

Regal Care (Liverpool) Ltd

Appleby Court Care Home

Inspection report

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Kirkby
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 23 January and 1 February 2019.

Appleby Court is a care home registered for 60 residents. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Appleby court is ten minutes away from the town of Kirkby. There are fifty-eight single rooms, two double rooms and twenty one rooms providing en-suite facilities. There is communal space on each floor. At the time of our inspection there were 51 people living at the home.

The home had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated good.

The registered provider continued to have safe recruitment processes in place. All staff had completed an induction and undertook training relevant for their roles. Regular refresher update training was also undertaken in accordance with good practice guidelines. Staff received regular and consistent support through supervision and team meetings.

Staff had all undertaken safeguarding training and felt confident about what they would need to do if they had any concerns about the people they supported. The registered provider had safeguarding policies and procedures in place that staff understood where to find.

People had their needs assessed prior to moving into the home and this information was used to create person centred care plans and risk assessments. Documents included clear guidance for staff to follow to fully meet people's individual needs. People's needs in relation to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. All care plans were reviewed and updated regularly.

People told us they had developed positive relationships with the staff who supported them. We observed positive interactions between people and staff throughout our inspection. Staff were kind and caring and respected people's privacy and dignity. A variety of activities were available for people to participate in.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. Medicine administration records (MARs) fully completed and regularly audited for accuracy. Staff who administered medicines had all received training and had their competency assessed.

People's care plans included information about their food and drink needs. Clear guidance was in place for staff to follow when people required specialist diets or assistance.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken basic training and demonstrated an understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

Appleby Court was well maintained and all equipment was regularly serviced. Health and safety checks were regularly and consistently undertaken at the home. Fire safety checks were clearly documented. Improvements were planned at the home to more fully meet the needs of the people living there.

The registered provider undertook regular audits at the home. Areas for development and improvement were identified and addressed. Accidents and incidents were analysed to identify trends and patterns within the home. Fire safety checks, health and safety checks were consistently undertaken at the home.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Appleby Court 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 checked whether the registered provider was 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 was a comprehensive inspection carried out by one adult social care inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

This inspection was unannounced and took place on 23 January and 1 February 2019.

We contacted the local authority safeguarding and commissioning teams for their views on the service and they did not have any concerns. We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered provider. A notification is information about important events which occur at the home, that they are required to send us by law.

During the inspection we spoke with eight people and three relatives of people living at the home, the manager, deputy manager, two nurses, two support workers and the housekeeper. We spent time observing staff interactions with people living at the home and reviewed the mealtime experience.

Some of the people living at the home were living with dementia. This meant they were not always able to tell us about their experiences. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care, to help us understand the needs of people could not talk with us.

We looked at three care plan files, five staff recruitment and training files, medication administration records (MARs), complaints, policies and procedures and other records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living at Appleby Court. Their comments included "I only have to press the button and staff come to support me", "I can't give a reason but I do feel really safe" and "There are always staff available to support me day or night."

Relatives comments included "[Name] is safe living here. He takes a lot of care and staff are here for him day and night" and "I know she's safe here, there's always someone with her and she's well looked after here."

The provider continued to have systems in place to safeguard people from abuse. Staff were able to demonstrate their understanding of abuse and had received training in this area. There was a clear reporting process in place, that staff fully understood.

Safe recruitment practices continued to be followed and sufficient staff were available to meet the needs of the people living at the home. Recruitment records included all information required to demonstrate a safe recruitment process had been followed.

Risk assessments were in place where areas of risk had been identified and these included clear guidance for staff to follow to support people. Risk assessments included risks that related to the environment, equipment and to staff. People's risk assessments considered risks to moving and handling, personal care, continence, food and nutrition. Risk assessments were regularly reviewed and updated following any changes.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. Medication administration records (MARs) were fully completed and regular audits were undertaken. Staff had received training and had their competency assessed.

Staff used personal protective equipment (PPE) when providing personal care. All staff had completed infection control training and described the importance of PPE as well as hand washing between tasks. Staff followed safe working practices that reduced the risk of the spread of infection.

Accident and incident records were fully completed by staff. These were regularly reviewed by the registered manager to identify any actions to be taken to minimise future risk. They also looked to identify any trends, patterns or development opportunities at the home.

Appleby Court was well maintained and free from any offensive odours. All equipment was well maintained and regularly serviced. All required health and safety checks were in place. Fire safety checks and procedures were regularly undertaken.

Is the service effective?

Our findings

People spoke positively about food and drink at the home. Their comments included, "It's brilliant, you can't fault the food here", "The food is well made and well presented" and "The food is good. It's well cooked and well done. I enjoy it."

People were supported to eat and drink in accordance with their assessed needs. The home worked with dieticians and speech and language therapists where concerns had been identified around weight loss or swallowing.

People were supported by staff to maintain their health and well-being with the support of a range of community healthcare professionals. The registered provider worked closely with local GPs, district nurses, physiotherapists and occupational therapists.

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

The home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was sought in relation to care and treatment and records supported this. All staff had completed MCA and DoLS training.

All staff had undertaken an induction at the start of their employment. Staff that had not worked previously within social care completed the Care Certificate. This is a nationally recognised qualification based on a minimum set of standards that social care and health workers follow during their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills.

Staff completed core training essential for their role and received regular refresher updates. Comments from people included "Staff are well trained and know what they are doing" and "Staff know how to meet my needs and have the skills to do this." Staff told us they received sufficient training to undertake their role and had support through supervision and regular staff meetings.

The home would benefit from further development of the environment to more fully meet the needs of people living with dementia. The registered manager told us that they would include people and their

relatives in the engagement of this process.

Is the service caring?

Our findings

Staff were observed to be kind, caring and patient throughout our inspection visit. People appeared relaxed and comfortable with the staff team and positive relationships had been developed. Comments from people included "Staff are very attentive and caring", "The staff are all good to me and I'm well looked after" and "I have my favourite staff as they are really kind to me."

The provider had received many compliments and thank you cards from relatives of people that had been supported. Some of the comments included 'A massive thank you for looking after my dad. You were all so kind to him', 'Thank you for always going the extra mile for us as a family', 'Thank you for the endless cups of tea, biscuits and support during the last few days' and 'I was very impressed with the standard of care and attention.'

Staff had a good understanding and knowledge of the people they supported at the home. They were able to describe people's histories, likes and dislikes. Staff held comfortable conversations with people around topics appropriate to each person.

People's individual communication needs were clearly described within people's care plan files. They included information about any sensory loss, along with guidance for staff about how to support people with this. One person required additional time for processing information. Staff guidance included talking to the person using short simple sentences and allowing them time to respond. Other people required glasses or hearing aids and guidance was included for when these were required and what checks staff needed to undertake.

Independence was promoted whenever possible. People told us they were encouraged to do what they could for themselves. For example, dressing or undressing with staff to support them with zips and buttons as required. People told us they were encouraged to make choices and these included what to wear, what activities to participate in, where to sit or where to eat.

People told us staff treated them with dignity and respect. Examples included, staff knocking on their bedroom door and waiting before they entered, staff asking permission and checking they were ready before undertaking a task such as personal care or supporting them with continence needs. People told us staff called them by their preferred name and were respectful in the way they spoke to them.

People's records were stored securely in a locked office to maintain confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting healthcare professionals.

Is the service responsive?

Our findings

People were positive about the activities available and their comments included "I like it when the activity coordinator comes to my room and reads to me or massages my hands", "I really enjoy the care exercises", "I enjoy the outings particularly when the weather is nice" and "I enjoy going out into the community independently but knowing I'm supported here when I need it."

We saw that the home had regular visiting entertainment, people's birthdays were celebrated as well as specific events that included Easter and Christmas. People told us they could join in the activities or not, as it was their choice. One person said they chose to stay in their room as they preferred to be solitary. Another person said they were lucky enough to receive lots of visits from friends and relatives so did not always choose to participate in activities. A display board showed activities that were available and included clear descriptions and pictures where possible.

Each person was assessed before they moved into the home. The information gained through this assessment was used to develop person centred risk assessments and care plans. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These included age, disability, religion and other protected characteristics.

Care plans held information specific to each person and included clear guidance for staff to follow so that they fully understood and could meet people's needs and choices. All care plans and risk assessments were reviewed regularly and updated as and when any changes occurred.

We reviewed people's end of life care plans. Where people had expressed any preferences, these were clearly documented. The registered manager held regular multidisciplinary meetings to discuss the end of life processes at the home. They told us this gave them the opportunity to highlight any areas for development and improvement that could be shared with the whole team.

Daily records were completed by staff and included essential information about each person. This included if they had received personal care, what activities had been undertaken, if people had taken their medicines, what food and fluid they had consumed. Observational charts were completed as well as other records to meet people's individual needs.

The registered provider had a complaints policy and procedure in place. People and their relatives told us that they knew how to raise a concern or complaint and felt confident to do so.

Is the service well-led?

Our findings

People and their relatives spoke positively about the management team. They described the manager as very caring and understanding and also supportive. Staff told us that the manager had an open-door policy and would always listen to any concerns they had.

The registered manager had been registered with the Care Quality Commission since 2011 but had been in post at the home for over 20 years.

The home had achieved the gold standard framework. This is a nationally recognised award that evidences that providers offer a high level of training and support to staff for end of life care.

The staff and management team spoke with enthusiasm about their roles in the service. During all discussions they demonstrated an open and transparent approach. They spoke about continual development and opportunities to learn through the people they supported and their relatives.

The registered provider had policies and procedures available that were up-to-date and regularly reviewed. These gave guidance to staff in all areas of their work and employment.

The registered provider undertook regular audits at the home. Topics reviewed for quality monitoring purposes included care plans, infection control, accidents and incidents, complaints, environment, safeguarding, medicines management and falls. There was evidence of analysis and actions identified to highlight and address any areas for development and improvement. Analysis was in place for reviewing accidents and incidents and this was used to identify any trends and patterns within the home to reduce and mitigate future risk.

Residents and relative's meetings took place quarterly at the home. People and their relatives had the opportunity to discuss items such as activities and social events, catering arrangements, housekeeping and any other business.

People and their relatives were regularly invited to give feedback about the home. This was through questionnaires. The registered provider used this feedback to develop and improve the quality of care people received at the home.

A selection of staff meetings were held regularly at the home and included housekeeping, night staff, care staff, nurses, as well as catering management. Staff told us they had ample opportunity to put forward suggestions or raise any concerns and felt they were listened to by the management team.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the services required to send to the Care Quality Commission by law.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.