek advice.

Newly appointed staff received an induction to prepare them for their role, which involved enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. The induction also involved newly appointed staff working with experienced staff in a 'shadowing' role. The induction procedure included observational assessments of staff competency.

The provider used a training matrix spreadsheet to monitor the training each staff member completed which was considered mandatory to their role. This also highlighted when training needed to be repeated and included moving and handling, food hygiene, first aid, and fire safety. Staff with responsibility for supervising other staff completed training in the supervision and management of staff.

The frequency and organisation of staff supervision and appraisal had improved. The provider maintained a spreadsheet to monitor that each staff member had four supervision sessions each year. Records of staff supervision were maintained and staff confirmed they had regular supervision. Staff knew who their line manager was and said they felt supported in their work.

People were involved in devising their own menu plans and in preparing and shopping for food with staff support. Staff told us people were able to choose the food they ate and we observed staff discussing with someone what they would like to eat. Staff described how they followed guidance where people had nutritional needs. Risks regarding eating and drinking were assessed and a care plan devised such as to prevent choking on food. Guidance and specialist advice from a speech and language therapist was included in care records where people needed a specialist assessment for eating. Relatives said people were given a choice of food and that the food was of a good quality. People had a menu plan of nutritious meals and food stocks included fresh fruit and vegetables. People told us they liked the food and that there was a choice available.

Staff had a good knowledge of people's health care needs. For example, a staff member described how someone was supported to attend the dentist and how staff followed the guidance to ensure the person had adequate oral care when cleaning their teeth. Records showed people were supported to attend annual health checks as well as other health checks and treatment. A relative said the staff were good at supporting people with their health care needs and ensuring people received any health checks or treatment.

## Is the service caring?

### Our findings

Staff had positive working relationships with people. People told us they liked the staff. We observed people were comfortable talking with staff and responded to staff in a positive way when they had communication needs. Staff acknowledged people had choices in their daily lives and gave people time to make up their mind to ensure their wishes and preferences were upheld. For example, when we asked to speak with one person, staff gave the person a choice and allowed the person space and time to make up their mind.

Staff demonstrated values of caring, compassion and a commitment to treating people well. For example, one staff member said they treated people in the way they would like to be treated or how one of their family would be treated. Staff also said how important it was to engage people in community facilities and to help people be independent.

Relatives said staff spoke with people in a polite manner and treated people with respect. Staff were described by one relative as follows, "All the support workers are really lovely," and by another relative, as positive in encouraging people to make good use of their time.

Staff said people were able to make choices in how they spent their time which were reflected in care plans, adding, "The support plans show what people like to do." Care plans were individualised and reflected people's preferences and needs as well as their emotional and behaviour needs. For example, one person's records included comprehensive details about what made the person anxious. A staff member had a good awareness of this and described how they took account of this to reduce the person's distress. Care records also included information on how people were supported with emotional and relationship needs. For example, one person's care plan gave full information on how the person spent time socialising with others and the type of personal space the person needed. People's preferences for how they liked to be supported were recorded. Care records showed people and their relatives were consulted about their care needs.

People were supported to attend community facilities such as shopping with staff for food, attending day care and having one to one time with staff for companionship. Records showed people were supported to develop independent living skills such as preparing food and domestic tasks. This also included details about what personal care tasks the person could do for themselves and what intervention staff were required to provide.

We observed people's privacy was promoted as people had their own rooms with their own belongings in the supported living houses.

## Is the service responsive?

### Our findings

People received a personalised service which took account of their changing needs. A relative told us there were regular meetings where they could raise any issues and also said they attended care reviews. A staff member and a relative gave an example of considerable improvements in mental well-being and communication for one person. Another relative said staff responded well to any issues about changing care needs to ensure people received the right care. A relative commented on how staff were, "encouraging" by motivating people in a positive manner to be active and engaged with activities.

We observed staff were flexible in ensuring people received the right care when they needed it. For example, one staff member provided care in response to someone's immediate needs at a time when the person was not timetabled to receive personal care.

Staff told us the assessments and care plans included the information they needed to ensure people's care needs were met. Assessments and care plans covered a wide range of care needs such as personal hygiene, personal care, behaviour and emotional needs. Care plans reflected people's individual care needs and showed how people were supported to be independent in areas such as money management, shopping, making meals and other domestic tasks. Guidelines were recorded for staff to follow when supporting people in the community and for social needs such as attending church. Care needs were assessed and there were care plans for managing medical conditions as well as daily personal care. People were observed to be clean and well-groomed and staff helped people with personal care.

Care records showed care needs were reviewed on a regular basis and that these reviews involved people in decisions about their care. There were records of how staff should communicate with people to obtain their views.

People had a timetable plan and noticeboard in their bedroom of daily activities they wished to attend. People told us they enjoyed the activities they attended, which included painting classes at a local art gallery on the day of the inspection. People were also supported to have holidays accompanied by staff. Social clubs were attended by people so they could meet others.

The provider had a complaints procedure which a relative said they were aware of, but added any issues or concerns were discussed and resolved at the regular review meetings they had with the acting manager and care staff. The provider told us an 'easy read' complaints procedure was available in each of the supported living houses which people could access. The service has dealt with one complaint since the last inspection. Records showed this was looked into and a response made to the complainant.

## Is the service well-led?

### Our findings

At the inspection on 1 September 2015, we found the provider was in breach of a Regulation regarding the changes to the nominated individual for the provider. The provider has now notified us of the arrangements for a new nominated individual. This requirement is now met.

At the time of the last inspection the service did not have a registered manager and was being managed by an acting manager who was subsequently registered with the Commission but has now left. Interim management arrangements were in place and were being shared between a care coordinator and the nominated individual. The Commission was notified of these changes and the provider was recruiting a permanent manager. There were senior care staff who had lead responsibility for coordinating care in the supported living houses. However at the time of our inspection there was no registered manager in post.

The management introduced a number of improvements to the service such as improved staff supervision and training. The nominated individual was skilled and committed to making improvements to the way the service was run. Consultations with staff and relatives were being used to make further improvements to the way the service was organised and managed. This reflected an open and transparent style of management which aimed to include the views of people, staff and relatives. Relatives said there was good communication with the staff and the management and felt the service has improved. Staff gave us generally positive views about the management of The Apuldrum Centre. For example, one staff member said the restructuring of the service was about "empowering service users" and another staff member said communication from the management team had improved. Whilst staff said they were consulted about possible changes, one staff member felt the availability and responsiveness to staff by the management team could be improved.

Financial audits took place to check the safety of people's finances.

Full implementation of all the requirements made at the last inspection had not been achieved and had not been identified and corrected as part the service's own audits. Whilst staff and management were committed to promoting the safety and quality of life of people, the organisation of the service was in a state of transition with planned improvements not all fully implemented.

People and their representatives were able to express their views about the service. People could give feedback about the service and there was a service user forum which met four times a year where people could talk about the quality of the service. Relatives told us they were able to make comments about the service provision at care reviews and at the relatives' meetings. Examples were given where the staff and management had responded to suggestions or concerns, such as assisting people with domestic and personal care tasks.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The management of medicines were not safe. Regulation 12 (1) (2) (g)