

Applegarth Care Home Limited

# Applegarth Care Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Applegarth Care Home is a 20 bed care home in Maidenhead. Slough. Some people were living with dementia. At the time of our inspection the service supported 18 people.

People's experience of using this service:

The provider's quality assurance systems were not always effective, and some records were not always accurate or complete. People, relatives and staff were complimentary of the registered manager and the management team. The registered manager promoted a positive, transparent and open culture where staff worked well as a team. The provider worked well in partnership with other organisations.

People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to people's safety and well-being were managed through a risk management process.

There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

People had their needs assessed prior to receiving care to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.

People were supported to meet their nutritional needs and maintain an enjoyable and healthy diet.

People were treated with respect and their dignity was maintained. People were also supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.

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 relatives knew how to complain, and a complaints policy was in place. People's input was valued, and they were encouraged to feedback on the quality of the service and make suggestions for improvements. People had access to a wide range of individual, meaningful activities.

The service met the characteristics of Good in Safe, Effective, Caring and Responsive. The service was Requires Improvement in Well-Led. This is the services first rating under the new provider.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

# Applegarth Care Home

## 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.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

Applegarth Care Home is registered to provide accommodation and nursing or personal care. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and took place on 16 May 2019.

#### What we did:

Before the inspection, we asked the provider to complete 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 looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with four people, a relative, a visitor, three care staff, the chef, the activities coordinator, the provider and the registered manager. We also spoke with a visiting healthcare professional. During the inspection we looked at four people's care plans, three staff files, medicine records and other records relating to the management of the service. We also contacted two other healthcare professionals for their

opinions on the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe. One person said, "I feel safe".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I would contact my manager and CQC (Care Quality Commission)".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff knew how to support people to manage the risks. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person mobilised independently using a walking frame. Staff were guided to supervise the person and prompt them with safety. We observed staff following this guidance.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Using medicines safely:

- People received their medicines safely and as prescribed.
- People's medicines were stored securely and in line with manufacturers' guidance.
- The registered manager ensured people's medicine were administered by trained and competent staff.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on incidents where a lesson could be learnt, and the team used this as an opportunity to improve the experience for people. For example, one person suffered a fall. Following treatment, the person was referred to the district nurse and measures put in place to support the person with their mobility.

Staffing levels:

- People told us there were sufficient staff. One person said, "Yes there's enough [staff]. They don't keep you waiting".
- There was enough staff to support people's needs. Staff were not rushed in their duties and had time to sit and talk with people. One staff member said, "I think we have enough staff here to support our residents".
- Staff rotas confirmed planned staffing levels were consistently maintained.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment such as gloves, hand gel and aprons.
- The environment was clean and free from malodours.
- One staff member told us, "We are trained in infection control and we're provided with all we need to keep the home clean and prevent cross contamination".

# 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.

Good: 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 needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance. People's communication needs were identified in line with Accessible Information Standards. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist and optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.
- One healthcare professional told us, "This place is home from home, it's lovely. We have an excellent working relationship with this home".
- The service worked closely with health and social care professionals to ensure people were supported in a way that maximised their health and well-being.

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "I enjoy the food. I am happy with wholesome food".
- Where people were at risk of weight loss a malnutrition universal screening tool (MUST) was used to manage the risk and monitor the person's weight.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss work practice and raise issues. One staff member said, "I have supervisions where I can raise issues and speak my mind. They do listen".

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

- People's rooms were personalised, and people were able to bring in their own possessions. People had photographs and mementoes to make them feel at home.

- There were comfortable communal areas where people were able to spend time together.

#### 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff worked to the principles of the MCA. We observed staff seeking people's consent when offering support. One staff member said, "I assume everybody has capacity until proven otherwise. We work in their best interests if they [people] struggle with decisions".
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.
- Most records relating to the MCA were reviewed, accurate and up to date. However, one consent document had been signed by a relative. The registered manager believed this relative was legally authorised to do so but could not provide us with any evidence that this was the case. The registered manager immediately removed this document as the relative was not legally authorised to sign on this person's behalf.

# 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

Good: 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 relatives confirmed staff treated people in a caring way. One person said, "Staff are very caring, a good group of people". Another person said, "Staff have always been very fine".
- Staff knew people's individual needs very well as they had built up trusting relationships. One staff member said, "I love my job, I just love looking after people".
- People's well-being was assessed, and any needs were highlighted. This allowed staff to support people emotionally, as individuals.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. For example, care plans contained details that supported people's communication needs such as, cleaning glasses or supporting with hearing aids. We also witnessed staff explaining procedures to people to aid their understanding and involvement.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. For example, one care plan highlighted, '[person] will request assistance if needed'.
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider recognised people's diversity and had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons. Computers were password protected.

## Is the service responsive?

### Our findings

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

Good: Peoples needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and personalised. There was evidence that relatives were invited to participate in care plan reviews with people.
- People were supported to undertake activities and follow their interests. One person said, "We do quizzes and I enjoy that". Another person said, "We do different things".
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- One person told us, "Staff show interest in you personally". One staff member said, "We treat people as individuals here. They [people] are all different".

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and records showed any concerns raised were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint and were confident action would be taken. Details of how to complain were posted around the home. One person said, "I can't think of any concerns. I'd raise concerns with the management".
- The registered manager monitored feedback from people and their relatives and used this information to improve the service. For example, where people had suggested changes to the menu, these changes were being implemented.

End of life care and support

- There were systems in place to record people's advanced wishes. This included funeral arrangements and whether people wished to be resuscitated in the event of a cardiac arrest.

# 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

Requires improvement: Service management and leadership systems 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

- Quality assurance systems were not always effective, and records were not always accurate or complete. For example, we identified a particular medicine was no longer being administered to one person. Staff told us the GP had, "Stopped the medicine". However, there was no record from the GP to this effect. We were later able to confirm with the GP this medicine had been stopped. Recent medicine audits had failed to identify this concern. However, this inaccuracy did not impact on the person's care.
- Some records relating to the Mental Capacity Act and consent were also found to be inaccurate. Again, systems to monitor these records had failed to identify our concerns. We spoke with the registered manager and provider about these concerns. The provider said, "We will learn from this and rectify these issues immediately".
- Other audits were used to improve the service. For example, one audit identified temperatures had increased in the hot weather that could affect the safe storage of people's medicines. The registered manager installed a fan in the storage room to help regulate the temperature.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by the provider. We saw a positive team culture that was clearly embedded within the service. The registered manager told us, "I am well supported by the provider and I have an excellent staff team".
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they knew the registered manager and had confidence in the service and provider. One person said, "I think this home is well run".
- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner.
- Staff spoke positively about the registered manager. Comments included; "He [registered manager] is approachable and he listens. I can talk to him" and "The manager has been very flexible with my shift patterns". A healthcare professional said, "Communications here is excellent".
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to attend meetings, complete surveys or raise any comments. Surveys for people were conducted and the latest results were positive.
- Staff kept in regular contact with people's relatives to reassure them and shared information.
- Staff told us they felt listened to and valued. Regular staff meetings were held where staff could raise and discuss issues.

Continuous learning and improving care

- The registered manager ensured where an area of improvement had been identified they acted promptly to address it. For example, one person suggested a 'comments book' be placed in the entrance to the home so that visitors could leave their comments. We saw a comments book was in place. The registered manager had also introduced 'hospital passports' for people. This meant relevant information accompanied people if they had to visit the hospital.

Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- The service also worked in partnership with the local authority.