

Luton Borough Council

Applegrove (Domicillary Care)

Inspection report

St Kilda Road
Lewsey Farm
Luton
Bedfordshire
LU4 0UP

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Website: www.luton.gov.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Applegrove (Domiciliary Care) provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing and this inspection looked at people's personal care and support service. At the time of the inspection, 5 people were being supported by the service .

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe, and were supported by staff who understood safeguarding procedures. There were sufficient staffing numbers in place to support people.

Risks were assessed and staff understood what risks were present in people's lives. Medicines were administered safely by staff who were trained to do so. Staff were recruited using safe recruitment measures.

Accidents and incidents were recorded and responded to in a timely manner.

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.

The staff team were well supported and understood their roles. Staff were supervised and monitored by the management team.

Audits and checks were in place to identify any issues, and prompt action was taken as required. Staff and people told us that communication was good within the service.

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 good published on 20 December 2017.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Applegrove (Domicillary Care)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we met and spoke with 2 people who used the service. We also spoke with 2 carers, 1 team leader, and the registered manager. We looked at 2 people's care plans and associated risk assessments, staff recruitment files, audits and staff training records.

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 Good. The rating for this key question has remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safely supported by the staff within the service. One person said, "It's very safe and I'm looked after well." Another person said, "I am safe with staff, and they are respectful."
- The staff we spoke with understood safeguarding procedures and the signs of abuse. One staff member said, "We would report any concerns to management and records everything. We know the numbers to ring if we need to report it higher up."
- The registered manager notified the relevant authorities as required when any safeguarding concerns were present.

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA, people's capacity to make decisions had been considered, and people told us staff always gained consent before providing any care.

Assessing risk, safety monitoring and management

- Risks present within people's lives was assessed to ensure that staff could work safely with people. This included risks around any healthcare needs, mobility, the environment, and medicines.
- Staff told us they felt risk was managed well, and they were not asked to undertake tasks they were not trained to do, or had not been safely assessed for risk.

Staffing and recruitment

- There were enough staff available to meet people's needs. People lived in their own flats, within a larger building which had staff available at all times. People told us that staff came promptly when alerted.
- Safe recruitment procedures were used. This included ID checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

Using medicines safely

- Medicines were administered safely by staff who were trained to do so. The medicine administration records we looked at were accurately completed and checked by management for any errors.

Preventing and controlling infection

- People told us that staff used the appropriate personal protective equipment (PPE) when supporting them, and staff told us they had suitable amounts of PPE in stock.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail when they occurred and were reviewed by management staff. We saw that prompt action was taken, and information was shared with staff to reduce the risk of recurrence.

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 Good. The rating for this key question has remained Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service, and people felt empowered by staff. One person said, "It has been very good so far. I'm very happy with the staff, they help me a lot and do whatever I ask of them."
- Staff and management we spoke with were positive about the people they were supporting, and told us that morale was high within the staff team, and staff were motivated to provide good care.

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 registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

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

- Staff told us they were well supported by management staff. One staff member said, "The team leader and registered manager make you comfortable and want to work more. They sit and listen." Another staff member said, "Things are dealt with well, the managers are approachable."
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and were confident that risks were well managed. One person said, "I can go to the office and speak about any problems if I have them."

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

- People felt able to feedback on their care and felt engaged with. This included formal feedback through questionnaires. Results we viewed were positive, as was verbal feedback obtained from people using the service.
- Staff understood and respected people's equality characteristics. Care plans explained people's lifestyles and choices, and how staff should support people according to their individual needs. People told us staff understood who they were, and how they preferred support.

Continuous learning and improving care

- Systems and processes were in place to ensure that all aspects of the service were checked and monitored. This included detailed audits, spot checks, and observations on staff. The registered manager

conducted checks and provided follow up action as required. This was also regularly reported back to the provider for further oversight.

- Staff told us that communication was good, and that information was passed to them in a timely manner. Team meetings were held to inform and update staff on subjects such as people using the service, training, and safeguarding.

Working in partnership with others

- The staff and management worked in partnership with outside agencies to ensure people were getting the support they required. This included health and social care professionals.