Liaise Loddon Limited

Applelea

Inspection report

Harrow Way
Brighton Hill
Basingstoke
Hampshire
RG22 4BB

Tel: 01256364044
Website: www.liaise.co.uk

Date of inspection visit:
04 September 2018
05 September 2018

Date of publication:
04 October 2018

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

The inspection took place on 4 September and was unannounced. The inspection continued on 5 September 2018 and was announced.

Applelea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to four people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were four people living in the home.

The home was a two storey detached property which had an open plan kitchen dining area, and one bedroom on the ground floor. On the first floor there were two further spacious en-suite bedrooms and a lounge. There was also a single self-contained annex and enclosed garden.

The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

The service had a 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.

At our last inspection 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 on-going 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.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures or behaviours which may challenge the service, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

Where possible people had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had

received an induction and on-going training that enabled them to carry out their role effectively. People's eating and drinking preferences were understood and their dietary needs were met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. 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 supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place, people and families felt listened to and actions were taken if they raised concerns. The registered manager was starting to explore opportunities to identify and understand people's end of life wishes and preferences.

The service had an open and positive culture within Applelea. Leadership was visible and promoted good teamwork. Staff spoke highly about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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**

Applelea

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.

This inspection site visit took place on 4 September and was unannounced. The inspection continued on 5 September 2018 and was announced. Both days were carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

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 improvements they plan to make.

We spoke with one person who used the service. We received feedback from two relatives and a health care professional via the telephone.

We spoke with the registered and deputy manager. We met with four care staff and the shift leader. We reviewed four people's care files, three medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people.

Good

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Applelea was a safe place to live. We asked one person if they were happy living at Applelea. The person said, "Yes, I like Applelea". A relative told us, "We feel [person's name] is safe, we have trust with the staff and management, they know [name] well". A professional said, "It feels quite safe to me. People can move around the home freely". Staff were confident people were safe at the home and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. A relative said, "Risks are managed well by the staff". Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures, assessments showed measures taken to discreetly monitor the person and manage risk. For example, the assessment clearly informed staff that if the person was to want a bath that they required respectful discrete monitoring. Thus allowing the person's privacy and dignity to be maintained. A relative told us, "They [staff] manage [person's name] epilepsy well". In addition to risk assessments for people the home had general risk assessments which covered areas such as using the kitchen, the home's vehicle and access in the community.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and internal behaviour support team. We found that Applelea had good working relations with the local learning disability teams and came together with them, the person (where possible) and family in response to changes in people's needs and/or a set review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support. Staff had a clear understanding of active and proactive strategies to support people safely. A relative said, "They [staff] support [name] with their behaviour appropriately and have good plans in place".

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take appropriate action. Accident and incident records were all recorded,

analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A relative said, "The registered manager notifies us regularly and always informs us if there has been an incident".

There were enough staff on duty to meet people's needs. A staff member said, "There are enough staff to meet people's needs. Rotas are covered by contracted, bank or agency staff". A relative told us, "We feel there are enough staff for people at Applelea". We found that the registered manager assessed people's required staffing levels during pre-admission assessments. The registered manager told us they regularly reviewed this and both increased and decreased staffing levels in response to changes in need and/or behaviour. The registered manager said, "We have recently increased one person's staffing levels whist they are out in the community. This is under regular review".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as evidence of conduct in previous employment and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

We found that the home had implemented safe systems and processes which meant people received their medicines in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.

Medicine Administration Records (MAR) were completed and audited appropriately. A staff member took us through the medicine process for administering people's medicines. We observed people's medicine blister packs were cross checked with people's medicine administration record (MAR) sheets to ensure the correct medicine was administered to the correct person at the right time.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to personal protective equipment (PPE) such as disposable gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. People had personal emergency evacuation plans (PEEPs) in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People at Applelea were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support.

Mental capacity assessments and best interest paperwork were in place which covered a number of areas of care. For example, positive behaviour plans, delivery of personal care and access to the community. The registered manager told us that they were reviewing people's best interest decisions in relation to medicines.

The service worked in partnership with local GPs and psychiatrists to regularly review medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that these were. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person and submitted to the local authority. Three people had authorised DoLS in place which had no conditions attached to them. The other persons DoLS was pending assessment.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP and a dentist.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I believe our company is one of the best with staff training, it's really good. Everything I need I get". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; challenging behaviour, epilepsy and learning disability and autism awareness. A relative said, "Training is very good for the staff".

The registered manager told us staff received annual appraisals and regular supervisions (approximately three monthly). Staff told us that they felt supported and could request supervision or just approach the registered manager should they need to. A staff member said, "I receive enough supervisions. I find these useful, there is an open atmosphere and we set new outcomes and discuss people".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A new staff member said, "It's been a very good induction so far. The shift leader is always there and the staff are supportive. I have completed about three weeks of shadow shifts and I am now on the rota. I feel competent". Another staff member told us, "My induction was very good. I have completed various training this has helped me understand my role and job even more".

People were supported with shopping, cooking and preparation of meals in their home. Staff understood people's dietary needs and ensured that these were met. A staff member said, "[Name] has a specific diet. We have information about this in the kitchen and in his care file so that all staff are aware". The registered manager showed us the menu plans. There was a five week visual menu. People were actively involved in choosing meals and preparing these. Menu's reflected a good choice of healthy home cooked meals. We were told that people could choose whether to have their meals in their own rooms, the communal dining or living area or outside in the garden.

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. We observed people's art work displayed on the walls and furnishings were in a good state of repair. There was an open plan kitchen dining area and large enclosed garden with swings which staff told us people enjoyed. There was also a single self-contained annex adjacent to the home which had been adapted to meet the needs of the person who lived there.

Good

Is the service caring?

Our findings

Professionals and people's relatives told us staff were kind and caring. A relative told us, "Staff are kind caring and genuine at Applelea". Another relative said, "Staff are defiantly caring". A professional said, "Staff are kind and caring with people".

During the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. A relative said, "Our loved one receives good care, we are very happy".

People were treated with respect. A relative said, "Staff respects people for who they are". We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Promoting independence was important to staff and supported people to live fulfilled lives. A staff member told us, "Independence is important. It keeps people active and empowers people". The staff member went on to give an example of how they actively promoted independence; "We may use a hands on approach like spreading or chopping. When making hot drinks we encourage people to get their own cup, tea bag or coffee, spoon and milk. We would then support them to pour the hot water".

We observed staff using these communication preferences throughout the inspection with people to aid and enable them to be as independent as possible and make choices and decisions for themselves. People each had their own preferred methods of communication and this was understood, respected and used by staff. Methods of communication included, sign language, key word speech, written text, photos and picture exchange communication system (PECS). People had personalised communication support plans in place which clearly demonstrated people's preferred methods of communication. One person used signs to aid their communication with staff. We found that there was a sign dictionary which held photos of the person signing regular words they knew. This was personalised and supported staff to understand the meaning of signs the person used. A new staff member told us, "The communication plans have been very useful for me to learn how best to communicate with people here".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. A relative told us, "Our loved one was supported to visit us last week". The registered manager showed us monthly updates which they sent to relatives. These were a summary of what their loved ones had been participating in, gave families updates of any changes and included photos of their loved one participating in activities. Staff were aware of who was important to the people living there including family, friends and other people at the service.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of

their choice. For example, one person was supported either by staff or their family to attend a service regularly at their place of worship. This was important to the person and their family. We were told that another person enjoyed attending place of worship services, meeting people and having tea and cake with others.

Good

Is the service responsive?

Our findings

Applelea were responsive to people and their changing needs. A relative told us, "The staff at Applelea are responsive to [person's name] changing needs". Throughout the inspection we observed a positive and inclusive culture at the home. Promoting independence, involving people and using creative approaches were embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives.

Support plans provided guidance as to individual goals for people to work towards to increase their independence and reduce their reliance on staff for support. For example, one person's goal was to experience longer holidays away from the home. We were shown a photo book for this person who had enjoyed a four night break to a holiday park they had chosen to go to early this year. We also read that a person was to be supported to learn planning skills leading up to enjoyable events. During the inspection we observed staff supporting the person with this by prompting them to remember months.

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. We found that reflective team meetings took place with the shift leaders and staff each week. These covered areas such as changes to people's needs, behaviours and captured positive moments with people. A staff member said, "We respond to people's changing needs and discuss them as a team. Last month we identified that a person was using the toilet more. We arranged an appointment, tests were completed, treatment given and now they are better".

Staff were able to tell us how they put people in the centre of their care and involved them and or their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A relative told us, "We are involved in annual meetings and have regular input into [name] care".

People were supported to access the community and participate in activities which matched their hobbies and interests and reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping, eat away from the home and out for walks. A staff member told us, "Today I have supported a person to the local shop and later I am taking a person out for dinner at one of their favourite restaurants". A relative said, "[Name] loves to go out and gets to enjoy trips away from the home. There are good procedures in place. They also enjoy the massage and music sessions arranged by the home". A health professional said, "[Persons name] has an improved quality of life".

The service was responsive to people's learning and development. We were told that people were working on an 'accreditation system development award network'. This is a programme to support people with their

learning and development. Modules people were currently completing included; 'engaging in the world around me,' 'personal care' and 'horticulture'. We were also told that one person supports staff's learning by attending an induction session at the organisations head office. We read that the person shares their likes and dislikes with staff which raises their awareness and learning.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and communication passports were in place.

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. The deputy manager told us, "EDHR is important to us all. We have a diverse mix of staff and try share different cultural experiences with people whilst respecting them for who they are".

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "We have never had to make a formal complaint. They always respond to things we may bring up though". People were supported to understand the complaints procedure which was also available in an easy read pictorial format.

The registered manager told us that during recent manager meetings an end of life care policy had been written. They said, "It is a complicated area for us with people's communication needs. We will work with parents to understand preferences. All managers contributed to the new policy. We will look at this more and approach it in people's next annual review meetings".

Good

Is the service well-led?

Our findings

Staff and relatives feedback on the management at the home was positive. Staff comments included; "The registered manager is a good manager, very dedicated and always has people's best interest at heart. The deputy manager has an amazing relationship with people here and is really good too", "[Registered managers name] is the best of the best. They keep things up to date and always leads by example. They are a good role model to us all" and "I think the management is very good. They are a strong and supportive team". A relative said, "[Registered managers name] is a good manager, very caring. We are really happy". The registered manager told us that the provider was open and supportive.

The registered manager supported their staff team and individuals. The registered manager told us that they conducted incident de-briefing sessions with the team to reflect and learn from incidents whilst providing staff with extra support if required. We were told that staff also had access to 'employee assistance programme' should they require any third party support.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered and deputy manager told us that they worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. The deputy manager said, "It is an advantage working with staff as I can see how they work. I love to make staff feel confident. I am open with them and promote them being open with me".

We found that the registered and deputy manager also completed unannounced night visit checks on a quarterly basis and the last one was June 2018. These gave the managers an opportunity to review night staffs working practice. Areas checked included; workers being awake and tasks and records being completed. At the last visit actions included reminding night staff not to wedge the laundry door open as it was a fire door. The registered manager told us, "I feel the monitoring systems we have are effective. Concerns and lessons are learnt and are always shared with staff and improvements made where necessary".

The service worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams to review people's needs in relation to medicines. One professional told us that they previously found that information was not readily available however, now they were able to gather this from the organisations head office.

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They would fulfil these obligations where necessary through contact with families and people. A relative told us, "Applelea is an open and honest service. we would recommend it to others".

Relatives and staff told us that they felt engaged and involved in the service. The registered manager explained that staff were given opportunities to feedback on how the service could improve. For example, we found that there were 'We could do it better' forms which staff could complete. These captured areas of suggested improvement and proposed actions to take. This system was effective and had worked recently. A staff member had suggested making cupboards in a person's lounge look better and had sought approximate costing's. These cupboards were replaced during the inspection. Feedback was also sought from families through feedback questionnaires.