

Mr & Mrs A D Hodgson

Appledale Cottage Residential Home

Inspection report

Appledale Cottage
Bagley Marsh
Ellesmere
Shropshire
SY12 9BP

Tel: 01939270374

Date of inspection visit:

12 January 2016

25 February 2016

26 February 2016

17 March 2016

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11 May 2016

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

We carried out an unannounced comprehensive inspection of this service on 12 January 2016, 25 and 26 February 2016 and 17 March 2016.

The home is registered to provide accommodation and personal care for adults who require nursing care and who may have a dementia related illness. The home is jointly owned and one owner is also the registered manager. A maximum of ten people can live at the home. There were seven people living at home on the days of the inspection. There was a registered manager in place. 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.

At the last inspection on 1 June 2015 we asked the provider to take action to make improvements in how people consented to their care and how the provider records reflected the care people received to ensure that it met their needs. The provider wrote to us to say what they would do to meet legal requirements and this action had been taken.

People felt safe in the home and relatives told us that they felt assured their family members were supported in a safe way with staff that helped to keep them safe. Staff told us about how they kept people safe from the risk of potential abuse. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced their risks. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People told us there were enough staff to support them when they needed or wanted help or assistance.

People told us staff knew what care they needed and relatives felt assured the staff were trained in how to look after the needs of people who lived at the home. All staff we spoke with felt supported by the manager and were able to discuss their role or training needs.

People told us they enjoyed the food and that it was well prepared and always available. Where needed people they were supported to eat or had their meal prepared in an alternative way such as softer options. People had not always been involved in the planning of their care due to their capacity to make decisions. However, relatives felt they were involved in the care of their family member and were asked for their opinions and input. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

Staff developed positive, respectful relationships with people and were kind and caring in their approach. People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received supported to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity. Staff anticipated people's care needs and attended to people in a gentle and

unhurried way.

People told us they had chosen to maintain their hobbies and interests and we saw people were happily knitting, reading or listening to music. Staff offered encouragement and supported people to go out on trips with friends and local community groups.

People and relatives we spoke with told us they would happily raise any complaints with the registered manager. However they had not needed to follow or use the provider's complaints policy as they were happy with their care.

Management and staff had implemented recent improvements to record keeping which showed how they made changes to people's care or medicines. These would need to be regularly reviewed to ensure people's care and support needs continued to be met. People and relatives felt they were involved the home and that it suited them well. The registered manager regularly checked that people and their family members were happy with their home and care. The management team were approachable and visible within the home which people and relatives liked.

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.

The provider had looked at protecting people's safety and well-being. People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good ●

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they wanted. People were supported by staff or relatives to raise any comments or concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Improvements were needed to ensure effective records were in place where changes to care were being made.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of

concern and improve people's experiences. People, their relative's and staff were complimentary about the overall service and felt their views listened to.

Appledale Cottage Residential 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.

We undertook an unannounced inspection of Appledale Cottage on 12 January 2016, 25 and 26 February 2016 and 17 March 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 1 June 2015 had been made. The team inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well led. This is because the service was not meeting some legal requirements.

The provider had 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 reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

The inspection team consisted of three inspectors, a pharmacist inspector and a specialist advisor. During our inspection we spoke with four people who used the service the registered manager and three staff. We also spoke with one GP and four relatives by telephone and received written feedback from four relatives.

We looked at four care records, medicine records, staff training certificates, four staff recruitment files and quality audits. We spent time in the communal areas of the home to see how people were supported and how staff were with people.

Is the service safe?

Our findings

During the previous inspection on 1 June 2015 we found that staff had limited safeguarding knowledge. At this inspection we found that improvements had been made. All staff we spoke with were able to tell us what they understood by keeping people safe and how they would report concerns to the management team. Care staff told us the support from the management team had further developed their understanding around people's safety and reporting concerns.

We saw that where people showed signs of becoming anxious or upset staff immediately went to offer comfort and reassurance to help the person remain calm. This prevented further distress to them and other people living in the home. One relative complimented staff and, "Just a lovely way they do it" and said they were individual to each person. We looked at the care plans that all staff said they referred to if needed. These were written about the individual and what steps staff should try to support the person.

All people we spoke with felt the home offered a safe environment and had no concerns with the staff in the home. Relatives were confident their family members were kept free from the risk of harm. One relative said, "[Person's name] always want to come back if we go out, its home now".

People managed their risks with support from staff if needed. Staff we spoke with knew the type and level of assistance each person required. For example, where people required the aid of walking aids or assistance with food and drinks. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the registered manager for action and review.

All people and relatives we spoke told us staff were always around and attentive. We saw that staff were able to spend time with residents and respond in an appropriate manner to them. For example, staff spent time ensuring people were comfortable as well as responding to requests or chatting with people.

We saw staff remained present and available for people in the communal areas.. The registered manager told us they were able to monitor the staffing levels as they knew each person well due the small number of people. Staff told us the registered manager reviewed the staffing levels and they felt they were able to meet people's needs at all times.

Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. People's medicines were reviewed by their GP every three months. People's medicines records were checked to ensure people had their medicines as prescribed. Where there were gaps in records the registered manager told us they would address this with the staff member to ensure the person had received their medicines. The medicines were stored in a locked area and unused medicines were recorded and disposed of.

Is the service effective?

Our findings

During the previous inspection on 1 June 2015 we found that the provider was not meeting the law in respect of obtaining and recording people's consent where they lacked capacity. The provider had sent us a plan to say how these matters would be addressed. At this inspection, we found that improvements had been made.

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 were asked for their consent by all staff who provided assistance and that they waited for a response. Staff told us how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. They told us that they got to know people's preference and often referred to people's life history books or family members. They told us this helped them to understand people's previous decisions or choices to help guide them.

People had mental capacity assessments on file when required and records of decisions about capacity were included. We also saw that the provider was currently reviewing all records relating to people's consent to care. The registered manager confirmed that six people living at the home had appointed a lasting power of attorney. They said they would ask relatives to provide a copy so they were aware of when it would be appropriate to use this legal document.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us that a number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place. They told us that those people who they assessed as under constant supervision and who would be prevented from leaving the service if they attempted to do so had been referred to the local authority.

People we spoke with told us they felt all staff knew how to look after them. Relatives were assured their family members were cared for by staff that understood their needs. Relatives also felt that all staff had received training that had a positive effect on the people they cared for.

Staff told us the training they had was directed at how best to support people living at the home. Where we saw staff in the communal areas they demonstrated that they understood the needs of people they

supported and had responded accordingly.

Care staff felt supported in their role and had regular meetings with the registered manager to talk about their role and responsibilities. During conversations with the registered manager they were keen to support staff and used an external training provider to keep staff skills and knowledge refreshed .

All people we spoke with said they enjoyed the meals and they were well prepared and cooked. They also told us they got to enjoy their favourite meals. Lunch was a sociable event with people choosing to sit in the dining room. People were provided with their meals by staff who spent time chatting with them while they ate. We saw staff assisted people with their meal in a caring and kind way and people were smiling and talking with during the meal. The registered manager said they knew people's food preferences and dietary needs. They knew who required a softer diet or if there were any allergies to consider.

People had seen opticians, dentists and were also able to see the GP. The GP visited the home regularly for routine enquiries and when required where people were concerned about their health. Other professionals had attended to support people with their care needs. For example, district nursing staff to help with wound management. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support.

Is the service caring?

Our findings

During the previous inspection on 1 June 2015 we found people were not involved in their care planning. At this inspection we found that improvements had been made to involve people in their care.

Everyone we spoke with told us that staff were caring and they knew each other well. Throughout our inspection we saw people were supported by all staff, including the registered manager and provider in a kind and considerate way. People were chatting with each other and staff about their local community, their friends and lives. People were comfortable in the home and one relative we spoke with said, "You couldn't ask for more compassionate care".

All relatives we spoke with told us they particularly liked the warm, cosy atmosphere within the home. They told us the registered manager worked closely with them to ensure staff knew about their loved ones' histories. One relative said, "There is a real sense of family. It's just lovely".

All staff we spoke with were clear about their role to provide care that was about people and not just the care task. One staff member told us, "We are like their family, not staff". Another member of staff said, "We do it because we enjoy it and treat people as I would like to be treated". Relatives felt the staff kept them updated about the care of their family members and one said, "They are never too busy to stop and talk to you".

The registered manager and provider told us they always gave people the choice and involvement about the care they wanted. One person told us, "They always ask me what I want". All staff were unhurried in their approach with people and where people were quieter and not always able to engage in conversation, care staff would sit so they were able to make eye contact and look for responses. One relative said, "It's a pleasure to visit," and another said, "I turn up any time. It's always the same, it's not a show".

The staffing team had also considered people's life experiences and told us they used this to start topics of conversations with people. They also used photos that relatives had brought in to look at with people. One relative said, "They (staff) have become like family" and there was a, "Real sense of family".

We saw that the staff team supported people in ways that took account of their individual needs and helped maintain their dignity. We saw that staff were discreet when supporting people with their personal care needs. One member of staff told us, "We use their bedrooms for personal care and if the doctor needs to see them." Another staff member said, "You make sure people can't listen in". One relative said, "It's a home and not like an institution".

The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely. All staff were careful when discussing people with each other or with the person. One relative told us the staff were, "Not patronising" when talking to them or their family members.

Is the service responsive?

Our findings

During the previous inspection on 1 June 2015 we found assessments of people's care needs and activities were not reflected in the records. At this inspection we found that improvements had been made.

Three people we spoke with were happy that they were involved in maintaining their health and were supported by the staffing group. All relatives we spoke with told us the staff looked after their family members health needs and they were kept informed of any changes. Two relatives commented that their family member's health had improved since moving to Appledale Cottage. One relative said, "They have been the best of health" and another said, "We are always kept in the loop".

Staff listened and acted on people's expressed wishes and spoke to us about the level of support people required. People's needs were provided on a personal level and all staff responded to people's wishes at different times of the day. Care staff told us they supported people with any changes in their health and that they knew people well and this helped to identify where people may have an infection or a more significant health change.

People's care records we looked at reflected a personal record of their history, preferences and care needs. This provided information to ensure that all staff would know the person and their current care needs well. All staff we spoke with told us the care plans were available and used to as a reminder of what worked well for people. When the records had been reviewed or updated they reflected people's comments or experiences of their care which staff had recorded. Changes or updates were shared among staff when their shift started. These included people's emotional experiences and changes to care needs.

Three people we spoke with felt they got to spend their time as they wanted. For example, enjoying hobbies like knitting, reading or walking outside. People were supported to achieve these with staff if needed. One person told us they went out with friends from the village or went to a family member's home. All staff spent individual time with people chatting, looking through books with people about their subjects of interest. All staff told us they spent most afternoons with people chatting and socialising with them. One staff member said, "We spend a lot of time with residents chatting". One relative told us they felt their family member was, "How [person name] would be at home".

The home held meetings to gain feedback and asked for the views of relatives. Any suggestions were acted on. One staff told us that suggestions for minor improvement outside had been completed. All relatives told us they were able to put forward suggestions and they felt listened to. One relative said, "It's very open. Just very personal".

People and their relatives were encouraged to express any concerns or complaints they might have. All people and relatives we spoke with told us they had never needed to complain because they worked with staff to resolve issues as they occurred. For example, a personal item that might be misplaced. One relative said, "If I have any questions, I just ask and it's sorted".

Is the service well-led?

Our findings

During the previous inspection on 1 June 2015 we found that the provider was not meeting the law in respect of good governance. The provider had sent us a plan to say how these matters would be addressed. At this inspection, we found that some improvements had been made to recording quality checks.

At points during the inspection we made the registered manager aware of concerns we had that related to equipment that had been added to beds that may have been unsafe for people. There were areas of care records that did not always reflect the knowledge and information the management and staff knew. They were not always able to provide written evidence as to why to people's care needs had been changed or the action taken when responded to a person's needs. The registered manager took immediate action to address these and had introduced a weekly review of all people that would be recorded and kept on the person's care file. One relative said that the paperwork was not a reflection of the care and told us, "People who run it all work together, thinking of other people first".

People told us they enjoyed living at Appledale Cottage and were seen to be comfortable and relaxed in the home. They were able to tell staff their opinions and had the opportunity to voice ideas or suggestions at regular meetings. Relatives had also contributed and told us they completed questionnaires so the provider and registered manager would know their views of the care provided. The results we saw were positive about the care. One relative said, "So comfortable. Wonder into the office. You know pop your head round the door. Never feel like you can't".

The registered manager told us that their visions and values for the home was to run and function as a family home. They had been in post for many years and many people had lived there for some time. The knowledge that they and the staff had of the people living there was reflective of the personal relationships with close support from relatives and friends. People and their relatives confirmed the positive relationships and one relative said, "The support they (management) give you and the care is outstanding in my opinion" and one relative told us, "I hope there is an Appledale if I ever need care".

All of the staff we spoke with told us the home was well organised and run for the people living there. They told us the registered manger was supportive and felt able to approach the manager with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people's care. One relative told us the, "I can't fault the staff. I know bad care and I would tell them".

The registered manager spoke about how they worked to continually improve the home. The registered manager felt they were supported by other professionals locally, such as GP surgeries, district nurses and mental health teams. These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care. They also used other external organisations to improve outcomes for people. For example an external agency to support policy and procedures that were continually updated. The registered manager told us this also helped them to keep update with new legislation.