

Apple Blossom Lodge Ltd

# Apple Blossom Court

## Inspection report

1 Falkland Road  
Wallasey  
Merseyside  
CH44 8EN

Tel: 01516370988

Date of inspection visit:  
20 February 2019  
21 February 2019

Date of publication:  
22 March 2019

## Ratings

Overall rating for this service

Good 

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?

**Good** 

# Summary of findings

## Overall summary

About the service: Apple Blossom Court is a residential home registered to provide accommodation and support to up to 17 adults who have learning disabilities. The home is situated in a residential area of Wallasey with shops and local transport links nearby. We inspected the home 20 and 21 February 2019. The home was providing support to 11 people with one person staying on a short-term basis at the time of inspection.

The home 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's experience of using this service: At the last inspection in November 2017 we had rated the service as Requires improvement. This was in relation to the environment, health and safety checks, lack of staff supervision and lack of induction documentation. At the last inspection we also identified that systems and processes did not operate effectively to enable the service to assess, monitor and improve the quality and safety of the services provided.

During this inspection we found improvements had been made. However, we found improvements were needed to the 'grab file' that held emergency information for people and the water temperatures were not being regularly checked. This was brought to the registered managers attention that was actioned immediately.

The home had been decorated and refurbished so that the environment was brighter, cleaner and more welcoming. The health and safety checks on the home was regularly completed by the manager and staff were receiving regular supervision. The manager had implemented regular audits of the service and these were completed monthly. The staff induction was in the process of being improved.

At the last inspection in November 2017, we found the provider to be in breach of Regulation as systems to monitor the quality and safety of the service were not always effective. During this inspection we looked to see if improvements had been made and found that they had. The registered manager and staff had a good understanding of their roles and responsibilities within the service. Systems were in place to monitor the quality and safety of the service. Any issues identified were addressed to ensure quality of care was maintained.

Feedback received during the two days of inspection was all positive from people using the service, relatives and staff.

Staffing were deployed in suitable numbers and staff had time to spend with people and were not rushed. Medication needs were assessed and medication was only given by staff who were trained to do so. Staff

were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely, care plans were person centred and regularly updated.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Registering the Right Support gives guidance surrounding the maximum amount of people a home providing support to people with learning disabilities should have. Guidance states this should be six however Apple Blossom Court had been registered since October 2016 to provide a service to 17 people. We saw that the home itself was situated in a residential area and that people with learning disabilities who were using the service were able to live as ordinary a life as any citizen. People were able to make their own decisions about their lives for example what they wanted to do and eat.

Rating at last inspection: Apple Blossom Court was previously rated as Requires Improvement. The report was published 07 February 2018.

Why we inspected: This was a scheduled inspection based on the previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

## 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.

Details are in our Safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

# Apple Blossom Court

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type: Apple Blossom Court is a residential home registered to provide accommodation and support to up to 17 adults who have learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with one person using the service and two relatives to ask about their experience of the care provided. We spoke with three members of care staff and the registered manager. We also observed people and staff within the home.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed

and implemented by the provider.

Following the inspection, the registered manager provided us with requested documents including policies, training and supervision information, activity information and menu's.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because they received safe care and could talk to staff if they needed to. One person told us "Oh yes I'm always safe, they're good to me," Relatives responses from a recent survey included, "I feel confident that [person] is safe and well cared for" and "I am very satisfied that my [relative] is getting the best care".
- All three of the staff we spoke with could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse. This included reporting the abuse to the appropriate authorities and whistleblowing to the Care Quality Commission and other professionals. Staff were in the process of having their safeguarding training updated.
- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.

Assessing risk, safety monitoring and management

- Emergency procedures for keeping people safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and an overall emergency procedure plan. However, we identified that the 'emergency grab file' with people's PEEP's in it was not up to date and there was not a system in place to include people who stay in the home for a short period. This was brought to the registered managers attention who actioned it immediately.
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people. Examples included deterioration of one person's mobility, another person's epilepsy and vulnerabilities to verbal, physical aggression and financial abuse.
- During our previous inspection we had seen that some parts of the home had appeared shabby and some areas in the home looked dirty. At this inspection we found improvements had been made as the home had been decorated and refurbished so that the environment was brighter, cleaner and more welcoming.
- Equipment and utilities were checked regularly to ensure they remained safe for use. We looked at safety certificates that demonstrated that services such as gas, electrics and firefighting equipment had been tested and maintained. However, we identified that water temperatures were not regularly checked. High water temperatures (particularly temperatures over 44°C) can create a scalding risk to vulnerable people who use care services. This was brought to the registered managers attention who assured us that this would be immediately actioned.

Staffing and recruitment

- We looked at three staff recruitment records and all were in order with all relevant checks completed.
- The service had reduced the use of agency staff, and the registered manager told us that they were nearly fully staffed so people living in the home had permanent staff who supported them with their support.

- Changes to the staffing structure had been made since the last inspection, including a new registered manager.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

#### Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.
- We looked at the medicines and saw that for the majority they were safely managed. We identified one discrepancy that was brought to the registered managers attention who actioned this immediately.
- Medicines were stored safely within the home.
- Staff who were administering medication had completed training and had their competence assessed regularly to ensure they were safe to manage people's medicines.

#### Preventing and controlling infection

- An external infection control audit had recently been carried out by Infection Prevention Control. The audit showed the service had been scored at 67%. The registered manager had actioned the findings and the majority had been completed. The registered manager had employed domestic staff and was waiting for the person to start.
- Staff had attended infection control training and used infection control processes when providing support for people living in the home. One relative told us "Its clean now."

#### Learning lessons when things go wrong

- There was a process in place to track and analyse incidents and accidents and the registered manager was able to pick out any patterns or trends for further analysis.
- The registered manager had come into post following the last inspection and was able to show how lessons had been learnt through identified practice issues and how improvements had been made.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was working within the principle of the MCA.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- The registered manager was fully aware of their responsibilities if there were any conditions on DoLS authorisations and what documentation would be needed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Ensuring consent to care and treatment in line with law and guidance

- We saw mental capacity assessments and best interest's information for aspects of people's support such as finance and medication. We were told by people and their relatives that consent was asked for by staff when people were being supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with the person and their relatives to discuss what support they needed and how they wanted this to be delivered. We saw that care plans were then completed which reflected people's choices and wishes.
- When people had specific medical conditions, information regarding these conditions was held within the care files. This information also provided best practice guidance on how best to manage the condition to ensure people received safe and effective care.

Staff support: induction, training, skills and experience

- During our previous inspection we found that people's inductions had not been documented when they first started with the service. We found at this inspection that the inductions for staff were being completed and the documenting process was due to be improved. The registered manager was in the process of implementing the Care Certificate. This is an induction process accredited by the industry standard training organisation, 'Skills for Care'.
- People and their relatives told us they felt staff were well trained and able to meet their needs safely. One relative told us "They definitely know what they're doing."
- We saw that the staff attended training the provider deemed mandatory. This included food hygiene, safeguarding and fire safety. We saw that there was some specialised training for staff surrounding specific health needs such as epilepsy, however we discussed that as the service was a learning disability home then the staff would need training surrounding people with learning disability needs. The registered manager assured us that they had a plan in place to access the training we discussed.
- There were three staff members with diploma level three and three staff with diploma level two in Health and Social Care. Both senior support workers had signed up for level four in Leadership in Health and Social Care which would enable them to take a team leader post/deputy role and the registered manager had started apprenticeships for any new staff under the age of 19.
- During our last inspection we saw that the registered manager had not carried out any formal supervision with staff. At this inspection we saw that staff received regular supervision. This was supported in discussions with staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Care records documented when people required support with preparing food and drinks.
- Records showed that when people required their intake to be monitored, systems were in place to ensure these records were completed accurately and reviewed regularly.
- People were protected from risks associated with poor nutrition and swallowing difficulties. We saw risk assessments were in place in regard to choking.
- People chose what they wanted to eat and weekly menus were devised according to people's wishes.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- Care records showed that staff communicated with other health care professionals when needed. We saw that people had been referred regarding epilepsy and we saw documented visits from chiropodists, dentist, opticians and for those requiring blood tests. We also saw regular input from people's social workers and learning disability specialist nurses.
- Staff would accompany people to GP and hospital appointments when needed.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their rooms and this was supported in discussion with people and their relatives.
- We saw that there were sufficient bathing facilities that was accessible for those living in the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- During the inspection we were told by the registered manager that with the positive changes to the home one person had restarted using their own form of sign language. A staff member had accessed a tutorial on the internet and had used the sign language with the person. This had been the first time in a long time that this person had communicated.
- On the day of the inspection we observed that people living in the home looked comfortable with the staff and this was commented on by relatives we spoke with.
- One relative we spoke with told us "All I can say is they [staff] can't do enough for the people here." Another said, "In the last 10 years, this is the best."
- We asked if staff listened and acted on the wishes of the people living in the home and we were told "Yes, they always listen to me."

Supporting people to express their views and be involved in making decisions about their care

- Records showed that people were consulted regarding their care and supported to make decisions in relation to this. Relatives also told us how they were consulted regularly. Advocacy services were available and used by people.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care. This was available in pictorial form for the benefit of those coming into or living in the home.
- It was stated in individual care plans the best way to communicate with each person to understand their choices. This included how to form sentences and how to re-word sentence to ensure peoples choices were listened to. We saw another instance where staff had guidance on how to give a person time to process information to give a true response to questions, for example their menu choices.
- The registered manager had held 'resident's meetings' where people were asked their opinions on aspects of the home, menus and activities. The meeting minutes showed that people were able to have input and were listened to.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. This respected people's rights to confidentiality.
- People told us that staff encouraged them to be as independent as they could be and records reflected this. An example of this was how a person was to be supported in daily living needs such as making themselves drinks.
- Care plans gave clear guidance on how to retain people's independence, examples included how to present items for a person's personal care so they were able to do as much for themselves as possible.

- There was a small kitchen area on the first floor that was freely available for people living in the home. We saw this being accessed by people.
- We observed the discreet manner of staff when supporting people with their personal care.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs. Care plans were detailed regarding the support people required and had been reviewed regularly.
- Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time. An example was how it was documented that one person preferred to use continence aids instead of relying on staff, this ensured they had control over personal aspects of their life. Peoples care plans also documented specifically how to encourage choice and control, to support people to make as many independent decisions as possible. Subjects included 'When I want to go to bed'.
- Relatives told us they were aware of the plans of care in place and were always informed of any changes. One relative told us "We're always involved."
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset. We were able to discuss people's needs in depth with staff.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included the use of Makaton for a person who had recently restarted using this form of sign language following changes to staffing and environment.
- Staff completed daily logs to record the care provided, so all staff had up to date information regarding people's care. Daily logs reflected that planned care was delivered.
- A range of activities were available to people, both within the home and the local community. People and their relatives told us about the activities available. One person told us about how they went out regularly, went on mini breaks and enjoyed flower arranging. Staff encouraged people to continue hobbies and interests they had enjoyed before moving into the home.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home. This was also available in an 'easy read' version for ease of understanding for those living in the home.
- People told us they knew how to make a complaint should they need to and relatives agreed. People and their relatives were able to name the manager and said they felt comfortable approaching both the staff and the registered manager with any comments.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately. The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- There was currently no one who was being supported with end of life care.

- Our conversations with the registered manager evidenced that people's wishes would be supported and their care package would be reviewed if there needs ever changed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear with regards to what needed to be reported to the Care Quality Commission.
- Staff and people, we spoke with had nothing but praise for the registered manager. Comments included, "She's turned the place around." One relative said, "I've got not worries about [registered manager], she'd act on anything."
- Staff we spoke with were clear on the values which underpinned the service. One staff member said, "Everyone who works here gets it, it's all for the benefit of the service user."
- Everyone we spoke with said they would recommend the service to others. One relative told us "I'm so happy [person] is here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.
- The registered manager had improved the service provision since the previous inspection and ensured lessons were learnt following the identification of practice issues.
- Audits had improved following the last inspection and where now in place, these were effective in highlighting any areas for improvement. There was a range of audits in place for all areas of service provision including medication, health and safety and infection control.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had developed relationships with other healthcare professionals, such as specialist learning disability nurses, speech and language therapists and GP's. We saw that links had been forged with community centres and other services to ensure people were engaged with and their needs were considered and respected.
- Staff and the people who used the service were engaged with regularly by way of meetings, and by having an 'open door policy' so that everyone felt comfortable talking with each other. Feedback was also gathered annually from people who used the service, which was positive.

Continuous learning and improving care

- The registered manager had used the feedback from their last inspection to drive forward areas which

needed improvement.

- The registered manager also used external audits to improve the service such as infection control.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. Wirral Local Authority spoke positively about communication and joint working with the service and told us of the improvements that had been made to the home.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.