

Hertfordshire County Council

Apton Road

Inspection report

34 Apton Road
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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

This inspection took place on 24 October 2018 and was unannounced.

At our last inspection on 11 April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Apton Road is a 'care home' for people offering short break respite support for up to four adults with learning disabilities and physical disabilities in an adapted building. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

People felt safe and were confident to approach the staff. Detailed health and support plans had been developed to ensure that staff knew how people wanted their needs to be met. Risks to people's safety and welfare had been identified and support planned to enable people to enjoy their respite stay as safely as possible. There were sufficient numbers of staff available to meet people's needs. People's medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff understood their individual roles and responsibilities and were supported by the management team to maintain and further develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well managed.

People enjoyed a good relationship with the staff team supporting them. People were involved in all aspects of their support as much as they were able. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

People's support was arranged around their needs and they were involved in decisions about their care where possible with support from family members and professionals. The provider had arrangements to support people and their families to raise concerns and there were opportunities for people to discuss all aspects support provided.

The registered manager promoted a positive culture that was transparent and inclusive. Robust systems had been developed to continuously check and monitor the quality of the service people received. Staff felt valued and were encouraged to contribute any ideas for improving the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains good..

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Apton Road

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 met 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 under the Care Act 2014.

This inspection took place on 24 October 2018 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider's information return (PIR) submitted to us in September 2018. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with one person who used the service, two support staff and the registered manager. We spoke with three relatives by telephone after the inspection visit to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People's relatives told us that they felt people were safe staying at Apton Road. One relative said, "I feel [Person] is safe there because there are always staff about and the door is locked." Another relative said, "Yes, I do think [person] is safe at Apton Road. I know all the staff and I have peace of mind when [Person] is there."

The service continued to safeguard people from harm. People said they felt safe when they stayed at the short break centre. Staff described what constituted abusive practice and said they would escalate any concerns they had. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Risks had been identified and management plans were available to support staff to maintain people's safety. Staff were aware of identified risks to people's health and well-being. Risk management plans were routinely reviewed when people returned for a period of respite to help ensure that the management strategies continued to be effective in reducing or minimising risk.

There were enough staff available to help keep people safe. The registered manager said agency staff were not routinely used for the respite service. They said that the transitory nature of the service meant it was important to have regular staff that people had built a relationship up with gradually over time. One relative said, "The staff team are so good, they provide good care and keep people safe. We are very pleased indeed, can't fault it."

Safe and effective recruitment practices continued to be followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. Required checks were carried out to ensure potential new staff were suitable for the role. References, identity and Disclosure and Barring (DBS) checks were completed before new staff started working at the service.

Staff described the procedures to be followed in the event of an emergency, for example a fire and confirmed that regular fire alarm checks were undertaken to help ensure people's safety was promoted. Easy read pictorial guidance had been developed for each person who used the service according to their needs and level of understanding. Staff told us that fire drills took place regularly.

The service remained good at managing people's medicines. There was just one person accommodated at the short break respite centre at the time of this inspection. The person had capacity to self-administer their medicines so we were not able to check physical stocks of medicines on this day. Staff told us they received regular training to support them to administer medicines safely and if any medicine errors occurred that they were immediately stopped from administering medication and undertook refresher training. A relative told us, "No concerns at all with the support provided with [person's] medicines."

The service had been awarded a level 4 rating (very good) in January 2018 by the IPC Award scheme for infection control. We found the house to be clean and fresh and noted staff wearing personal protective clothing in the course of their work.

Staff completed forms for incidents and accidents which were then investigated by a senior or manager and outcomes were actioned such as passed on to relevant professionals, GP, social work team as appropriate and trends or specific issues were highlighted.

Is the service effective?

Our findings

Relatives of the people who used the service all told us that the care and support provided was effective. One relative said, "My [family member] absolutely loves going there, they look forward to it. [Person] says it's a break for them as well as for me."

People's needs were fully assessed before receiving care and support from staff. Staff worked with health and social care professionals who provided advice about meeting people's care and support needs. When people returned to Apton Road for a repeat respite stay the staff liaised with people's relatives to confirm their care needs remained the same and if there had been any changes the support plan was amended to reflect these.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff confirmed they received updated training and this, together with regular individual supervision, provided them with the support to carry out their roles. Staff training records showed staff received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We confirmed the service was working within the principles of the MCA.

Staff had completed the relevant training and understood their role in protecting people's rights. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty to keep them safe. A senior support worker demonstrated a clear awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

The service remained good at providing and supporting people to eat and drink. Information in support plans confirmed people's likes and dislikes had been explored and they had been offered options in line with their preferences. Some people were not able to verbally indicate their wishes, in this instance staff gathered family input and tried to provide new experiences for people to try. Relatives told us, "We do liaise with staff regarding [person's] food, [Person] loves all fatty foods but the staff team do try and support a healthy eating programme when [person] stays with them, they do their best."

The service remained good at ensuring people had advice and treatment from health care professionals. People's relatives confirmed people's health needs were well catered for whilst they were at the respite service and they received support from staff to attend appointments as needed.

Is the service caring?

Our findings

The service remained good at caring for people. Relatives of people who used the service said they felt the staff team were caring and supportive. One relative told us, "Staff are fantastic, they are so caring, such nice people." Another relative said, "The staff are lovely, every one of them."

We observed sensitive, respectful and kind interactions between staff and a person who used the service. Staff took the time the person needed to speak with them and clearly had a good understanding of the support needed.

People's relatives told us they had been involved with developing people's support plans and helped to make sure that people's choices were respected about how their support was delivered. They said the staff and management team were responsive to them and one relative told us how much their family member enjoyed going to stay at Apton Road. They said, "[Person] is always keen to go to Apton Rd, they have their bag packed a couple of days before."

People were supported well with their personal care needs to promote their dignity and self-respect. One relative said, "[Person] is normally smartly dressed and groomed, just the same as when they are at home."

Staff took time to help people become familiar and comfortable with their surroundings. A relative told us, "[Person] was always very wary of anything like that but they started with a tea visit and then an overnight stay, [Person] was put at ease immediately."

The registered manager gave examples of where people had received support from external advocacy services to help them make decisions about matters in their daily lives where appropriate. For example, one person had received advocacy support where an emergency respite placement had been made.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. People who used the service and their relatives told us that they were supported to maintain family relationships.

Private and confidential records relating to people's support were maintained in a lockable office. Staff confirmed they were aware of the need to protect people's private and personal information and told us that they had signed a confidentiality agreement. This helped ensure that people's personal information was treated confidentially and respected.

Is the service responsive?

Our findings

People's care and support plans contained relevant details about their life and medical history; their likes and dislikes, what was important to each person and how staff should support them. The support plans were reviewed each time a person was admitted for a respite stay to help ensure they continued to meet people's support and care needs. A relative told us, "Each time we take [Person] for a stay at Apton Road they check if there have been any changes in needs since the previous stay, for example, if the medicine regime remains the same." Another relative said, "They always check with me each time [Person] goes to stay there. They check if there have been any changes since the previous visit and they check the medicines."

Relatives of people who used the service told us that they found the staff and management team at Apton Road to be very accommodating and flexible to people's needs. One relative told us, "They are flexible and that is a two-way thing. For example, they have phoned us before and asked if it was possible to change the dates of [person] coming to them as they had an emergency admission."

Staff told us some group activities arranged with a supported living service on the same site were available for people who wanted to have the social interaction. These included karaoke, exercise classes, arts and crafts and cinema evenings. People were also supported to pursue their individual activities such as going out and about subject to the availability of staff support if needed. The registered manager told us that each person accommodated in the short break respite unit had the opportunity to go out and about daily. A relative told us, "They encourage [person] to do things like play card games and go out into town."

People were able to spend time in the communal areas of the home or in their room or the garden as they wished.

We observed staff interactions with people and noted they responded to people in an individualised manner. It was clear when we asked the staff that they knew and understood what the people's needs were.

The service remained good at managing complaints. People and their relatives told us they would be confident to raise anything that concerned them with staff or management and told us that the registered manager operated an open-door policy. All the relatives we spoke with as part of this inspection praised the service highly and said that they had not had an occasion to make a complaint.

Is the service well-led?

Our findings

The service had a registered manager. 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.

The registered manager continued to promote a positive culture that was transparent and inclusive. A relative told us, "The registered manager is so lovely, they are all so helpful." Another relative said, "The service does seem well managed and I would undoubtedly recommend the service to anyone looking for a short break respite stay." A further relative said, "We know they are there if we do have an emergency. [Person] is happy there, it is important to have that back up, it works so well. We are so lucky, I can't praise them enough."

A social care professional told us that the staff and management team were always responsive to any comments and suggestions and were committed to working collaboratively with people, their families and relevant professionals. They told us, "My experience of the service has always been very good. The staff team are robust and provide a safe caring environment. They have in my experience been very responsive to individual need and utilise the wider community teams to provide support to the people using the service."

The views of people, their relatives and staff were obtained through questionnaires or through review meetings. People told us they were asked often for their views about the care they received and how the service was running.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service provided. These included audits such as care records and infection control.

The provider had a range of systems in place to assess the quality of the service provided in the home and we found that these were effective in identifying areas that required improvement. For example, a provider audit had identified two staff members who had not undertaken a fire drill. This was immediately rectified.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that out of office hours support was always available and explained the on-call process and who they needed to contact in an emergency. The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.