

Regal Care (Liverpool) Ltd

Appleby Court Care Home

Inspection report

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Date of inspection visit:
26 April 2023
03 May 2023

Date of publication:
19 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Appleby Court is a care home providing accommodation, personal and nursing care for up to 60 people; some of whom live with dementia. Accommodation is provided over two floors each of which have separate adapted facilities. At the time of our inspection 19 people were using the service and all were accommodated on the ground floor.

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

Risk assessments and care plans were completed on a new electronic care planning system introduced since the last inspection. Risks to people's health, safety and wellbeing were set out in their care plans along with guidance for staff on how to provide people with safe care. Records used to monitor risk included the required information about people's needs and how they were to be met.

Safe infection prevention and control (IPC) procedures were followed. The safety, hygiene and cleanliness of the environment, equipment and utilities were monitored through regular checks and audits.

Managers and staff understood their responsibilities in relation to safeguarding people from the risk of abuse. Allegations of abuse were referred to the relevant authorities without delay and safeguarding records were well maintained. People told us they felt safe and family members confirmed this. Records confirmed there had been an increase in the completion of safeguarding training since our last inspection.

Medicines were managed safely stored and administered by staff who had the necessary skills and competence. Medication administration records (MARs) were overall well kept, however handwritten information entered onto some people's MARs had not been signed by the scribe and checked by a second person to ensure the accuracy of the information recorded in line with best practice. The manager addressed this immediately.

Systems were in place to record and analyse accidents and incidents. Records were well maintained, and the outcome of reviews were shared with staff to ensure learning from incidents took place.

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.

A manager had been appointed to work at the service since our last inspection. They commenced this post in February 2023 and had applied to the Care Quality Commission (CQC) to become the registered manager.

Systems and processes for assessing, monitoring, and improving the quality and safety of the service had improved. Newly implemented checks and audits were completed across the service and areas identified for improvement were actioned. There was improved oversight of the service on behalf of the provider. Monthly

meetings were held with managers and the provider's representative where key areas of the service were discussed and evaluated. Action plans were developed for any areas where audits identified improvements were required.

Records relating to people's care and the running of the service had improved. They were well maintained and regularly reviewed to make sure they were accurate and up to date. People, staff, and family members were provided with opportunities to feedback about their experiences of the care provided. There was improved partnership working with others including external health and social care professionals.

There were enough suitably skilled and qualified staff on duty to meet people's needs and keep them safe. No new staff had been recruited since the last inspection; however, policies were in place to ensure staff were recruited safely. Checks were carried out to assess the fitness and suitability of agency staff. Nurses' personal identification numbers (PINs) were checked monthly to make sure they remained valid.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 October 2022) and there were breaches 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 we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 8 and 13 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Appleby Court Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Appleby Court 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The first day of the inspection was carried out by 2 inspectors 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. The second day of inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. A manager had been appointed and had applied to CQC to become the registered manager.

There is a nominated individual appointed by the provider. The nominated individual, referred to in the report as the providers representative, is responsible for supervising the management of the service on

behalf of the provider.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 5 people and 2 family members about their experience of the care provided. We also spoke with the manager, deputy manager, 6 care staff, 2 nurses, the maintenance person and 3 ancillary staff.

We reviewed a range of records. This included 4 people's care records and a selection of people's medication records. A variety of other records relating to the management of the service, including audits and checks were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's safety had improved. However, improvements made were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider failed to assess the risks relating to the health safety and welfare of people and systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

At our last inspection the provider had failed to ensure accurate and complete records were kept in respect of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Risks to people's health, safety and welfare were assessed, monitored, and managed using improved processes and systems. However, there was limited evidence to show sustainability as the improvements had only recently been made.
- Since the last inspection the provider had replaced the previous paper-based care planning system with an electronic system. All care staff had a handheld device giving them quick access to each person's care plan and associated care records including risk assessments and care monitoring records.
- Risk assessments were more thorough and detailed. They provided staff with clear information about the risks people faced and guidance on how to manage risk. For example, the use of specialist equipment for people at risk of falls and skin breakdown and the monitoring of food and fluid intake for people at risk of dehydration and malnutrition.
- Care documentation now included the required information about people's care needs. For example, records were completed for people assessed as being at risk of dehydration to show if they had achieved their target fluid intake within a 24-hour period. Monitoring records were completed by staff in real time using their hand-held devices. Any new risks identified through ongoing monitoring of people's care were quickly acted upon.
- Regular welfare checks were carried out and recorded for people unable to operate a nurse call bell.
- Each person now had an up-to-date personal evacuation plan (PEEP), and they were kept under review.

PEEPs were held in a grab file near to the entrance of the service making them easily accessible to those that needed them in the event of an emergency.

- Regular health and safety checks were carried out and recorded on the environment, utilities, and equipment.
- There was a more robust system in place for recording incidents, such as accidents and safeguarding concerns.
- Records included a detailed account of the incidents, any immediate action taken to reduce risk and lessons learnt to avoid further occurrences. Lessons learnt were shared with the whole staff team through briefings and meetings.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were safely stored and administered by suitably trained and competent staff.
- The medicine room was now kept locked when unsupervised. Daily temperature checks were now carried out on the medicines room and medicine fridges and a record of the outcomes were maintained.
- Handwritten medicine records (MARs) had been appropriately completed most of the time. However, there were two examples where handwritten information had not been signed by either the scribe or checked by a second member of staff in line with best practice guidance. The manager assured us they would follow this up and take appropriate action to ensure medicine records were consistently completed.

Preventing and controlling infection

At our last inspection the provider failed to assess the risk of the spread of infections. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- We were assured the provider was using PPE effectively and safely. Staff were now wearing face masks appropriately and they had access to a good supply of the right standard of personal and protective equipment (PPE) which they disposed of safely after use.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- Although there had been no new admissions since the last inspection we were assured the provider had processes for admitting new people safely to the service.
- On the first day of inspection there was a COVID-19 outbreak. We were assured the provider was managing this effectively to minimise further spread.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The cleanliness and hygiene of the environment was maintained to a high standard.

Visiting in care homes

- Visits to the service were carried out in line with government guidance.

Staffing and recruitment

- There were enough staff on duty with the right qualifications, competence, and skills to meet people's needs and keep them safe. Contingency plans were in place to maintain safe staffing levels in the event of unexpected staff absence. The use of agency staff had reduced since the last inspection.
- Staffing levels and skill mix were calculated based on occupancy levels and people's needs. Staff were visible across the service, and they responded in a timely way to people's calls for assistance.
- People and family members in the main felt there were enough staff to meet people's needs. Their comments included, "The staff are always available to speak to and if I had a problem with anything" and "I think there are enough staff."
- Policies and procedures were in place to ensure staff were recruited safely. No new staff had been recruited since the last inspection. However, robust systems were in place to assess the fitness and suitability of applicants and agency staff. The manager carried out monthly checks to ensure nurses were correctly registered and their personal identification numbers (PINs) were in date.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- All managers and nurses had now completed safeguarding training and were familiar with local safeguarding policy and procedures. They were knowledgeable about their responsibilities to prevent, identify and report abuse. Over 70% of care and ancillary staff had also completed safeguarding training and further training was planned for the remaining staff.
- Appropriate action was taken in response to any allegations of abuse. Safeguarding referrals were promptly made to the appropriate authorities for investigation and immediate action was taken to minimise further risk of harm to people. Records were maintained of safeguarding incidents and the actions taken.
- People told us they felt safe, and that staff treated them well. Their comments included, "I do feel safe here, the staff are nice day and night" and "Yes, I feel very safe." A family member told us, "I feel that my [Relative] is very safe when I'm not here, I don't worry about that."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had improved. However, improvements made were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

At our last inspection systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were improved systems and processes operated at the service to assess, monitor, and improve the quality and safety. However, there was limited evidence to show sustainability as the improvements had only recently been made.
- A new manager was appointed in February 2023 and had applied to the Care Quality Commission (CQC) to become the registered manager. A deputy manager was also in post, and both managers had a clear understanding their role and responsibilities and regulatory requirements.
- There was improved oversight of the service on behalf of the provider. The quality and safety of the service was monitored through monthly provider meetings attended by the provider's representative and the manager. Key areas of the service were discussed and evaluated, and actions were set for any areas of improvement identified.
- Records relating to people's care and treatment and the running of the service were well managed. Risk assessments, care plans and monitoring records were now kept up to date to reflected people's needs, and how they were to be met. Policies and procedures, service and maintenance records, audits and reviews and action plans in response to risk and incidents were now well maintained.

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

- Managers promoted a positive culture. There was a relaxed and friendly atmosphere at the service, and staff interacted positively with people.
- Changes made at the service had improved outcomes for people. Care and support were planned, delivered, monitored, and reviewed in a person-centred way.
- People were included in decisions about their care and empowered to make choices. People, staff, and

family members told us they felt involved and listened to, their comments included, "If I have a problem any of the staff will answer my questions," "The staff are always available to speak to and if I had a problem with anything I feel I can say to them." "I can talk to any of the staff if I need anything" and "We have Flash Meetings every morning when the manager is here and get an update as to what's happening."

- Managers operated an open-door policy and welcomed everyone's feedback, views and opinions about the service and ways to improve it.

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

- The manager was open and honest with people, their family members, and others about previous failings and their plans to improve the quality and safety of the service.
- The manager shared appropriate information about incidents, investigations, and outcomes with others they needed to know. The required notifications were now sent to CQC without delay.

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

- There was good partnership working with others.
- Managers had established positive working relationships with external health and social care professionals. This included GPs, specialist nursing teams and local authority commissioning and safeguarding teams. Prompt referrals were made for people to the appropriate specialist or agency, and they worked together to make sure people received the care and support they needed.
- We received positive feedback from other professionals about improved partnership working with them.
- People, family members and staff were engaged and involved in the running of the service through more regular meetings, surveys, newsletters, and other lines of communication. Meetings were recorded and evidenced topics discussed and people's feedback.