

B & L Property Investments Limited

Applecroft Residential Care Home

Inspection report

48-50 Brunswick Street
Congleton
Cheshire
CW12 1QF

Tel: 01260280336

Date of inspection visit:
07 August 2018
13 August 2018

Date of publication:
10 September 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection was unannounced and took place on 7 and 13 August 2018.

Applecroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Applecroft is registered to provide accommodation with personal care for up to 23 people. The accommodation is located over three floors. On the day of our inspection there were 18 people living in the home.

This is the fourth consecutive time the service has been rated requires improvement overall. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions: safe, responsive and well led to at least good. We found that they were in breach of the regulations in relation to good governance.

At this inspection, we found that there had been little improvement in the overall leadership and documentation within the service, however the responsive domain had improved to good, but the service remained requires improvement in safe; well led and overall. We found a continued breach of the regulations in relation to good governance. You can see what action we have taken at the back of this report.

Applecroft has no registered manager in post. The current manager has applied to be the registered manager with the Care Quality Commission (CQC). 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.

The registered provider did not have effective systems in place to assess and monitor the quality and safety of the service. Some of the issues which were identified as part of this inspection, had not been picked up by provider's audits. Where shortfalls or actions were agreed, the manager was unable to provide documentation to show what progress or actions had been taken to address these shortfalls.

Staff recruitment was safe, however we saw where concerns had been raised about staff conduct, systems had not been followed to address these concerns.

Staff had completed safeguarding training and safeguarding incidents were appropriately referred to the local safeguarding team. However, we saw where recommendations or actions had been agreed following incidents, these had not always been followed up so learning opportunities on how things may be improved or prevented in the future had been missed.

Medication was being stored and administered safely. Regular medication audits were being conducted,

however the issues that we identified during our inspection were not picked up by these audits. The provider had policies in place in relation to medication documentation, which were not being followed and this had not been picked up within the audits.

Staff were aware of risks to people and these were managed safely and advice taken from other professionals when necessary. However, documentation around risks was not always in place or detailed.

There were sufficient staff to meet the needs of the people living in the home and they were recruited safely.

Care plans did reflect people's life history and their needs. We found that some care plans could be more person centred, which had been identified by the manager. People and their relatives told us that the care they received was responsive to their needs.

People and their relatives felt confident that issues that they raised would be addressed. Complaints were recorded and dealt with in accordance with the provider's complaints policy.

People and their relatives were positive about the staff working in the home as well as the care that they received whilst living there.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. People were involved in the care plans and had signed their consent to care where able. Where people lacked capacity, appropriate paperwork was in place to ensure that decisions were made in their best interests.

Staff members confirmed they received regular training and supervision and we verified this in the provider's records.

We saw regular checks on the property were undertaken and the premises were safe without restricting people's ability to move about freely. We did receive some comments about the home being dated and we were told that the provider had a development plan in place to improve the home environment.

People had access to activities within the home and told us that they were happy with the activities on offer.

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.

We found safeguarding incidents were appropriately referred to the local safeguarding team and staff were clear what action to take when safeguarding incidents occurred. However, actions following incidents had not always been followed up.

We found that medications were administered and stored safely. However, documentation that should have been in place, was not always there and this had not been picked up by the quality assurance systems.

There were sufficient staff to meet the needs of the people living in the home.

Requires Improvement ●

Is the service effective?

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

We saw staff received regular training, support and supervision.

We received positive feedback about the food provided at the home. We saw people had choice in relation to what to eat as well as where to eat.

Good ●

Is the service caring?

The service was caring.

People and their relatives were very positive about the staff and their caring attitudes and that they knew them well.

People told us they were treated with dignity and respect.

People had access to advocacy services.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plans were informative and the manager recognised that they could be more person centred and was reviewing the plans to improve these. Comments from people and their relatives confirmed that the care they received was responsive to their needs.

People and their relatives were happy with the activities in the home.

The provider had a complaints policy and processes in place to record any complaints received and we saw concerns raised were addressed within the timescales given in the policy.

Is the service well-led?

The service was not always well led.

The provider did not have an effective quality assurance system to monitor and improve the standard of care provided in the home. Where issues were identified, prompt action was not always taken to address issues. Documentation was disorganised and not always clear.

Staff, people and their relatives were positive about the management within the home. Staff felt supported by the manager and people were confident that they could raise issues and these would be addressed.

We saw that staff and resident and relatives' meetings were being held regularly within the home.

Requires Improvement 

Applecroft Residential Care 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.

This inspection took place on 7 and 13 August 2018 and was unannounced. The inspection was carried out by two adult social care inspectors on both days.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they had about Applecroft Residential Care Home. We also looked at the Provider Information Return (PIR) we received from the provider prior to our inspection. This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used the information to help with our planning of the inspection.

During the inspection, we were made aware the local authority were carrying out an investigation into specific incidents within the home. This inspection did not examine the circumstances of these incidents.

During the inspection, we used several different methods to help us understand the experiences of people living in the home.

We spoke with eight people who lived at the home, four relatives and seven members of staff including the manager, the deputy manager, housekeeper and four members of care staff. We also spoke to three healthcare professionals, an independent advocate and two visiting hairdressers.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at five care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We found that appropriate recruitment checks had been made to ensure new staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

However, we saw that where concerns had been raised about employees' conduct, robust systems had not been followed to respond to concerns about a person's fitness. The documentation on whether any action had been taken was poor and agreed actions had not been followed. We saw that the provider had agreed actions with the local safeguarding authority and that these had not been completed.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked Medicine Administration Records (MARs), which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw records were kept of all medicines received into the home and if necessary their disposal. We did note that staff were not following the provider's own policies in relation to recording when controlled drugs were received into the home. This is good practice to reduce risks in the management of medication.

We saw that there were no guidance or protocols in place for medication 'given when necessary' (PRN medication) to inform staff when people may need this medication, which was contrary to the provider's policy. We spoke with staff and as they were familiar with people, so knew the signs to indicate when people may need this medication. Staff were recording when this medication was given and for what reason.

Staff had not followed the provider's guidance on homely remedies (over the counter medication) and we saw that there were no records to confirm that a GP or pharmacist had been consulted when these had been administered. This is to ensure that the over the counter medication does not conflict with any prescribed medication.

We saw both the medicines trolley and the treatment room was securely locked and daily temperature checks were made. However, we saw a few inconsistencies in the daily checks as there were gaps of sometimes six days where temperatures had not been checked. It is important to monitor the temperature where medication is stored to ensure this is kept at the correct level.

The manager had completed medication audits since being in post and none of the above recording issues had been identified on these audits.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

A fire risk assessment had been carried out in May, which identified several areas for improvement, some of which were classified as needing immediate action. These tasks remained outstanding and the manager was unable to provide documentation to show what progress had been made. This meant we could not be confident that all the risks were being addressed in a timely manner.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The manager told us that they were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC).

Staff members confirmed that they had received training in protecting vulnerable adults and when we checked the records we could see that this had been completed recently. Staff members told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation.

The provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or external agencies. We saw that safeguarding incidents were clearly documented, had been appropriately referred to the local authority and notified to CQC. However, we noted that not all actions that had been agreed following one safeguarding incident had been completed by the manager. The manager told us that they were aware of the need to complete the outstanding actions.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our last inspection, we found that risk assessments were not always detailed. At this inspection we found that risk assessments were not always in place or detailed. For instance, we saw that some people in the home smoked, however there were no risk assessments in their care plan. We spoke with staff and observed that the risks had been assessed, as different support had been put in place for the people that smoked. Detailed risk assessments were put in place for smoking during our inspection. We did note where risks had been identified that action had been taken and health professionals had been consulted. The manager informed us that they had identified that care plans and risk assessment documentation needed to be reviewed and improved and they had plans in place to address this.

People living in the home told us they felt they were safe. Comments included, "I feel very safe. When you bleep them, they come quite quickly when I need them", "I feel safe and happy" and "I feel safe and looked after". Relatives also felt that their family members were safe. Comments included, "Last night I rang the bell as [relative] needed help, they came quickly and I have no concerns", "We like [relative] being here" and "The home is very good and very clean".

Staff told us they felt there were enough staff in place to meet the needs of the people living in the home. Our observations over the course of the inspection were that call bells were being answered in a timely manner and staff had time to stop and chat with people as well as carrying out tasks.

The dependency of people within the home was monitored regularly and adjustments were made to staffing levels to ensure there were enough staff to meet people's needs. At the time of our inspection there were 18 people living in the home. During the two days of our visit there was one senior carer and three carers on duty between the hours of 8am and 8pm. Between 8pm and 10pm, there were either three or four members of staff. At night there was one senior carer and one carer. The manager and deputy were in addition to these numbers. We looked at the rota and could see that this was the consistent pattern across the week. They did not use agency staff and if people called in at the last minute, they were usually able to cover with existing. There had only been two occasions in the last four months, where they had been unable to cover a last-minute absence.

We looked at the accident and incident records in the home. We could see incidents forms were completed when anything happened in the home. These were monitored by the manager and it was clearly documented what action had been taken when any patterns were identified.

We checked some of the equipment and safety records and saw that they had been subject to recent safety checks. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We could see that several maintenance checks being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas and electrical installation.

Staff had regular training on fire safety and we saw that fire drills were completed regularly and at different times to ensure all staff had experience of this. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used to assist emergency personnel evacuate people from the home in the event of an emergency such as a fire. However, we noted that the recent fire risk assessment identified that these needed to be improved. The manager had amended these, but there was scope for further improvement.

Is the service effective?

Our findings

All the people and their relatives we spoke with felt that their needs were met. They said staff were caring and knew what they were doing. Comments included, "They look after me very well. They don't give me what I don't like", "They look after me well. The food is very good" and "It's nice enough here, I like it". Relatives also commented, "It's a clean home and all their personal needs are met" and "Food is fantastic. They get a choice of two things".

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 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded within each file. There was a clear tracker of all the applications which had been granted and when these expired.

Staff were clear on the need to gain consent prior to assisting anyone. During our visit we saw that staff took time to ensure that they were fully engaged with each person. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent.

We saw that new staff received an induction when starting in post and completed shadowing of existing staff prior to working unsupervised. Any staff new to care completed the Care Certificate, which is a nationally recognised and accredited system for inducting new staff. We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including health and safety, safeguarding and mental capacity training.

Staff told us they received regular support and supervision. We checked records which confirmed that supervision sessions for each member of staff had been held. We did see one staff member who had not had supervision for some time which we raised with the manager.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. Visits and advice from other health professionals were recorded on the care files and appropriate action taken.

Everyone we spoke with in the home and relatives were positive about the food. We saw that people had access to fluids and were offered drinks regularly throughout our inspection. The provider used a catering

company to provide meals and these were delivered monthly. There was a four-week menu that was nutritionally balanced and specialist diets such as gluten free were catered for. We saw guidance in the kitchen on which people required specialist diets and guidance within care plans on specialist diets.

We carried out an observation during meal times and saw different portion sizes were offered and people were offered different choices. During lunch time people had the option to eat in their own room, the dining room or other seating areas. Most people chose to eat in the dining room and we saw tables were set with tablecloths and cutlery. Where people needed support, they were assisted by staff members in a patient and unhurried manner. Staff were attentive to people's needs, providing drinks and we also saw people were offered and provided with additional food.

Relatives told us they felt involved in their family members care and kept up to date. Comments included, "There were teething problems at first with [relative] settling, but we worked together and have sorted it" and "They keep in touch over the telephone if there are any issues".

Staff were kept up to date by handovers between each shift as well as a detailed communication book, which helped senior carer to stay on top of any appointments, or ongoing discussions with health or social care professionals.

Visits from other health care professionals such as GPs, chiropodists and dieticians were recorded so staff could see when the visits had taken place and why. We spoke with three health care professionals and they all commented on the good care provided in the home. Comments included, "They act on advice and contact if they are not sure as they are keen to get it right. There is consistent staffing which is good" and "I have no concerns. The staff are happy and friendly".

A tour of the premises was undertaken. This included all communal areas such as the lounge and dining room and with people's consent a few bedrooms. We saw that rooms were clean and personalised. Bathrooms were clearly sign posted and there were photos outside people's rooms to help them navigate around the home. We did receive a few comments about the home being 'dated' and the manager showed us the development plan from the provider to gradually improve the home environment. There was an enclosed courtyard and on the days of our inspection, we saw that this was in use by people. Staff members told us that people can access this whenever they wished.

Is the service caring?

Our findings

We asked people who lived in the home and their visitors about the home and the staff who worked there. Everyone we spoke with was positive about staff. People told us, "They are all nice and look after me well. I'm glad I came here, I am very happy", "I'm very happy here. They look after me well" and "They always listen to me".

Visiting relatives told us, "[Relative] has good relations with staff and they look after them well. It's a good service", "We are very happy with the care" and "Staff are very approachable and helpful. I would recommend this home".

Throughout the inspection, we observed positive interactions between staff and the people living in the home. We spoke to staff about people's likes and dislikes as well as their history and staff could demonstrate that they knew people very well as they had worked with people over a period and got to know them. Many of the staff had been in post for several years, therefore there was a consistent staff team and the manager advised that they no longer used agency staff. Staff told us that they enjoyed working at Applecroft. Comments included, "I really enjoy working here and making a difference", "It's brilliant working here. I have good relations with all the service users" and "We all get on here".

It was evident that family members were encouraged to visit the home when they wished and they told us that they were made to feel welcomed.

We undertook a SOFI on the first day of our inspection. We saw that staff members were speaking to people with respect and were patient and not rushing whilst they were supporting them. They looked interested in what people were saying and took their time to engage with each person, for instance ensuring that they were at eye level with the person in order that they understood what each person wanted.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being cared for in bed also looked clean and comfortable. Relatives commented that the home was clean and fresh smelling and the people living in the home always looked clean.

People's dignity and privacy were respected; for instance, we saw staff knock on people's doors before entering and always used their preferred name. One person told us, "They always ask if they can come in and ask me before they do anything". People were encouraged to be independent, whilst remaining safe. For instance, we saw staff assisting one person in a wheelchair to the dining table, but they could manoeuvre under the table, so staff encouraged them to do this safely.

There was a policy for promoting equality and diversity within the service.

People had access to advocacy services and we saw that one person currently had an advocate who visited regularly and worked positively with staff within the service.

People's personal information was kept securely in the manager's office which was key coded, so people could be confident that their information was kept confidentially.

Is the service responsive?

Our findings

People told us that they had choice in relation to daily living activities. Comments included, "I prefer to stay in my room and they ask me what I want to wear. I can't complain about anything", "It's ok for me" and "They look after me ok. I go out on my own in the yard".

We looked at the care plans and saw that they were informative. There was an overview of people's history and people who were important to them. They recorded some of people's preferences, however the manager advised that they had identified that the care files could be more person centred and they were in the process of reviewing all the care files. We viewed some of the files which had been rewritten and could see that they were detailed and contained information on people's preferences. Care plans were regularly reviewed and updated.

We looked at additional monitoring charts, and saw that these were consistently completed to monitor where someone needed pressure care or were at risk of malnutrition or dehydration.

From our observations and discussions, we found that staff knew the people they were supporting well. They could tell us about their likes and dislikes as well as some of their history as they had worked with some people in the home over several years.

The provider had an activities co-ordinator who worked 30 hours a week. They were not available on the days of our inspection. We were told that staff would provide activities when the activities co-ordinator was not in work. We observed staff chatting with people and one person was supported to completing a drawing session. The schedule of activities was displayed around the home and the activities co-ordinator kept a log of activities undertaken, who had taken part and their participation in the activities. People we spoke with were happy with the activities that took place within the home.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

We saw that information was recorded about people's end of life wishes so staff were aware of how people would like to spend the end stages of their life.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People living in the home and their relatives told us that they could raise any concerns and were confident that they were listened to and complaints would be dealt with. We saw there had been one complaint in 2018. This had been recorded and responded to within the provider's guidelines, however it was not clear to see from the records whether

the complainant was happy with the response. We raised this with the manager.

Is the service well-led?

Our findings

At our last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were ineffective systems in place to assess, monitor and improve the quality and safety of the services provided. At this inspection, we saw there had been little improvement in this area and the provider remained in breach of this regulation.

We found that documentation was not clear, it was disorganised and the manager was not always able to provide documentation to evidence that action had been taken where issues had been identified.

We saw audits had been completed for medication which had not picked up the documentation issues that we found on this inspection. We saw where recommendations and actions had been agreed following safeguarding incidents, these had not been completed, so lessons were not learned. We saw audits had been completed on health and safety, however it was not clear to see whether any of the actions had been completed. A fire risk assessment completed in May 2018 identified action which needed to be taken immediately, however it was not clear from documentation what progress had been made to date. The systems that were in place were not being effectively monitored to assess, monitor and mitigate the risks relating to the health and safety of the people living in the service.

The service had been rated requires improvement previously and whilst there was improvement in one domain, the provider continued to be in breach of one of the regulations and insufficient progress was seen on this inspection.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager in place at the time of our inspection. The current manager had started in post in May 2018 and was in the process of registering with CQC.

We spoke to people, their relatives and staff about how the home was run. Everyone we spoke with was positive about the current management team. Comments included, "If I had a problem, I would speak with the staff and manager and tell them", "[Name] has made a big difference since they have been here, they see everything is done" and "The manager is approachable and I could approach if I had any issues".

The home had signed up to good practice initiatives locally such as the Herbert protocol (a police scheme if people go missing from care) and the manager had taken up training from external providers, as we saw training being delivered from the dietician team on the first day of our inspection.

Spot checks were completed by the management team to ensure that there were no issues and both the manager and deputy regularly completed care shifts to understand any difficulties staff were facing and to oversee the quality of care provided.

We saw that resident's meetings were taking place regularly and people had chance to voice their concerns about any issues. A questionnaire had been completed by residents and people were positive about the care received in the home. A monthly newsletter was produced for residents with activities or events that were happening within the home.

We saw that staff meetings were held regularly and staff could raise any concerns. Issues such as documentation, communication, training and staffing had been discussed.

Providers are required to notify the CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was appropriately notifying CQC of incidents within the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. The ratings were clearly displayed within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Furthermore, these systems were not effective in monitoring and mitigating risks to the health and safety and welfare of the people living in the service.