

Tricuro Ltd

# April Court

## Inspection report

186 Poole Lane  
Kinson  
Bournemouth  
Dorset  
BH11 9DS

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03 May 2017

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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 unannounced inspection took place on 2 and 3 May 2017. April Court is registered to provide accommodation with personal care and support for up to 18 people. At the time of the inspection 17 people lived at April Court.

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 were protected from harm. Staff were training in safeguarding adults and understood what to do if they were concerned about someone. People's risks were managed safely and there was a system in place to investigate any accidents or incidents. Recruitment processes were robust and medicines were managed safely.

Staff told us they were well supported, sufficiently trained and that they had enough time to support people effectively and responsively. People told us they enjoyed the meals and that there were plenty of choices.

People's healthcare needs were met and an individualised approach to activities meant people were leading happy and fulfilled lives.

Staff were caring and compassionate with a thoughtful approach and interest in the people they supported. People liked the staff they worked with and their dignity and independence was promoted.

Staff had accurate guidance in place to enable them to help people in the way they wanted or needed to be supported.

There was a complaints system in place.

People, staff and relatives feedback was sought and this led to changes to improve people's experiences. There were effective quality assurance mechanisms in place.

## 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.

People were protected from harm because there were robust safeguarding systems in place and staff were confident about what to do if they were concerned or worried about someone.

Robust recruitment and sufficient numbers of staff meant people's needs were managed responsively.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People and family members told us staff were skilled and staff told us they were well trained and supported.

People were supported to make choices and staff respected the decisions people made.

People were supported to access the healthcare they needed.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate and had a visible regard for the people they were supporting.

People's privacy and dignity was respected.

People were supported to learn new skills and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were accurate and up to date. Staff told us the care plans supported them to understand how best to support or help

people.

There was an individualised and thoughtful approach to activities that ensured people were doing the things they enjoyed.

There was a complaints system in place.

### **Is the service well-led?**

The service was well-led.

People, their relatives and staff were listened to and the service developed as a result of their feedback.

Effective quality assurance mechanisms ensured the service was safe, effective, caring and responsive.

**Good** ●

# April Court

## **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.

This unannounced inspection took place on 2 and 3 May 2017. On the first day of the inspection one adult social care inspector visited the service and two adult social care inspectors visited the service on the second day of the inspection.

Prior to the inspection we reviewed the information we held about the service, including notifications about significant events and the 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.

During the inspection we met 13 people who lived at the service and chatted with six people to learn about their experiences of living at April Court. We also spoke with one family member and 10 members of staff in addition to the registered manager. We also made general observations around the home and of staff supporting people.

We looked at five people's care records, medicines records and other records relating to the management of the service, such as audits, complaints and staff recruitment, supervision and training information.

## Is the service safe?

### Our findings

One person told us, "I feel really safe here" and a relative commented their family member was, "Perfectly safe; they are very happy".

People were protected against the risks of potential abuse and neglect. Safeguarding guidance, including contact telephone numbers was displayed in the office. Staff had received training in safeguarding adults and had refresher training every year. Safeguarding, including learning was discussed at team meetings and during supervisions. We spoke with staff about safeguarding adults and they understood what action they needed to take if they were concerned or worried about someone. A senior member of staff told us, "The guys check everything really thoroughly".

Risk assessments and management plans protected people and supported them to maintain their freedom. These included risks such as personal care and bathing, accessing the community and managing finances. One person accessed the community independently and their risk assessment provided guidance such as checking the person had their mobile phone with them when they went out. Another person went horse riding and risk assessments were in place to identify any hazards associated with this. Risks in relation to the building were managed, with contingency plans in place for emergencies. People had personal emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required.

Accidents and incidents were identified, reported and investigated by staff. Records reflected a thoughtful approach to what had happened, what may have triggered the incident and how it was managed. These were all reviewed by the registered manager to ensure patterns or trends were identified and mitigated to reduce the risk of re-occurrences. One relative told us, "Quite recently [the person] had an accident and they were wonderful, absolutely wonderful".

There were sufficient numbers of suitably skilled staff to meet people's needs. The registered manager told us about recent changes such as additional weekend hours and the creation of senior posts that had positively impacted upon people's experiences. In addition, a breakfast worker had been employed to support people during breakfast. Staff told us they had enough time to support people safely and responsively. Staff were supported by a management team and during the day there were four to five care workers and one senior care worker on duty. At night time two waking staff supported people. There were also catering, housekeeping and administrative staff. An on-call system meant staff could gain advice or support out of hours. Staff told us agency staff were used when needed and said, "The residents like familiar faces, there are times when we need to use agency [staff] but we try to get regular people and cover everything with familiar carers".

People had the opportunity to meet prospective staff when they came for an interview. One person was interested in taking part in the formal interview process and had been offered the opportunity to do this but changed their mind on the day.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. In addition all new applications included an on line personality test to ensure new staff had the personal attributes to work with people with learning disabilities and complex needs. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

Peoples' medicines were managed and administered safely. Medicines were stored securely. There were clear instructions for staff in people's medicines administration records (MAR), as well as care plans for each 'as necessary' (PRN) medicine. A family member told us there relative had experienced a lot of pain and that staff made sure the person's pain management "was perfect". There were regular checks to ensure people had received their medicines as prescribed. Staff who administered medicines had training to do so and their competence in handling medicines was checked periodically.

There were maintenance systems in place and equipment, such as fire alarms, extinguishers, mobile and bath hoists, the passenger lifts, were regularly checked and serviced in accordance with the manufacturer's guidelines. Fire extinguishers were available throughout the home. Legionella testing was regularly taking place. Legionella are water-borne bacteria that can cause serious illness. Throughout our inspection we saw the home was well maintained, clean and free from odours. Personal protective equipment was available for all staff.

## Is the service effective?

### Our findings

Staff received a range of training and told us they felt suitably skilled to support people. Training included, food safety, eating and drinking and minimising the risks of choking, dementia awareness, epilepsy awareness, moving and handling, understanding autism and diabetes awareness. Other training areas were fire safety, infection control, health and safety and first aid. There was a system in place to ensure that further training needs were identified and refresher training organised as required.

Staff told us they were well supported. Inductions were thorough and included learning about people's needs and preferences, record keeping, first aid, health and safety, fire and compliments or complaints. One member of staff was new and explained about the support and training they had received which included an induction, role specific training and shadowing. They said, "The staff I have shadowed have been really good role models".

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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 supported to make their own decisions and choices in a variety of ways. People told us they were listened to by staff and that staff acted upon what they said. A relative told us how their family member communicated their choices non-verbally and said that staff listened to them and respected the choices they made. One person had mental capacity to make all their own decisions. Their plan stated, 'I have full mental capacity. I am known to make unwise decisions but I am still able to make these decisions. Please give me factual information without being patronising'. People's care plans supported their decision making. One person's plan detailed how they made choices such as, 'I will say yes or no' and, 'you can show me the options'. Another person's plan stated, 'Please ensure I am encouraged to make choices and given options, and give me time to respond'.

When people may have lacked mental capacity, we saw that mental capacity assessments were in place for specific decisions such as personal care, medicines management, managing money and accessing the community. Where the assessment showed the person lacked mental capacity, best interests decisions were in place to ensure that the decision made was the least restrictive possible and in the persons best interests.

Some people had keys to their bedroom which they showed us. The registered manager told us, "We have five to six residents who now use their key". One person went out independently and the registered manager told us, [The person] knows the number to get in and out; they can come and go as they please". This person told us about how they went out independently. They said, "I can go out when I want to; I know the code and I have a key to my room".

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). These safeguards can only be used when there is no other way of supporting a person safely. We looked at whether the service was applying the DoLS appropriately. The registered manager had made the appropriate applications and had a system in place to make sure they knew when further applications were made.

People were supported with their nutritional needs. All the people we spoke with liked the meals and snacks at April Court and we saw people making their drinks and snacks with support from staff. People told us there were different meal choices and other alternatives if they didn't want anything on the menu. Each morning photographs of the main evening meal were put up on the dining room notice board. Each person would then put their photograph by the meal they wanted. We saw that some people changed their mind during the day and moved their photograph to a different meal. A breakfast assistant supported people to make what they wanted for breakfast such as toast, cereals or drinks. Some people required support with eating and drinking because they were at risk of choking and we saw staff supported them in accordance with their plan. One person had a health condition and said that staff helped them understand what this meant in terms of their meal choices. Observations showed meals were social occasions with people chatting together and with staff. Staff involved people and frequently checked what they wanted or if they were ok.

People were supported to access healthcare when they needed to. Records showed people had been supported to see their GP, nurse, dentist, optician and chiropodist, in addition to more specialist healthcare such as psychiatry or hospital consultants.

## Is the service caring?

### Our findings

All the people we spoke with said they liked the staff. One person commented, "All the staff are jolly and talk with you when you have problems. When I am down, they really cheer me up". A relative said, "They know [the person] really well, they absolutely adore [the staff member]; they understand them perfectly". A member of staff commented on their colleagues saying, "They are friendly and make it a home. Everybody thinks about the individual; it's all person centred".

Discussions with staff evidenced a caring and compassionate approach with comments including, "We know people really well" and, "It's rewarding to focus on them being happy" and, "It's such a happy place. You can spend time with the guys and you go home with a smile on your face".

The registered manager told us, "Most of the staff here go the extra mile". Another member of the management team provided us with some examples of this telling us, "They decorate people's bedrooms in their own time and if we have parties staff come in on their own time".

People moved freely around the home and did what they wanted to do. They approached staff happily to spend time with them or gain assistance, and were visibly content in their company. Staff were positive and interested in what people were doing and during our discussions staff demonstrated a genuine concern about people's welfare and happiness.

People were supported by keyworkers, members of staff who took a particular interest in their welfare such as supporting purchases of clothing or personal care products, making sure their bedroom was clean, that they were doing what they wanted to do and helping people maintain contact with their family and friends.

Staff supported people in a caring and compassionate way. One person became anxious at night time. When this happened they spent time with staff having a hot drink and chatting. The registered manager told us it was important the person had, "Someone to talk to". The relationships between staff and people receiving support demonstrated dignity and respect at all times. One member of staff told us about their dignity and respect training and how they used this in practice. They provided us with examples such as discreetly signing with someone to ask whether they wanted to use the toilet. They said, "I really take on board what I am learning". Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. One person attended a church and their guidance said that staff needed to be, 'Aware of my anxiety around large groups and close proximity'.

Staff knew the people they were supporting well. They understood people's individual communication skills, abilities and preferences. Some people living at the service experienced difficulties with verbal communication and staff recognised what people were communicating through their gestures and other non-verbal communication, and supported them accordingly.

People's records contained comprehensive information about their strengths, likes and dislikes, and communication styles. For example, one person's plan described how they used facial expressions and body

gestures to communicate. It said, 'If I am happy I will smile' and also explained to staff how the person might present if, 'I am distressed, unhappy or do not want to do something'. Other people's plans provided guidance on how best to support someone to communicate their wishes. For example, one person's plan said, 'Please encourage me to communicate with others and give me time to respond' and, 'I can use written/pictorial questions with support and I like tick boxes to give a response'.

People's bedrooms were all different and reflected their preferences and hobbies. One person liked trains and they had a train track in their bedroom. Another person's liked Dad's Army. This was reflected in their bedroom with posters and pictures, an army hat and other army related things. Staff told us about one person who they had supported to select their bedroom paint and wallpaper using the internet. The person told us they liked their bedroom and their records showed how they had been supported to explore the different colours and styles of paint and wallpaper.

People's independence was promoted. There were handrails to support people to move freely around the home and pictorial signs orientated people to their bedroom or to the bathroom or toilet.

People were supported to maintain their family relationships and friendships. There was a phone available for people and staff told us about one person who called their relatives every day. Another individual used their electronic tablet to regularly talk to their relatives and the registered manager told us, "We try to maintain family contact". A third person was at their local pub when we arrived on the first day of the inspection. This was something the person had always done and staff understood how important this was to them. The registered manager told us, "[The person] sees all their mates there and has a pint". When we met this person they told us what they had been doing and what their favourite drink was, which they had had.

People and their relatives were given support when making decisions about their preferences for end of life care. The management team had recognised staff required further skills in this area and the service had signed up to the Gold Standards Framework (GSF) training at the time of the inspection. Staff told us about the support offered to one person who had recently passed away. They described an extremely compassionate approach that meant the person was comfortable and supported by staff who cared about them.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved into or had short breaks at April Court. Assessments led to detailed care plans which provided staff with accurate and up to date guidance about how people needed or wanted to be supported. Care plans covered a range of people's needs such as the support they required with personal care, oral hygiene, mobility, eating and drinking, communication, accessing the community and their safety. Staff told us they had time to read people's care plans and that they were easy to read and understand.

Some people had health issues staff needed to be aware of such as epilepsy or diabetes, and care plans were in place. For example, one person had diabetes and their plan showed how staff had helped them gain knowledge of their different food and drink options. Other people had epilepsy and their plans provided staff with guidance on what to do in the event of a seizure. Another person had a health condition and their records showed staff had supported them with a social story [sharing information in a way people can more easily make sense of and understand]. This meant they were better able to understand and safely manage their condition.

When one person moved into April Court staff asked them what they wanted to do or learn. The person came up with some goals of independence which included making a sandwich and cleaning their bedroom. A member of staff described how they had supported the individual to achieve their goals and develop new ones. They said, "[The person] has really blossomed; they are 100% more confident".

Staff told us that communication between the staff team was through and effective. They described daily handovers that enabled them to understand how people were and what help they needed that day. One staff member commented, "We have dedicated jobs and we all know what we are doing". Another staff member who had returned from annual leave on the first day of the inspection told us about how they made sure they had updates on people including reading people's care and support records and talking with the duty manager. They said, "They tell you everything you need to do and let you know everything". A third member of staff told us, "It's really important to keep everyone in the loop".

There were extensive activities and staff had a thoughtful and person centred approach to make sure people did the things they wanted to do. One member of staff told us, "There is always something going on" and another said, "They do everything that they want to; that's what we are here for". One person became very anxious and staff took time to think about what they might enjoy doing including making sure activities happened at quieter times of the day to reduce the person's anxiety. Staff told us about another person who had never been abroad. They wanted to go to Disneyland and so staff had supported them to obtain a passport and were helping them to save for their first holiday abroad. The person told us, "I haven't been abroad; I am a bit nervous but am looking forward to it". Another person had started swimming. Staff told us about their step by step approach to enable the individual to gain confidence. They said, "Initially [the person] struggled to get in, now we struggle to get them out". During the inspection people were engaged in lots of different things. One person liked Lego and staff were helping them to organise their Lego box; other people were playing board games with staff and one person was painting. On the second day of the

inspection some people went out to an arts activity and staff told us about people's hobbies and interests such as trains, music, drama or photography and how they supported them to access the activities they liked. Staff told us, "We encourage the guys to come up with ideas" and there was a noticeboard for people which had a picture of a singer and the question to people, 'Do we want this singer or not'? The registered manager said, "I am proud of the innovation of staff".

There was a written and pictorial complaints procedure displayed and leaflets were readily available. There had been no complaints received. The registered manager told us that any concerns raised by people and or their representatives were addressed immediately so complaints had not needed to be made.

## Is the service well-led?

### Our findings

Observations and feedback from people, and staff showed us the home had a person centred culture. There were regular opportunities for people to contribute to the day to day running of the home through the residents' committee meetings. People had nominated a chair person. Photographs were used so people could vote for the person they wanted as chair person. Staff facilitated these meeting and minutes of the meetings were produced supported by pictures.

One person told us about residents' meetings. They said, "We talk about things we want to do; they ask how we are". They told us that staff always listened to them. Another person told us they didn't think the service could improve. They said, "I am quite happy as things are".

The provider undertook annual surveys with people, staff and professionals. Any shortfalls or comments received were acted on. For example, a relative fed back they were not always able to recognise who the staff were. In response the registered manager arranged for all staff to have name badges with the role on. During the inspection all the staff were wearing their name badges. Staff had suggested an evening checklist to make sure people's needs were always met and this had been successful. Staff told us they were listened and their ideas or suggestions acted upon wherever possible. The registered manager told us, "I try to get them to come up with ideas".

There were monthly staff meetings and the management team also met once a month. There was standard agenda at staff meeting and guest speakers were invited such as learning disability nurses, dentists and a mental capacity act assessor. The meeting minutes and the registered manager told us that there was always a positive focus at staff meetings. For example, staff would be asked what their achievements had been the previous month or what they liked about working at April Court. Compliments received were recorded and shared at staff meetings or with individual staff. The compliments were also displayed on the notice board.

Staff told us they were well supported by the management team. One said the management was, "Really strong, honest and fair". Another said there was, "Always an open door policy" and a third staff member told us the management team was, "Really supportive". The registered manager told us, "We don't mind being challenged". Staff told us that the registered manager listened to any concerns they had and acted upon them. One said concerns were, "Sorted out; efficiently, quickly and effectively" and another commented the registered manager was, "Amazing. Really supportive and a wealth of knowledge".

Staff knew how to whistle blow and there was an external whistleblowing system for staff to raise any concerns. Information about how to raise concerns and whistle blowing was available to all staff.

There were effective quality assurance systems in place, with regular internal reviews. There were monthly audits carried out which included; medicines, fire tests, fire drills, finances, risk assessments, first aid boxes checks and policies and procedures. This meant that the checks were being made to ensure systems in place were effective and that people were receiving a safe and good quality service. In addition, the

operational manager for the provider undertook monthly audits to make sure the systems in place were effective.

As part of the quality assurance systems, the provider had also introduced a system of peer audits of the April Court and other homes and services in the local area. The audits at April Court were undertaken by other registered managers and the registered manager undertook audits in other services.

There were systems for monitoring any safeguarding, accidents or incidents. This included reviewing all safeguarding allegations, incidents and accidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. There was learning from safeguarding, accidents, incidents and complaints. The registered manager fed back to individual staff and at staff meetings any learning.

The registered manager told us they were particularly proud of the reputation of April Court and the high standard of care that was delivered to people. They said people had a good life and it was positive to see them being as independent as possible. The staff team were committed to and supported people to try lots of new things and experiences.

There was a business and development plan in place from the provider that the registered manager had contributed to.

The registered manager kept their practice up to date by attending local professional forums and learning groups.

The registered manager notified us of important events and incidents as required by the regulations.