

Apple House (Leics) Ltd

# Apple House

## Inspection report

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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 17 January 2019 and was the first comprehensive inspection of the service since registering under a new provider in May 2017.

Apple House is a small residential care home that provides care and support for up to eight people with learning disabilities. At the time of our inspection, the provider confirmed they were providing care and support for eight people.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home is based in a residential area and is 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 using the service can live as ordinary a life as any citizen.

The registered provider was also the registered manager for the service. 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 ethos at Apple House was based on providing a family type setting for all adults, whilst supporting their needs through structured education and living.

People received individualised care and support that was responsive to their individual needs. The ethos of the service ensured that all people were fully involved in their care.

Staff had an excellent understanding of all the people using the service. They worked as a close team and were driven in providing person centred support to enable people to achieve as much independence as possible.

The registered manager / provider was very involved in the care of people using the service. The provider and staff were committed to promoting human rights to enable people with learning disabilities to be empowered to live the life they choose.

The staff were extremely dedicated to helping people to achieve their potential. Every opportunity was sought to enhance people's life experience. The service had established strong links with resource centres for people with a learning disability and proactive in building relationships with the local and wider community.

People's support plans were person centred and fully reflected their individuality, people were supported to set goals and targets that were achievable. An equality, diversity and human rights approach to supporting people's privacy and dignity and treating them as individuals was embedded in the staff practice.

Systems were in place to ensure that no discrimination took place, and that people's cultural and life choices were promoted and protected. The support plans gave information on how people wanted their care and support to be delivered, and included information on their hopes and aspirations, their social, cultural and spiritual beliefs and physical and emotional needs.

People received kind and compassionate care and had maximum control over their lives. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised.

People received care from staff that had the knowledge and skills to provide their care and support. Staff induction training and mentoring was comprehensive and on-going training was provided to ensure staff followed current good practice guidance.

Staff had regular team meetings and individual one to one supervision meetings. These gave staff opportunities to discuss any issues or concerns, their personal development and any further support required. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Correct staffing levels were in place.

People were supported to live health lifestyles and have access to the services of other health and social care professionals. The care and welfare of people using the service, and progress and strategies for promoting healthy lifestyle choices, eating a healthy diet, getting fresh air and exercise. Staff followed a consistent approach, and people felt valued, resulting in an increased sense of well-being, and reduced incidents of anxiety and challenging behaviour.

Information on how to make a complaint was available in easy read formats. People knew how to make a complaint if needed, and they were confident that their concerns would be listened to and acted upon as required.

No people using the service were receiving end of life care, and no advanced end of life care plans were in place. We have made a recommendation the provider seeks guidance on how to support people with learning disabilities with end of life care planning.

The staff worked in line with the Mental Capacity Act code of practice. People's consent was gained before any care was provided.

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.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm. Risks were fully assessed and appropriately managed.

Systems were in place to ensure people received their medicines safely.

Staff recruitment systems ensured people only received care from staff that were suitable to work at the service.

Accident and incidents were responded to appropriately and analysed to learn from them and reduce the risks of repeat incidents.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed, and the support plans identified the level of support people needed.

People received support from a staff team that had the necessary training, skills and knowledge. System were in place to provide staff with on-going training and support.

Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

### Is the service caring?

Good ●

The service was caring

People received kind and compassionate care and had maximum control over their lives.

Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised.

Staff had an excellent understanding of people's needs and

worked with them to ensure they were actively involved in all decisions about their care and support. Staff went the extra mile to ensure people were supported to achieve their goals and aspirations.

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

**Good** ●

The service was responsive.

People's care and support was based around their specific needs, goals and aspirations. People with behaviours that may challenge, were supported and empowered to manage their behaviours and be part of their community.

People using the service and relatives were supported to raise any concerns or complaints to improve the service. There was a visible complaints system in place that ensured any concerns were dealt with in a timely manner.

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

**Good** ●

The service was well led.

The leadership, management and governance of the organisation assured the delivery of high quality, person-centred care. The staff understood the vision and values of the service and they made sure people were at the heart of the service.

Staff were highly motivated, they worked as a team and were dedicated to supporting people to maximise and achieve independence. Staff were proud to work for the organisation and felt valued.

# Apple House

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 January 2019 and was unannounced and carried out by one inspector and an inspection manager.

Before the inspection, we reviewed information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as statutory notifications that had been sent to us by the provider. These detail events which happened at the service, which providers are required to tell us about.

We contacted commissioners to seek their views about care and support people received at the service. Commissioners are people who work to find appropriate care and support services for people.

We made general observations of how people using the service were supported by staff. We spoke with three people using the service, three care staff, two deputy managers and the registered manager / provider.

We reviewed the support plans and associated care records for three people using the service to ensure they were reflective of their needs. We looked at the recruitment files of three staff, and other documentation in relation to staff training and staff supervision and the overall management of the service.

## Is the service safe?

### Our findings

People were protected from the risks of abuse. The staff were aware of the safeguarding procedures to follow if they suspected or witnessed any forms of abuse. Records showed staff had received safeguarding training and regular updates to keep up to date with the safeguarding procedures. One staff member said, "I have had safeguarding training and would know what to do if anybody came to me with any concerns, or I noticed any signs of abuse."

The service supported people with needs, which sometimes placed them and others at risk. Records showed safeguarding incidents were taken seriously and raised as safeguarding concerns with the relevant authorities.

People's support plans contained risk assessments that identified any specific risks and behaviours presented by the person. The staff were fully aware of situations that could trigger certain risk behaviours and knew how to support people in the least restrictive way possible. They worked closely with people observing and responding appropriately to behaviours people presented. Staff team meetings took place regularly, giving the provider and staff an opportunity to reflect on incidents that had happened, to learn from them, and put in place measures to reduce the risk of repeat incidents. For example, one person was at risk of wandering into other people's bedrooms at night, and a best interest decision had been made to have a door sensor fitted to the person's bedroom door. Having the sensor alerted staff when the person was up and about, so they could provide support for the person, and protect them from entering other people's bedrooms.

The staff recruitment processes protected people from unsuitable staff working at the service. Records within the staff recruitment files we viewed confirmed the necessary employment checks had been completed before staff commenced working for the service. For example, Disclosure and Barring Service (DBS) checks and references had been obtained to ensure staff were suitable to work with people using the service.

People said there was enough staff available to support them. Staff also said there was sufficient staff available to meet people's needs. One member of staff said, "We have a good staff team, we don't use any agency staff, we have our own bank staff. Another staff member said, "As soon as there are any changes in people's needs, we speak with a social worker to discuss extra staffing if needed." During our inspection we saw the home was well staffed, and people received support in keeping with their assessed needs.

People received support with their medicines. Their support plans had sufficient information on the level of support needed to take their medicines safely. Staff received medicines training and competency assessments were completed to ensure they followed safe handling and medicines administration procedures. Staff told us they had also received training from the district nurse on how to safely administer insulin. Records showed that regular medicines audits took place to check staff consistently followed the medicines policy and managed medicines following good practice guidelines.

People were protected from illness due to the risk of cross infection. Infection control training was provided for all staff, which followed current good practice and legislation. A member of staff took on the role of infection control champion and they carried out routine infection control audits. We observed all areas within the home were clean and tidy and staff used personal protective equipment (PPE), such as disposable aprons and gloves when providing personal care and handling food.

## Is the service effective?

### Our findings

The people using the service knew each other very well as most had lived at the home prior to it being managed by the current provider. People told us they had been involved in the pre-assessments that had taken place prior to moving into the service, they also confirmed they were involved in routine reviews of their care.

People received care from staff that had the right skills and training to provide their care and support. They went through a comprehensive induction programme and worked alongside experienced staff to gain practical experience and build confidence in providing care and support for people using the service. One staff member said, "My induction was brilliant, one of the best I have ever had, it was very in-depth and covered everything you need to know." The staff said they completed refresher training courses using an online training resource. One staff member said, "I have just started a course on dementia awareness and I am also currently doing a level five in social care, they [the provider] are very supportive." The staff training records evidenced that staff received training based around current legislation and best practice guidance.

Staff received ongoing support and supervision, through regular individual one to one meetings and team meetings. A senior member of staff told us they held one to one supervision meetings with staff, and from the discussions training was provided that was specific to the staff's needs, to build on their confidence, knowledge and skills. The staff said the supervision meetings provided them with opportunities to discuss in confidence any issues or concerns, and training needs and the group meetings gave them a forum to discuss the overall needs of the service.

People were supported to eat and drink sufficient amounts. People's dietary needs were assessed, and any food allergies and intolerances were recorded in their support plans. We saw a range of gluten free ingredients and fresh home-grown vegetables were available.

The staff worked closely with people in making healthy eating choices, and pictorial menu plans were used to support people in making meal choices. The staff promoted people to be as independent as possible, to shop for their own groceries, take part in one to one cooking and baking activities and prepare and cook their own meals. For example, making their own curries and pizza toppings. The staff sensitively monitored the meals and snacks people had and worked with people to educate them about the risks of eating foods high in sugar and fat content. One staff member said, "We are working with [names of people] to help them understand the importance of maintaining a healthy diet, [name of person] is diabetic and needs to avoid foods high in sugar, although they are not really a sweet tooth person, which helps."

The service worked closely with other health and social care professionals in regularly reviewing people's care and support needs. For example, the GP, learning disability nurse, district nurse, social workers, occupational therapist, dietician, and a speech and language therapist (SALT). One staff member said, "The support from the speech and language therapist was brilliant they really helped with [name of persons] communication."

Since the new provider had taken over the service work had taken place to improve the quality of the environment for people. One staff member said, "Everyone staff and residents were really excited about the building work and planning new things for the home." When the provider took over the service they had all the bedrooms fully refurbished, and new UPVC, double glazed windows and frames had been fitted in all bedrooms. One person said, "My window has been replaced it is much quieter now in my room, much better." Comments from relatives were very complimentary of the improvements to the environment and how they were having a positive effect on improving people's well-being. For example, comments included, "A great environment is being built for the residents", "The changes being made to Apple House are amazing, I am sure the residents are happy with the differences, it has created a lovely atmosphere" and "What a transformation! the house has become so light. It has breathed a breath of fresh air into the home."

People had personalised their bedrooms to reflect their individuality and personal tastes. The provider told us at the request of people using the service they had a summer room, extension built to the rear of the building and all the bathrooms and WC's had been fully refurbished to include large walk in shower cubicles. They also said they had cleared the rear garden that had become completely overgrown, this had resulted in creating some parking spaces and seating areas for people to access the garden. The provider said they were next planning to refurbish the main kitchen and dining area and looking at the possibility of having a lift installed to ensure they could continue to meet people's needs as they grow older.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. The provider and staff had a good understanding of people's rights regarding choice, and mental capacity assessments were carried out with people. All efforts were made to make sure people with communication difficulties were supported to make informed decisions and choices. This was made possible by using a variety of methods using personalised pictorial guides for different scenarios, and the communication methods used by people were fully documented within their support plans.

One staff member said, "We never assume someone does not have capacity, we always look at the least restrictive options and use best interest decisions." The provider told us they had recently applied for a DoLS authorisation for one person using the service that would be at risk if they left the building unsupervised. People with DoLS authorisations in place received their care and support in line within the conditions of the authorisations.

## Is the service caring?

### Our findings

People received care and support that was very person centred. The feedback we received from people indicated they were all happy living at the service and the care and support they received. One person said, "I am happy here, all the changes that are being done are good. [Name of provider and their husband] are very good people. Another said, "Things are so much better now," indicating things had improved at the service since the new provider had taken on the service. A third person said, "I really like living here, I would not want to ever leave."

Relatives had written very positive comments in the visitors' book. Some of the comments included, "What a difference a year makes, a vast improvement with the new management," "I have seen how ultimately happy [Name of person] is, thank you to [Name of provider and husband] for making this a great success and a wonderful home for all the residents."

The staff took a pride in working at the service and this was demonstrated in their interactions with people using the service. One staff member said, "I have worked in other homes, it has a family feel here, it genuinely feels like an 'everyday' home. We do not wear uniforms, there is a relaxed atmosphere, it is their home." Another staff member said, "It is like a family, in fact the residents call themselves the Apple House family."

Staff told us that seasonal festivities and personal calendar events were celebrated. One staff member said, "It is [name of person's] birthday at the end of the month, he has asked me to make a cake for the other residents. It is done already, some of the other residents helped make the cake."

The staff took an interest in each person's specific interests. One staff member said, "It is very person centred here, we ensure we read all the care plans, individuality is the key." Another staff member said, "I really like working here as it is like a family, 'their family', if one person gets upset the other residents support them." A third member of staff said, "This is not 'just a job' for the staff, it is like a second family, we spend time with people, you get to know them." Having such knowledge helped staff relate with people, and to open-up conversations with people. We observed staff and people were obviously comfortable in each other's company, joking and laughing together.

People's privacy and dignity was fully respected by all staff. Each person had a detailed support plan that documented all aspects of their care and lifestyle choices. Staff followed clear guidelines on how to support people who sometimes displayed behaviours that challenged them and others whilst in public or certain social situations. The focus was always on maintaining people's dignity, whilst sensitively managing the safety of the person and others.

## Is the service responsive?

### Our findings

People's support plans were very person centred and reflected people's individuality. An equality, diversity and human rights approach was embedded in staff practice, supporting people's unique individuality. One staff member said, "I am keyworker to [Name of person], you need to be aware of how you word things, call him [First name] only. He is very easy going and has a great sense of humour. Most of the week he goes out and about, but he also likes to relax in the evening. He enjoys movie nights, bingo, and going out for walks." The support plans gave detailed information on the level of support each person needed to work towards achieving their goals. We saw photos were taken of the activities people had taken part in and these were used to re-enforce, with people the achievements they had made.

The ethos of the service ensured that all people and their relatives were fully involved in their care. Staff had an excellent understanding of all people using the service. They worked as a close team and were driven in providing person centred support to enable people to achieve as much independence as possible. Records showed that all aspects of people's support plans were routinely reviewed and updated with the involvement of people and their relatives.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. The service encouraged and promoted people to express their views, so they could effectively communicate their preferences, wishes and choices. One staff member said, I am the keyworker for a person with a hearing impairment. communication is key, we bought some new hearing batteries, and the hearing aids are working so much better, [Name of person] also lip reads. I have created a folder for [Name of person], with laminated pictures and photos, they will point to the pictures to indicate their preferences. They can also read and write short sentences." The staff member said, using the communication tool is working well, so much so [Name of person] is now starting to socialise more with the other people using the service. The provider also told us of how one person with claustrophobia, (a fear of small spaces), had made a personalised name plaque for their bedroom door, and through having the name plaque fitted to their door, they now felt much more relaxed when spending time in their bedroom.

We saw that a health professional had left a comment in the comments book, praised the staff for how they had been so dedicated to improving the person's communication skills. They said they were very pleased to see the staff had shown a real willingness to listen and put into action their recommendations. How impressed they were with the staffs 'can do' attitude, and the positive effect it had for the person using the service.

Some people required routine and structure in their day to day lives, and visual timetables supported them to structure their day. We saw that individualised communication sheets (grab sheets) were used when people attended pre-arranged or emergency medical appointments, they detailed the specific communication needs of the person and explained to the person why they needed to see the specific healthcare professionals.

People using the service were involved in various activities within the service and the local community. One person said, "We have fun, in the summer it was really nice to be out in the garden and go to the local parks." We saw that people took part in arts and craft sessions, at which people had made personalised plaques for their bedroom doors.

Some people did voluntary work on an allotment scheme called the 'Green Gym' and took pride in growing their own fruit and vegetables, which were also used in home cooked meals at the service. People did voluntary work in a charity shop, one person was a member of a woodwork group, and attended college and Sunday church services.

We saw people had weekly social events such as, 'Mocktail (non-alcoholic cocktails) and smoothie evenings. One person said, "There is always loads to do, today is my 'rest day'. I am involved in a theatre company and am playing the part of 'Elvis' for a talent show, we did a pantomime in November."

Themed learning weeks took place, where the staff discussed with people subjects such as, fire safety awareness, money awareness, personal hygiene, nutrition and understanding about personal boundaries. At the end of the learning weeks, people were presented with certificates.

All the staff said they enjoyed taking people on outings and day trips. One staff member said, "We are even willing to come in on our days off to take people on days out. They love it, we went to Skeggie, I volunteered to go, it was nice, we all really enjoyed it."

Information on how to make any complaints was available in written and easy read formats. People said they knew how to make a complaint if needed, and their concerns would be listened to and acted upon as required. At the time of the inspection there were no ongoing complaints.

Staff understood about confidentiality. People's care records were stored away securely when not in use and people had been asked and had given their consent for other health and social care professionals to read information about them.

At the time of the inspection no people were receiving end of life care. The provider said that end of life care would be discussed with people and their families when the need arises. This meant people's wishes as to how they would want their care to be provided at the end of life were not discussed in advance with them or their families. We recommend the provider seeks guidance on how to support people with learning disabilities with end of life care planning.

## Is the service well-led?

### Our findings

The registered provider was also the registered manager for the service. People benefitted from having a dedicated staff team that were highly motivated to enhancing their quality of life. One staff member said, "This is the best home I have worked in, [Name of provider] is amazing and so caring. She is always available for advice, she is very understanding, always pushing for the best with staff and has a soft spot for all the residents."

Another staff member said, "If we have any concerns they are addressed straight away, always new ideas with individual residents, all the staff work together." A third staff member said, "I could not wish for a better manager. [Name of provider and their husband] are great. The care is very good, the residents and the staff are very happy."

The provider and the staff team ensured people had opportunities to grow in confidence, develop life skills and boost their overall wellbeing. It was evident the provider and staff knew all the people using the service extremely well.

Systems were in place for people to discuss their needs in private and in resident meetings with other people using the service. Records showed that people were consulted about changes they wanted to the service. People had requested to have an extension built, so they could have a place to spend in quiet, or host visitors in private. As a result, the provider had a summer room built to the rear of the property.

We saw that people discussed plans for internal and external activities and were consulted about new people coming to live at the service and whether they were happy about this. People had completed satisfaction questionnaires, which were in easy read formats, using smiley and unhappy faces and the feedback from people was positive. Relatives were kept informed of their family members progress, one relative had commented '[Name of person] is now so much calmer.'

The staff team had a clear understanding of the values and principles of the service. We found they were passionate about continuously providing an increased quality of life for people, with a strong focus on inclusion and positive risk taking. The service had good links with the community and was committed to supporting people to develop social, communication and life skills and empower people to make their own life choices.

Established governance systems were in place and the providers policies and procedures were regularly reviewed. The provider ensured that any changes in legislation were shared with the staff team. The service responded well to any anticipated future needs for people and there was an ethos of continual development.