

Cuerden Developments Ltd

Cuerden Developments Limited - Appleby Court

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 12 June 2017 and was unannounced. At the last inspection, in February 2015, the service was rated Good with requires improvement in our question 'Is this service safe?' At this inspection we found that the service remained Good and rated Good in all of the five key questions.

Cuerden Developments Limited – Appleby Court Care Home is a purpose built, two storey care home which provides both nursing and residential care for a maximum of 81 people. At the time of the inspection there were 67 people using the service.

The service had a registered manager. 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.

People received safe care. People received their medicines in the way that had been prescribed for them. People's individual care and support needs were met and systems were in place to protect people from abuse and avoidable harm. Risks to people's health and wellbeing were identified, managed and reviewed. There were enough staff available to meet people's needs who had been employed in line with the provider's safe recruitments procedures.

The care that people received continued to be effective. People made decisions about their care and staff sought people's consent. Where people lacked capacity they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. People received supported with their health care and nutritional needs. Staff received training to meet the specific needs of people who used the service.

The care people received continued to be good. People were treated with dignity and staff were caring and kind. Staff helped people to make choices about their care and their views were respected. The care records detailed how people wished to be cared for and people received individualised care and support that met their needs.

The care people received continued to be responsive. People were involved in the care and support they received and relatives continued to play an important role. Where people had any concerns they were able to make a complaint and this was responded to.

The service continued to be well-led. Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service on how improvements could be made. The manager promoted an open culture which put people at the heart of the service.

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. People's medicines were managed well. People were protected from the risk or potential abuse because staff knew how to safeguard them. Care practices promoted people's well-being and safety. Staff were in sufficient numbers to meet people's needs and were employed using safe recruitment procedures.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 12 Jun 2017 and was unannounced.

The inspection team consisted of two 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.

Before the inspection, the provider completed 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 notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with 12 people who used the service about their care and support and with 10 relatives and visitors to gain their views. Some people were less able to express their views and so we observed the care and support they received throughout the day. 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.

We spoke with the registered manager, two registered nurses, eight care staff and a member of the ancillary team. We looked at care records for seven people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

At our previous inspection we judged the service was not consistently safe and we recommended that the service consider current best practice guidance on administering medication. We saw improvements had been made.

People told us they received their medicines when they needed them and staff spoke with them and explained what the medicines were for. One person said: "Oh yes, I need help with my medicines and the seniors give me my medications at the right time". We saw and staff told us people received their medicines at the prescribed times. Staff received training to ensure medication was stored, administered and disposed of correctly.

Some people had been prescribed medicines that could be taken when needed and as required. We saw information had been provided to inform staff of when and how often these medicines could be offered. We saw some people had been prescribed these as required medicines to help when they were feeling anxious and distressed. The nurses explained how and why individual people needed these as required medicines and we saw a record was made each time they had been administered. This meant people received their medicines in a consistent and reliable way.

People who used the service told us they felt safe, secure and comfortable. A person who used the service told us they felt safe and said: "Nothing frightens me". A relative said: "(Person's name) is looked after well and is kept safe". Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and told us they could speak with the registered manager if they had any concerns. The provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm.

People's risks had been assessed, managed and reviewed and action had been taken to protect people from the risk of harm. Some people needed support with moving between areas and needed staff to help them. The staff worked in a safe manner when helping people with their mobility. People had their walking frames within easy reach so were able to use them when they wished to move around.

Some people were unable to weight bear and so required staff to support them with the use of a mechanical hoist. We saw people being hoisted in a calm and measured way, consideration was given to their comfort and wellbeing. Staff consulted with the person and then informed them that the hoist was to be used. People were put at ease and reassured during this manoeuvre.

People offered mixed views regarding the staffing levels. One person said: "I don't have to wait long for them (staff) to come when I press my buzzer but they turn it off and say they will come back, sometimes you have to wait longer when they are short staffed". However another person commented: "I don't wait long for them (staff) to answer my buzzer". Staff told us they were 'busy' but the amount of care and support people

needed was 'doable'. The registered manager told us an additional night staff have been recruited and now felt the staffing levels were sufficient to meet the needs of people. People assessed as needing one to one support were provided with a support worker for the period of close observation. We saw care staff and nurses were allocated to work in the nursing and residential units and staff were available to provide help and support.

Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people when they first started. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

Is the service effective?

Our findings

People were cared for by skilled staff. Staff told us they felt well supported with their training and development needs and received the training they needed to be able to provide the necessary support and care to people. They received regular support and supervision with the managers where they had the opportunity to discuss work issues and their learning and development needs. We saw care staff were skilled and accomplished when supporting people with their individual needs and provided the required level of support.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us all people who used the service had the capacity to make everyday decisions for themselves. However, some people required support with understanding the decisions that were sometimes needed. For example, some people had support from allocated appointees to support them with their personal finances and care and welfare decisions.

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). The registered manager recognised that some people were being restricted of their liberty and freedom and had made referrals to the supervisory body for an authorisation to restrict peoples' freedom of movement when they did not have the capacity to consent to this. We saw care and support plans were in place to ensure any conditions to the restrictions were complied with and people were supported in the least restrictive way.

People offered mixed views on the food provided. A person told us: "Some of the food is alright but it can be cold, they ask me in the morning what I want to eat or sometimes it's after tea". Another person said about the food: "Champion food, good choice and I can have drinks and snacks between meals". People chose what to eat and where they wished have their meal. Staff we spoke with understood people's nutritional needs and knew people's nutritional risks and how these needed to be managed. For example; some people were at risk of choking. We saw in their support plans that some people needed monitoring by staff at mealtimes to lower their risk of choking by providing a soft or pureed diet. People were provided with their individual requirements. This meant that people were supported to eat and drink in a way that met their assessed needs. Where people were at risk of weight loss they had been referred to a dietician and their weight was monitored.

People were supported with their healthcare needs. One relative informed us that if staff thought their loved one needed a GP one would be contacted promptly and the relative would also be informed. We saw information recorded in people's care files regarding the required contact with families and relatives in the event of a person experiencing ill health or a deterioration in their physical condition. People had health care plans which recognised their complex health needs and included any healthcare professional's advice.

Is the service caring?

Our findings

People were cared and supported by staff who were kind and attentive to their needs. A person who used the service told us: "The staff are caring and friendly". Another person commented: "I am happy, they (staff) are caring, I can't complain". A relative told us: "My relation is looked after well; the staff are good and caring". People were treated with dignity and respect and communication between people was respectful and supportive. We saw people had built relationships with the staff and staff knew people well.

People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. A visitor told us they liked to bring their relation some food they had prepared in their family home, so that they and the person could enjoy these favourite meals. They went on to explain for the rest of the week they managed to find some suitable foods from the care homes menu. People could maintain relationships with family members and told us they were able to visit at any time.

People's privacy and dignity was respected. On the outside of all bedroom doors there were small notices with red exclamation marks and wording reminding staff of the need to respect people's privacy and dignity. One relative said: "Staff knock even if the door is open". People were supported to their own private bedrooms when consultation with the doctor or other health professionals was needed.

Is the service responsive?

Our findings

People told us recreational and social activities were arranged for people to enjoy and take part in. We saw activities were arranged in groups or on a one to one basis. People being cared for in bed were visited each day by the activity staff so the risk of social isolation was reduced. A person commented about the activities and said: "I don't always go but I went to bingo and enjoyed it". Another person spoke with us regarding their religious observance and how it had played such an important part of their life they said: "They come once a month from my own church, I go to the downstairs lounge for communion. I do enjoy this".

People had a plan of care based on an assessment of their needs, care and support provided met their individual needs. People's life and social histories had been obtained from their family and friends. This gave staff the information regarding people's backgrounds and significant life events. One relative told us: "My relation cannot communicate too well now so I speak with staff about the care and support that is needed. The care my relation receives cannot be bettered, they have always been very particular with looking well dressed and groomed. The staff are very good and always makes sure my relation's nails and hair look lovely. My relation is very well cared for". We saw full details were recorded in the care and support plan and accurately corresponded with the information offered to us by relatives.

People told us that they knew how to complain and they would inform the registered manager if they needed to. One relative told us: "It's very easy to speak with the staff or the management team if we are worried about anything". A copy of the complaints procedure and information on making a complaint was displayed. We saw forms had been left by the signing in book at the entrance to the service which could be used for complaints, compliments and suggestions. The registered manager stated that all concerns, complaints were taken seriously and action taken to resolve the situation.

Is the service well-led?

Our findings

The service had a registered manager who spent time working alongside staff. Staff felt well supported by the registered manager, one staff member told us: "The manager will listen". People told us they knew the registered manager and commented: "She's okay and is approachable". We saw good relationships had been developed and maintained with people and staff. The registered manager did not have a deputy manager or a dedicated support management team to support them with the management of the service. They told us these additional staff would be beneficial to provide consistency of the service in the registered manager's absence. The registered manager told us this had been discussed with the provider.

The provider and registered manager had systems in place to assess and monitor the quality of service provided and managed. These included checks on care and support plans, medicines management and health and safety. Any issues or themes, trends or patterns that affected the safety of people or the service were identified quickly and action taken. For example, where people experienced falls action was taken to identify any possible reasons, referrals to external services were made and additional equipment was put in place. Where concerns were identified the registered manager recorded how improvements were to be made. The registered manager knew which incidents needed to be reported to us and agreed that where restrictions to people's liberty had been authorised, we would be informed.

We saw some areas around the service had benefitted from refurbishment and redecoration. The registered manager explained a programme of environmental improvements was on-going and work in progress. When completed people would be provided with a well decorated and well-furnished environment in which to live, work and visit.

People and their family were regularly involved with the service and were given the opportunity to comment on the quality of the service through satisfaction surveys and within meetings organised by the registered manager. A recent satisfaction survey identified some concerns with missing items of laundry; the registered manager told us the action they had taken in regard to this. We saw an additional comment had been made by one person: '100% treated with dignity and respect'. Compliment cards were displayed and recorded: 'Thank you for the care and support my relation received whilst in your care'. This showed how people were satisfied with the care and support they received.

We saw the current CQC rating was displayed at the entrance of the service along with the registration documents. This showed the provider and registered manager were open and transparent regarding the service they provided.