

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Appletree Support Ltd

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Appletree Support Limited
Registered Manager	Mrs Michelle Lloyd
Overview of the service	Appletree Support Ltd is a domiciliary care agency based in Havant. The agency provides personal care and support for children and young adults living in their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 April 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We carried out a routine inspection to answer our five questions. Is the service safe, is it effective, is it caring, is it responsive and is it well led? At the time of our inspection there were 17 people receiving personal care services. We spoke with two of them and relatives of another four in order to understand the service from their point of view. We visited the office to look at records and files. We spoke with the registered provider, the registered manager, and six members of staff.

This is a summary of what people told us and what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

People told us they felt safe and comfortable when they were with their support workers. People's relatives said their family members had a good relationship with their support workers. They were satisfied the support workers were trained and prepared to deliver care safely. One said, "We have a good lot of carers at the moment".

We found the service had systems in place to ensure people were protected from the risk of abuse. They carried out the necessary checks before staff started work and there was a robust recruitment process in place. Where specialised techniques were needed staff were trained and their competence was assessed before they attended people.

Is the service effective?

People told us that they were satisfied with the care and support they received. One said the service was "really good", and their support workers were "good, very proficient". Another said the care provided met their needs and was "pretty good". Relatives of people using the service described it as "absolutely excellent", and "brilliant, superb".

We found people's care and support were based on thorough assessments with detailed and personalised support plans. Systems were in place to ensure care was delivered

according to people's plans.

Is the service caring?

Relatives of people using the service told us support was provided in a caring way. One said, "[name] has brilliant carers, they are very patient." Another said, "We love them, brilliant". People using the service told us they got on well with their support workers and had a good relationship with them.

Staff we spoke with were motivated to provide high quality care. They had a thorough knowledge of people's needs and how they preferred to have their care delivered.

Is the service responsive?

People told us they had been involved in their own or their relative's assessments and care planning, and that their views and preferences were taken into account. Care and support were provided with their consent. The service responded to changes in their needs or circumstances. They told us staff listened and were responsive when they contacted the office.

We found the service had systems in place to ensure the care provided was appropriate to peoples' changing needs.

Is the service well-led?

Staff told us they were supported to deliver high quality care and they were able to contact somebody for advice at any time of the day or night. They said if they raised concerns with the manager or senior staff, they were dealt with properly.

Systems were in place to regularly assess and monitor the quality of service provided. Risks were assessed and appropriate action plans were in place. There were processes in place to review and learn from incidents, accidents and complaints.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The provider was aware of legal requirements where people did not have capacity to consent.

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### Reasons for our judgement

Before people received any care or treatment they, or their parent, were asked for their consent and the provider acted in accordance with their wishes. During the course of the inspection we examined the files for five people using the service. The files we looked at contained signed forms documenting consent to the care and support plans. There were separate forms showing consent had been sought and obtained for specific elements of care, including the administration of medicines and the use of sun protection products. Records showed that people were involved in and consented to their care planning and risk assessment processes.

We spoke with two people who used the service and four relatives of children using the service. They all said they were involved in making decisions about the care and support provided. They said that support workers listened if they wanted to change previously agreed care, and that care and support were only delivered with consent.

We spoke with five support workers who were all aware of the need for consent. Some described how people could communicate consent or refusal if they did not have verbal communication. They said they would always respect a person's refusal to accept care. They would consult with the person's family or with the manager or care co-ordinator if they had concerns about the person's welfare. People were supported by staff who respected their right to consent to or refuse care.

Where people did not have capacity to consent, the provider was aware of legal requirements. The support workers we spoke with were all aware of the requirements as they related to the people they supported. The provider and manager were aware of the issues around consent for children and adults, and described how they adapted procedures for people in the 16 to 18 years age group.

The provider and manager showed awareness of mental capacity issues and of the Mental

Capacity Act 2005. However the manager told us the Act did not apply to any of the adults using the service at the time of our inspection. Mental capacity was included in staff's induction training on safeguarding vulnerable adults and children. People using the service were protected against the risk of receiving care without consent, because the provider was aware of their legal responsibilities.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Assessments were in place to protect people from foreseeable risks and ensure their welfare and safety.

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**Reasons for our judgement**

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People's needs were assessed and care and support were planned and delivered in line with their individual care plan. At the time of our inspection there were 17 people receiving personal care from the provider. We spoke with two people using the service and close family members of four of them to understand the service from their point of view. They told us they were satisfied with the assessment and care planning process. Their views and experiences had been taken into account. Care and support were provided in line with their plans and their needs were met by staff who were suitably prepared and capable to deliver their care. One person who used the service said the standard of care was "really good". Another person's relative said, "Full marks, very efficient". Care and support were provided according to people's needs.

The manager told us they carried out people's initial needs assessments face to face in the person's home. If the care package involved complex healthcare needs the manager was accompanied by a registered nurse for the assessment. They developed person-centred support plans based on their assessment. These included people's care and support needs, social and family background, moving and handling requirements, and a health and safety assessment. People's support plans were based on an effective assessment process.

We reviewed the care plans and associated files of five people using the service. Detailed assessments and care plans were documented in the files. Plans were person-centred, individualised and took into account needs arising from the person's cultural or religious background. They contained information required to deliver the necessary care according to the person's wishes and preferences. We spoke with five support workers who all said the care plans contained the information they needed to deliver care and support to the required standard. People were protected against the risk of inappropriate care by thorough and personalised care plans.

Care delivered was recorded in daily logs and medication charts. Staff told us these were returned to the office every month and reviewed. The examples we looked at in people's files had all been countersigned to show they had been checked. They recorded that care

and support had been delivered which were consistent with the person's care plan. Systems were in place to verify that care and support were provided according to people's plans.

Care and support were planned and delivered in a way that was intended to ensure people's safety and welfare. Where people's support plans included specialised healthcare provision support workers received specific training. Their competence was assessed and signed off by a registered nurse. We spoke with a nurse and support workers who confirmed this process was followed. Examples included oxygen therapy and the administration of drugs to be absorbed through the cheek lining and gums. Records of competency checks were kept in staff files. People received care and support from support workers who had been trained in the necessary techniques.

People's care plans included risk assessments taking into account risks to people using the service and others. Examples of these included risks associated with complex healthcare needs, allergies and epilepsy. The assessments included clear instructions for staff to reduce the likelihood of these risks and actions to manage them. Assessments were also in place to identify risks associated with the home environment. The manager told us these were based on a thorough scrutiny of the environment for hazards which they carried out at the same time as the person's initial assessment. The welfare and safety of people using the service and others were taken into account in the planning and delivery of care and support.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider responded appropriately to any allegation of abuse.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People using the service told us that they felt safe and comfortable when their support workers called. Relatives told us their family members were safe and had good relationships with their support workers.

We spoke with six members of staff out of 32 employed at the time of our visit. They were all aware of the different types of abuse, signs to look for and the procedure to follow if they witnessed or suspected abuse. They were confident that the manager, provider or senior staff would deal with any allegation of abuse appropriately. They knew there was a 24/7 telephone contact available for them to report concerns. They were aware they could report suspicions of abuse outside the organisation. Staff were aware of the risk of abuse and of their responsibilities.

Support workers we spoke with who had started working with the agency recently told us their induction training included safeguarding of vulnerable adults and children. They also told us they received hand-outs which contained instructions on when and how to report suspicions of abuse. The manager told us the hand-out also included a copy of the government booklet "What to do if you're worried a child is being abused". We saw a copy in a prepared hand-out package which had not yet been given out. Staff who had been working for the agency for longer told us they received regular refresh training in safeguarding. We looked at the training records for five members of staff chosen at random. They had all received training in safeguarding in the past two years. The service took reasonable steps to ensure staff were aware how to protect people from the risk of abuse.

The provider produced a guide called "Keeping Safe" for young adults who used the service. This was also available in an easy to read format with signs and pictures. The provider undertook an annual audit of safeguarding concerns and reports. We saw the record of the latest version of this. There was a copy of the local authority safeguarding procedures available to staff in the office. The provider had systems in place to ensure

people were protected from the risk of abuse.

One of the support workers we spoke with told us they had reported a suspicion of abuse by a third party to the office. They were satisfied it had been dealt with appropriately. The manager also told us of a second case which had been followed up with the local authority safeguarding team. The provider responded appropriately to allegations or suspicions of abuse.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had effective recruitment processes.

### Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the files of five members of staff chosen at random. Records showed that the appropriate checks had been undertaken. Their files had evidence of at least two references, proof of identity and right to work in the UK, and Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks. The provider ensured that people were cared for and supported by employees who were suitable to carry on the regulated activity.

There were effective recruitment and selection processes in place. The manager described their recruitment process which included an application form and interview. All interviews were conducted by the manager. They followed a standard format and included an exercise to assess how the candidate would react to a given scenario. Records of interviews and candidates' scores for the standard questions were kept in the employee staff files. References and CRB or DBS checks followed a successful interview. Candidates also completed a medical questionnaire to verify there were no health problems which might prevent them from doing the job.

We spoke with two people who used the service and four close relatives. They were all complimentary about the competence and suitability of the support workers. One person said they got on well with their support workers because they were "happy, jolly and sporty like me". Another person's relative said the support workers were "very efficient, very clued up and aware of the needs." There was an effective recruitment process in place to ensure care workers were able to deliver the care and support required.

Successful candidates had a three month probation period during which they undertook an induction which was based on recognised external standards. The manager told us new support workers worked alongside experienced colleagues until they were considered ready to work alone. People who used the service confirmed that this happened. We spoke with five support workers who told us they had found their induction effective. They said they had been prepared adequately for the care packages they were assigned. The provider had recruitment and selection procedures designed to ensure care workers were able to do the job required of them.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. Systems were in place to learn from complaints, incidents and accidents.

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### Reasons for our judgement

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People who used the service were asked for their views about their care and support. People and their representatives were able to respond to the provider's satisfaction survey online, by email or on paper. The survey included the overall service provided, the standard of support workers, timekeeping, communications and responsiveness to requests and complaints. We discussed a summary of the current survey with the manager and provider. They told us the survey had helped them understand some people were not aware of the range of services and support available to them in the area. They were working on a way to share the information they had with people who used the service. The provider sought people's views and responded to them.

There was an effective system for monitoring the quality of service provided. The manager completed a monthly report for the provider which included new and changed care packages, incidents, accidents, new policies and procedures, and a review of the office facilities. As a result of these checks, the manager had identified that certain phone calls could be overheard in the staff kitchen and break area. A new door had been installed so that people's privacy could be maintained.

The manager told us care reviews took place whenever people's needs or circumstances changed. People who used the service and their family members confirmed that support plans were reviewed and updated whenever necessary. They told us they found the office staff were responsive to requests for changes. People's care and support were reviewed regularly and appropriate changes made.

In addition to reviews of people's plans the quality of care provided was monitored by a system of spot checks and competency assessments carried out by the manager and senior staff. Support workers we spoke with confirmed spot checks took place. They said the daily records of care provided were reviewed during spot checks. Records of these checks were maintained in the support worker's file. We saw they also covered areas such as appearance, infection control, professional boundaries and whether the support worker consulted the person's care plan. Processes were in place to ensure care and support

were delivered according to people's agreed plans and to the required standard.

Support workers were able to express their views of the service provided in supervisions and at meetings which included team meetings and group supervisions. Some of the support workers we spoke with had not attended meetings, but they said they were able to express their views informally at any time. They found the manager, care co-ordinator and other office staff receptive and open to ideas and suggestions. One support worker told us they had raised concerns about a person's care with the manager who had responded appropriately. There were processes in place for staff to suggest changes and improvements to the support people received.

The service had a procedure for logging compliments and complaints. People using the service were told about the complaints procedure and received a leaflet about it with their introductory package. Comments and complaints were reviewed by the manager. There had been no recent complaints at the time of our inspection, but we saw compliments and other comments were recorded.

Incidents, accidents and near misses were recorded and followed up. The manager described a recent incident which had been followed up with the support workers involved, the person using the service and their relative. The provider had a system for following up incidents and reviewing any lessons to improve the quality of service offered.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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