

B & L Property Investments Limited

Applecroft Residential Care Home

Inspection report

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Congleton
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Tel: 01260280336

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Applecroft Residential Care Home is a residential care home providing personal care to 19 people at the time of the inspection. Care is provided across three floors, with shared communal areas including a lounge and dining area and separate bedrooms.

People's experience of using this service and what we found

Systems to check and improve the standards of care were not consistently undertaken to drive improvements within the home. However, people and families told us the home was good and they felt involved in discussions. The registered manager and staff worked closely with other professionals and were responsive to suggestions for improvement. There was an improvement action plan in place and this work was ongoing.

The home had suitable systems in place when recruiting staff and there were sufficient staff to meet people's needs. Medicines were being securely stored and safely managed and people received the support they needed to take their medicine. There were appropriate systems to check and ensure equipment was maintained and the home was clean. We noted some improvements to manage the laundry were implemented immediately. Accident and incidents were managed, and action was taken to prevent reoccurrences, but we noted some improvements that could be made to the analysis of this so that learning can be shared.

People had choice, and preferences were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People were supported to access health care as needed and advice from health care professionals was implemented and care plans updated.

People and relatives told us staff were kind and caring and we observed positive and compassionate interactions between staff and the people living at the home throughout the day. People were encouraged to remain independent and care plans reflected this. People's privacy and dignity was maintained.

People received personalised care and support. There was a new activity coordinator and people could choose to engage in a variety of activities. People felt able to raise concerns and make complaints and told us these were addressed. Plans were in place for people who required support at end of life and staff were thoughtful and caring when supporting people and their families in this area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires improvement (published 10 September 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to Regulation 17 (Good Governance) as the provider did not have good systems for ensuring that checks of the quality of support and safety of the environment were regularly undertaken.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Applecroft Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one Inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Applecroft Residential care home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted key stakeholders including the local authority for feedback. We reviewed the information we held about the service including notifications the provider had sent to us and any complaints and compliments we had received. We used all of this information to plan our inspection.

During the inspection

We looked at four people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including three staff personnel files, staff training records, policies, procedures and quality assurance audits. We also looked round the premises.

We spoke with 13 people who used the service and 2 relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found where there had been concerns about a staff member's conduct agreed actions had not been followed and documentation was poor. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our findings at this inspection are discussed further in the well led section of this report.

- At our last inspection, we found that the provider did not always follow up on actions identified following a safeguarding concern. At this inspection, we found that investigations were undertaken and actions followed up to safeguard individuals.
- People felt safe at Applecroft residential care home. They said, "I feel safe as houses" and, "If I'm sat here there is always someone to help."
- There were policies and procedures to ensure people were kept safe and staff have all completed relevant training and understood their safeguarding responsibilities. The provider used the 'Herbert protocol' to ensure they had the relevant information to help the Police should a person go missing from the home. This is important for care homes supporting people living with dementia who become disorientated to their surroundings and have a lessened awareness of potential risks.

Staffing and recruitment

- Appropriate recruitment checks were in place. The registered manager completed checks of staff's character, and with the Disclosure and Barring Service (DBS). These checks help to protect people from the risk from unsuitable staff members being employed.
- The registered manager completed interviews with prospective employees as part of the recruitment process. We spoke to the registered manager about how to improve the interview process using evidence-based guidance. The registered manager told us they recognised the interview process could be improved and were keen to implement new ideas in this area.
- There were sufficient levels of staff to meet people's needs. Staff told us, "I think there is generally enough staff." and, "Staffing levels are ok, but it's a big responsibility if we have to cover the kitchen as well. We need a full time cook." The registered manager was aware that staff had these concerns and was in ongoing discussions with the registered provider about recruitment.

Assessing risk, safety monitoring and management

- The registered manager had systems for completing safety checks and audits. However, these were not always completed in a systematic way. This is discussed further in the well led section of this report.

- People had individual risk assessments in place. These included risk assessments for behaviour, falls, skin integrity and other areas depending upon the person's known risks. These provided staff with guidance on how to support people and manage these risks.

Using medicines safely

- Systems for supporting people to safely taking their medicine were in place to guide staff. Medicines were securely stored in a suitable environment and an accurate record of administration was being recorded. There were systems in place for daily temperature checks and we saw these were being completed.
- People who had 'as required' medication, such as paracetamol for pain management, had protocols in place to guide staff as to when a person may need these types of medicine. Where these were in place they were specific and person-centred.
- People's medicines had be reviewed by the local medicines optimisation team and action taken to ensure people were only taking the medicines they needed to manage their current health conditions.

Preventing and controlling infection

- The home was clean and tidy. There were cleaning schedules in place throughout the home and checks were being maintained.
- We visited the laundry and saw the laundry was small and a little untidy and disorganised. There was no clear dirty to clean path being used at the time and red bags being used for soiled laundry had not been secured. The registered manager told us about plans they had to improve the space and steps were immediately taken to reduce the risk of cross contamination whilst this work was being planned.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor accident and incidents and action was taken to reduce the risk of future occurrence. The registered manager completed analysis and looked for themes and trends. We noted that this was not always done in a timely way and this is discussed further in the well led section of the report.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before people started to live at the Applecroft residential care home. These included information about the support people needed and how these needs were to be met. This helped ensure the staff could provide people with the support they needed. This was continually reviewed as people's care and support needs changed.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to complete their role. Staff were all up to date with their mandatory training which included fire, moving and handling, health and safety and dementia.
- Staff told us they felt the training they had received had covered everything and overall they felt they were well supported through regular supervisions and appraisal. Staff told us, "Training was quite good really, nothing was missed." and, "Training covered everything we needed. It was all hands on training and the support is lovely. If you need to talk to anyone, the registered manager is always available."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a good diet and those with additional needs had care plans and risk assessments in place to help staff meet their needs.
- People were referred to specialist services such as the Speech and Language Therapy (SALT) if they were struggling with swallowing or the dietician if there were concerns about diet and weight loss, for assessment and advice. Information from professionals was incorporated into people's care plans and clear information about how people needed their meals and drinks prepared was available for staff.
- People told us the food was good. Meals looked hot and appetizing and mealtimes were a social experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from other agencies as required. Records confirmed the registered manager worked closely with other professionals such as doctors and district nurses to meet people's individual health care needs.
- One relative told us, "They know my [family member] well, those little key things. Staff know when to reassure them. They always contact GP if needed and they see the chiroprapist regularly."

Adapting service, design, decoration to meet people's needs

- The decor of the home was dated and there was an improvement plan in place to redecorate the

premises.

- People had personalised their bedrooms, and in some cases, these had been redecorated in accordance to the person's preferences.

We recommend full consideration is given to best practice guidance when planning to redecorate the home to ensure it meets the needs of those living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff supported people to make choices about their daily life as much as possible and these choices were respected. We observed that staff obtained consent from people either verbally or non-verbally.
- Staff completed training in MCA and DoLS and care records contained information about people's capacity and where restrictions were in place authorised under DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and families all confirmed that staff were kind and caring. People told us, "Staff are very nice and treat me very well." and "They could not be any better to me." Relatives told us, "To me it is absolutely brilliant. The staff are fantastic, the interaction is good, staff really care about the residents." and, "The staff are focussed on the residents. They are kind, sit and talk with them, a one to one chat and I am happy family member] is here."
- We observed kind and caring interaction between staff, the people living at the home and visitors. Staff knew people well and understood their preferences and used this knowledge when supporting people at times of anxiety and distress to provide effective reassurance.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decision making and respected people's choices. People said, "I could do [certain activities] but it is my choice not to." and, "If I need anything changing or I want anything I just speak to staff." People gave us numerous examples of how their choices were respected on an everyday basis in terms of when they got up and when they went to bed, and where they choose to spend their time and what they chose to do.
- Care records demonstrated people and other relevant individuals, including families and professionals, were involved in developing and reviewing care plans. People's preferences were reflected within these records and care was delivered in line with this.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People said, "If staff come to my room they always knock before they come in." and, "[staff] behave properly with me."
- We observed that people were supported to be as independent as possible and remain mobile was encouraged. One person told us, "They help me with things I can't manage." and a family member said, "Staff know when to give [family member] their privacy and independence."
- Staff were respectful of people and discrete when supporting people with personal care. One relative told us. "Staff are very good and know how to deal with [family member's] behaviour and are very patient with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control over their care. One person said, "I have everything I need." People were free to move around their homes and could choose to stay in their bedroom if this was their preference. Relatives told us they felt involved and one relative said, "Staff keep us updated, they are really good like that. They know [family member] well, those little key things, they know to reassure them when we are not about. They know what they like to drink and eat." And another told us, "I always feel involved."
- People's care plans and risk assessments were personalised according to their individual needs and reflected the person's preferences and wishes. Staff were aware of people's preferences and care was delivered in line with these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood how to meet people's communication needs and could adapt information to meet the needs of individuals whether this be large font or in a different language. For example activities such as crosswords and bingo cards were provided in large print.
- Communication picture cards were in use for one person to support their ability to effectively communicate their choices and preferences. The care plan reflected this and provided staff with guidance on how this form of communication should be used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged with a variety of activities. A new activity co-ordinator had begun to develop an understanding of people's interests and preference and was developing relationships with external agencies, such as local schools and voluntary groups, to meet people's needs. The activity coordinator had plans for develop activities for those who did not wish to engage with groups.
- We saw relatives and friends were welcomed when visiting people at the home. Staff knew people and their visitors and made effort to support relationships and provide family members with updates, as required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people and relatives told us they felt able to raise concerns.

People told us, "I don't have anything to complaint about." and, "If I had anything to say I would say it or my relative would."

- Relative told us, "The staff are fantastic. I have no complaints. I feel able to approachable them, the registered manager and deputy manager are good. I feel they would do something if needed." and, "I have no complaints and I speak to other relatives and, from what they tell me, they are of the same opinion that the place us very good and looks after people very well."

End of life care and support

- During our inspection, we observed the thoughtfulness and consideration staff had when providing people and their families with end of life care. The staff worked and supported each other as a team and ensured the person's dignity and privacy was protected during this time.
- End of life care plans were completed for people who wished to have these discussions and family members were involved. Appropriate paperwork was in place, such as 'Do not attempt Cardio pulmonary resuscitation' (DNACPR) when these decisions had been out in place.
- Staff had completed training in this area and worked closely with other services such as doctors and district nurses to provide appropriate care and support for people at end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there had been limited progress to improve systems to assess, monitor and improve the quality and safety of the services provided.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were systems in place to analyse incidents and accidents. However, the analysis was not always being completed in a timely way to ensure lessons learnt were applied to all those who might be at risk. Follow up actions from concerns and safeguarding, such as in relation to staff conduct appeared to be followed up. We noted the registered manager did not have protected time to complete administrative roles as they were often required to support care staff on the floor and consequently some administrative tasks did not get completed.
- The provider and registered manager undertook various audits within the home. These were not always done in a structured way to ensure all areas for quality improvement were covered.
- There were systems for daily checks of the environment, but these were not being completed on a regular basis. This meant that potential hazards may not be quickly identified and addressed, placing people at potential risk. For example, the issue with laundry had not been identified as regular checks were not being undertaken

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate oversight was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about how the home was run. They told us, "This place is a little gem hidden away." and "Overall I would say the place is efficient. I can't think how it could be improved." Another person said, "The registered manager and carers are easy to speak to. I could not be in a better place."

- People and relatives told us staff were proactive in arranging support. One relative said, "Staff think ahead and if they see that something is wrong or needs changing they will do it, such as getting a more comfortable bed for my [family member]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were kept informed of any issues that affected their family member, such as accidents and incidents. They told us, "They always keep me informed of what is going on." and, "Staff are very professional. They keep us updated."
- The registered manager had notified CQC of significant events such as safeguarding concerns and was aware of their responsibility regarding duty of candour.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw the rating was displayed in the reception area along with other information about the provider's registration with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked closely with other organisations and health care services to ensure people received appropriate care and support. This included medical and social care professionals such as district nurses and mental health professionals. One professional told us, "We found all the staff to be friendly and receptive to our proposals and they actioned our requests."
- People and families told us they felt involved in improving care as part of individual reviews, however there had been no recent meetings for residents and relatives to have formal discussions about the quality of the service
- The registered manager held staff meetings. These meetings were used as an opportunity to provide updates on changed and share learning and improvements within the home.

Continuous learning and improving care

- The registered manager was receptive to feedback and took immediate action to address areas of concerns and implement improvements.
- The service had a range of policies and procedures to guide staff on what was expected of them within their roles.
- The provider had an improvement action plan, which included updating the environment, and work in this area was ongoing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for oversight and checks were not sufficiently robust drive quality improvement within the home. Regulation 17 (2) (a) (b) .