Appleberry Care Limited

Appleberry Care

Inspection report

5 The Alders
(in Parkgate) off Windsor Lane, Burnham
Slough
Buckinghamshire
SL1 7HN

Tel: 01628662123
Website: www.appleberrycare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on the 08, 09 and 10 February 2016. Appleberry care is a domiciliary care service providing care to children and adults in their own homes. At the time of the inspection they were providing care to 38 people. As part of meeting the registration requirements Appleberry Care had a registered manager in place.

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

People's relative's views of the service provided was very positive. They told us the staff were trained and knew how to care for people. The management were accessible and were approachable and supportive. Staff were kind, caring and professional. However, we found a number of areas we were concerned about.

We found staff's knowledge or skills were not assessed by the registered manager following training. Checks on staff competency did not always take place and where staff worked with people with specific conditions, specialist training was not provided.

Staff did not receive regular supervision, some staff had received supervision once in the last year. The registered manager told us they had frequent contact with staff, but there was no documentation to verify this.

People's needs were assessed prior to care being provided, but not everyone had an up to date care plan that accurately reflected their needs. Some risks we identified in the care plans had not been assessed. Care plans and risk assessments were not always available in people's homes for staff to refer to. This placed people at risk of inconsistent care.

Administration of medicines was not recorded in a safe way. Records did not include the full name, dosage, route, time and signature of the staff member administering the medicine. There were no risk assessments in place for medicines and no protocols for PRN (as required) medicines.

Staff were aware of the indicators of abuse, but records were not available to demonstrate the provider had taken the correct action in relation to an allegation of abuse that had occurred. We have made a recommendation about safeguarding people from abuse.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA), but the registered manager was not fully aware of how the 2014 Supreme Court judgement applied to Appleberry Care. We have made a recommendation about MCA.

People were supported to maintain their health and access appropriate healthcare support. Staff understood how to support people with food and drinks in order to maintain good health.

We received very positive feedback about the caring attitude of staff. This was supported by actions the staff had taken to ensure people's needs were met. These included collecting items for the person from shops and pharmacies. One staff member attended school with a child to support them with their swimming and supported them and their family whilst the child was in hospital. Other staff had amended their holiday dates to ensure any disruption to the care being provided was minimised.

Staff understood how to protect people's privacy and dignity. They were able to give examples of how they showed respect for people and their families. Family members recognised and commented in a positive way about this aspect of care. The care plans we read also acknowledged people's preferences and choices. Some care plans were regularly reviewed and the person and their relative was part of the review process. Not all care plans were regularly reviewed.

One complaint had been made to the provider in the past year; this had been dealt with professionally by the registered manager. Staff knew how to respond to complaints.

During the inspection we were made aware of a safeguarding concern the provider had failed to inform us of. They failed to supply us with important information following the inspection. We have made a recommendation about notifications.

Systems were not in place to oversee the running of the service, to ensure a quality service was being provided and drive forward improvements.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Training was not always provided to staff to support them when working with people who had specialised needs.

Care plans and risk assessments were not always available to staff to ensure consistent and safe care was provided to people.

People were not protected as the service did not have safe systems in place around the administration of medicines.

Is the service effective?

Requires Improvement

The service was not effective.

Staff did not receive regular support through supervision; their competency to carry out their role was not always checked by the registered manager.

Staff received training in the Mental Capacity Act 2005 and had a basic understanding of how it applied to their role. The registered manager was not aware of recent changes and how they applied to the provision of care by Appleberry Care.

Is the service caring?

Good

The service was caring.

People's relative spoke positively about the service, praising staff and the registered manager for being, professional, caring and kind.

Staff practised in a way that showed they were committed to the people they worked with, and performed tasks outside of their role to assist people in their day to day lives.

Staff knew how to protect people's dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not responsive

Care plans were not all up to date and accurate or had been reviewed recently. This placed people at risk of unsafe care.

Not all people or their relatives had been involved in reviewing their care on a regular basis. The registered manager was unsure of what some people's needs were and what care was currently being provided to people. This placed people at risk of inconsistent care.

Is the service well-led?

Requires Improvement

The service was not well led.

The provider had failed to notify CQC about changes or events that occurred in the service. This is not in line with regulatory requirements.

Quality assurance systems were not in place to ensure the quality of the service provided was of an acceptable standard to the provider.

The philosophy of the service which included providing good quality care to people was understood by staff.

Appleberry Care

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 08, 09, and 10 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service. Staff are often out during the day and we needed to be sure that someone would be in to answer our questions and provide information.

Appleberry Care provides domiciliary care to children and adults in their own home. At the time of our inspection they were providing care to 38 people.

The inspection was carried out by an inspector. Before the inspection we reviewed all the information we held about the service. This included previous inspection reports and notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Prior to the inspection the provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke on the telephone to six relatives of people who use the service. Other people who used the service were either not available or they were not able to speak to us. We interviewed three staff on the telephone following the inspection. We examined care documentation for seven people and records related to the recruitment of four staff members. We examined records related to the training of staff, quality assurance documents and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People's relatives told us they felt the service people received was safe. One relative explained this was because the staff were competent to carry out their role. Staff were provided with training through e-learning. The areas covered included moving and handling, safeguarding adults and children and fire training amongst others.

When a new staff member held a training certificate from a previous employer that was valid for a minimum of six months from the date they commenced employment with the service, then new training in that subject wasn't provided. Staff knowledge and learning was not assessed by the registered manager. How staff applied their learning to their role was not tested neither was their level of understanding of the subject.

When we discussed training with the registered manager we were told in some instances relatives provided training to staff. The registered manager had not assessed the information given to staff by relatives to ensure its accuracy or safety. Specialist training courses in areas such as autism, where not available to all staff who worked with people with autism. One staff member we spoke with supported a person with a genetic condition. When asked if they had been offered training to understand the condition they told us they hadn't but they had researched the condition in their own time. Records showed some staff members who worked with people who had epilepsy or who required the use of a hoist had not received specific training in these areas. People were placed at risk of harm as the registered manager had not ensured the competency; knowledge and skills of staff were of a sufficient standard to meet people's needs in a safe way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When new packages of care were provided to people a thorough assessment of their needs took place. From this the provider could assess how many staff were required to meet the person's needs. When staff were absent from work alternative cover was sought, where this was not available, no cover was provided. The registered manager told us everyone who received a service from Appleberry care had a relative involved in their life, who could step in to provide the care. The majority of relatives told us there had been no missed calls and staff were punctual and reliable. One relative told us of a couple of occasions when staff were either, early, late or had not turned up. They told us the missed visits were a result of confusion with dates with the provider and this had not happened again.

We were told by the registered manager that following the initial assessment, a care plan was created along with the relevant risk assessments. Where this had not happened they told us they sent a copy of the initial assessment to the staff member who carried out the care. When we spoke to one relative they told us there were no care plans or risk assessments in the home. When we discussed this with the registered manager we were informed that there were six people who they provided care for who required an up to date care plan and risk assessments. At the time of the inspection they were not in place in the person's home. One staff

member told us they did not know if there was a care plan or risk assessment in the home of the person they cared for. Another told us there were no care plans or risk assessments in the home of the person they cared for. A staff member told us they carried the risk assessments round with them when visiting people in their own homes. Without available information for staff the provider could not demonstrate they had systems in place to protect people from the risk of inappropriate or unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people required support with their medicines. We saw records of medicines administered by staff to people. The records were not completed in a safe or effective way. The records were hand written. The names of the medicines on the record had been abbreviated, for example 'para' was used instead of paracetamol. There was no information about the medicine dosage, strength or the route it should have been administered through. Records related to the time the medicine was administered only included am or pm. There were no staff signatures to indicate which person had administered the medicines.

One person's records showed the total amount of medicine left in stock; however the numbers recorded were in list form and not directly related to each individual medicine. This meant it was unclear how many of which medicines were still available. Protocols for the administration of 'as required' medicines were not available. These protocols provided guidance as to when it is appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner.

There were no risk assessments related to the administration of medicines, and some people's care plans stated that staff supported people with medicines, but the registered manager told us they didn't. For two people the registered manager was unclear as to whether staff supported them with their medicines or not.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following a discussion with the registered manager about our concerns related to the unsafe recording and practice of administering medicines, they started to look at how they could improve in this area.

Staff were trained in how to safeguard people from abuse. They were able to tell us how they put the training into practice with their knowledge of indicators of abuse and who to report concerns to. One staff member was able to tell us how they protected a person from verbal abuse. We discussed with the registered manager how they would respond to an allegation of abuse. We found they did not fully understand the procedure. Appleberry care's procedure for safeguarding people required the registered manager to report concerns of abuse to social services within two working days or if the abuse or risk was serious then it must be reported within 24 hours. The registered manager made immediate changes to the timescales in the procedure to ensure the guidance reflected the need for immediate action. The registered manager told us they planned to attend training for managers on how to safeguard people.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helped the provider to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with children and adults.

The provider had a contingency plan in place to ensure where possible the service could continue in the event of an emergency.

We recommend that the service finds out more about training for managers, based on current best practice, in relation to safeguarding children and adults from abuse.

Requires Improvement

Is the service effective?

Our findings

During the inspection we spoke mainly to relatives of people, this was because the person being cared for was either a young child or they were unable to speak with us. Their relatives told us they believed staff were trained to meet the specific needs of the person being cared for. They described staff as being professional and experienced.

Staff received training to carry out their role. Each new member of staff undertook induction training. The two most recent employees were in the process of completing the new care certificate. The new care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff.

We were told by the registered manager that observations of carers whilst they worked were undertaken and spot checks had been carried out We found no documentation to verify this. Staff we spoke with told us they had not been observed during their work by the registered manager, but they were aware it was planned to happen in the future.

The provider's policy on supervision and appraisal reviewed in January 2016 stated "All staff will have an annual appraisal of their overall standard of performance and identification of training and development needs, and a copy of the appraisal is placed on the personnel file of each care or support worker." We discussed this with the registered manager who told us staff received a joint appraisal and supervision session once a year. When we asked how many staff had received this, we were told eight out of 19 staff.

The policy also stated "Where possible, taking into account work demands of our part time staff who may have other permanent full time jobs, we will have one to one discussions and informal communications with staff regularly." We asked to see records related to these communications with staff. We were shown one record. We were assured by the registered manager that they frequently contacted staff in relation to their role, but they had failed to record these interactions.

The policy also stated "Managers and supervisors will receive training in supervision skills."' The registered manager told us they had completed their training over 18 years ago. The provider failed to demonstrate they provided appropriate support, training, professional development, supervision and appraisal as was necessary to enable staff to carry out the duties they were employed to perform.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the registered manager. A staff meeting was held once a year, and a newsletter sent to staff every six months.

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 when this is in their best interests and legally authorised under the MCA.

Through our discussions with staff we found where staff worked with adults they had received training in the MCA. They demonstrated a basic understanding of the Act. The registered manager told us they had completed their training but seemed unaware of the changes brought about by the supreme court judgement handed down in 2014. This ruling required provider's like Appleberry care to apply to the court of protection when there was a requirement to carry out care in such a way as to deprive a person of their liberty. The registered manager told us they were providing care to people who lacked capacity to give consent to their care. We were told relatives held the power of attorney for these people. There were no documents to substantiate this. On the second day of the inspection the registered manager had obtained evidence from relatives who had applied and obtained power of attorney for people. Where care was provided to children, we saw some parents had given consent on their behalf by signing the care plan.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Where people had problems with their weight staff were aware of how to support them. The registered manager told us there was no one who was at risk of malnutrition or dehydration.

People's relatives told us staff supported people to maintain good health. Where changes in people's health occurred these were reported back to the family member or to the emergency services. The registered manager gave us examples of how they had advised families on contacting support agencies such as the "falls team" to provide people with advice on how to remain safe and well.

We recommend that the service finds out more about training for managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

Good

Is the service caring?

Our findings

Staff were described as "Excellent" "Good" "Kind" and "Supportive" by relatives of people who used the service. One relative described their regular staff member as "Phenomenal, she has so much experience, nothing I can say or do will shock her. She has a nice relationship with us all."

People's relatives told us they felt their views were listened to and they were involved in the care planning process. Information was shared between the staff and relatives, and discussions on the best way to care for the person took place. Staff told us they took guidance from the relatives on how to care for people. Where a person's needs changed, staff responded appropriately to safeguard the person, relatives told us staff showed concern for people's welfare. One staff member told us how they had to support a person to monitor their food intake. If the person had eaten more than they should do, but they were not happy on that day, they would not confront or challenge them. They would inform their parent, who would be able to balance their food intake for the rest of the day. They told us they worked with the parent in that way, as that had proved to be least distressing and kinder for the person than the alternative.

When we discussed with staff members how they provided care to people, they were able to demonstrate a clear understanding of people's needs. They knew what people liked and disliked and the importance of their relationship with the person. This was something the relatives had
observed and valued. People's relatives said staff always encouraged people to make choices and encouraged participation in their care. One relative described how the staff member worked, "They take the time to ask her what she would like to do today, where she would like to go. They try to put her needs first." Another relative said "She (staff member) asks the children what they want to do, she doesn't tell them what to do."

Some people had up to date care plans in place, others did not. Some relatives told us the person's care plan had been reviewed. One relative told us the registered manager "Reviews the care, she (registered manager) comes out and talks to us. She is very friendly, listening to us first before she talks. She gives good advice too." One relative told us how the person who received the care was involved in the care review; another told us how the regular staff member who supported the person was also involved in the care review. Relatives told us the reviews provided an opportunity to share different ideas about community involvement For instance at one review the staff member had discussed with the person about the possibility of going horse riding, which the person wanted to do. The relative told us the staff member had taken the form to the GP for their signature so that the application form could be processed.

Staff were aware of the need to protect people's dignity and privacy. One staff member told us they protected a person's by hiding their identity badge when they were out in the community with them. They said ". I don't do anything that would call attention to him." Other staff described how they made sure the person was suitably dressed and how they protected people's dignity when supporting them with personal care by covering up naked parts of their body.

Relatives confirmed staff treated people and their families with respect; they showed regard to the other

family members and consideration when working in someone's home. One relative told us about the staff member who worked with their family, "She travels a long way to be with the children. She doesn't exclude the other children; she includes the youngest one too. She understands we are a family. She has a nice quality about her."

Staff treated people with kindness. One relative described the way the staff members cared for a person. "They show they are fond of her, very much so. They make it clear they enjoy being with her. They ask permission for things and treat her as a full human being… Both are so positive, bright and breezy, energetic and on time, they do a good job, the staff have been excellent."

Families praised the staff for their commitment, professionalism and caring attitude. They observed that staff encouraged people to be as independent as possible and offered stimulation and support. We were told by the registered manager about a staff member who committed to work with a person who attended school. The staff member voluntarily attended the school to support the person with swimming session as this benefitted their mobility. When we asked the staff member why they did this, they told us "Because otherwise (named person) would not get the swimming sessions." They went on to tell us the school were short of staff. The registered manager told us the same staff member also observed how the teaching staff in the school interacted with the person, which had helped them develop their own interactions and practice.

Other examples of staff going the "extra mile" included staff collecting cream from the pharmacy for someone, collecting milk for a person on the way to a visit. Another person liked to receive the newspaper each day; staff collected it on their way to visit the person. When a person was in hospital a staff member gave up their own time to sit with them. One staff member told us how they had rearranged their holiday dates to coincide with the dates the person and their family were going on holiday. This eliminated the need for a different worker to cover in their absence, which caused the person anxiety. This demonstrated the caring attitude of the staff members.

Requires Improvement

Is the service responsive?

Our findings

People's relatives and the registered manager told us prior to care commencing an assessment of the person's needs took place; this involved family members where appropriate. Following this a care plan and risk assessments were drawn up, but we found this had not happened for everyone. Care plans were approved by families or people and they signed to show their consent had been given to the care as described in the care plan. Not all care plans had a signature on them or were up to date. The registered manager told us a number of care plans had been reviewed and updated plans had been sent out for their signatures. These had not been returned to the provider at the time of the inspection. There were some care plans that had not been updated or recently reviewed. This placed people at risk of inconsistent care.

The registered manager told us where an assessment of a person's needs had taken place but the care plan had not been written, the staff member was given a copy of the assessment prior to commencing care. In this way they could read what the individual needs of the person were. We examined completed assessment forms which were very detailed and thorough. Some risks we identified in care plans were not assessed. For example, one person had asthma there were no risk assessments related to this and no guidance in the care plan. For another person one risk assessment stated they were not supported with medicines, in another it stated they were. In a second person's care plan it stated they were supported with medicines but the registered manager told us they weren't. The registered manager was unsure if either person was supported with this aspect of their care.

Care plans reflected the health and social needs of people along with cultural needs and any additional needs they may have had. They reflected people's choices and preferences. For example, one person's care plan stated that whilst the person was watching TV, they did not want staff sitting with them. Staff were knowledgeable about how people wanted their care provided. Staff told us they discussed the care with the families of the person or the person themselves. People's relatives told us they had a good relationship with the staff who provided the care and the registered manager. This had a positive impact for the people being cared for, as there were no obstacles to discussing issues as they arose.

Some people's relatives told us the care plans were reviewed regularly, others did not. Where care plans had been reviewed, relatives spoke positively about the process, which involved the registered manager visiting the person's home and discussing the care with the person or relatives if appropriate.

Care plans reflected activities people enjoyed, we read for some people social interaction was a large part of their support plan. Staff told us how they supported people to visit the cinema, swimming sessions, shopping and eating out. One person was supported by staff to undertake personal administration tasks which were very important to them. This assisted the person to maintain their interest and their independence.

One relative told us they had made a complaint to the registered manager. They said the registered manager had responded quickly, appropriately and professionally, and they were satisfied with the

outcomes. Each person was given a copy of the complaints procedure when they started to receive receiving care from the provider. Staff knew how to respond to complaints. There were no other recorded complaints at the time of our inspection.

We recommend that the service seek advice and guidance from a reputable source, about how to document care planning and risk assessments and adjust their practice accordingly.

Requires Improvement

Is the service well-led?

Our findings

People's relatives told us they thought the service was well managed. They were comfortable talking to staff and discussing how care was provided.

One of the concerns that was raised with the registered manager and the provider on day one and two of the inspection was that records were not always up to date, accurate or appropriate. When we asked to see documents they were not always available, for example, evidence related to the support given to staff. The registered manager told us they worked in this role for 30 hours a week. They had no administration support, and they were finding it difficult to keep on top of the administration tasks. On day three of the inspection we were told the provider had agreed to provide an additional 10 hours of administration support for the registered manager, to assist them with their workload.

The provider had a legal duty to inform the CQC about changes or events that occurred in the service. This is called a notification. During the inspection we were made aware of a safeguarding concern the provider had failed to inform us of. Following the inspection we asked for documentation to show the provider had referred the concern to the local authority safeguarding team or the police. They failed to supply this to us. The provider did notify us about a recent change of premises.

Systems were not in place to ensure that all care plans were regularly reviewed, up to date and accurate and that staff received regular support and training. Records were not stored in an accessible way. Some policies were not up to date or accurate. This demonstrated that quality assurance systems were not in place to drive forward improvements to the service.

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

Staff and people's relatives told us the management were approachable, helpful and supportive. A staff member told us the registered manager was "Very good, I can always talk to her." A relative said "She is very approachable and helpful."

Questionnaires were sent out to staff and people who used the service for comments on the quality of service. Eight responses were received. Overall the responses were positive. The provider had commented on and informed people of what action they were taking to address any concerns raised.

The philosophy of the service was "Providing good quality and professional care to our clients". "This was understood by staff. One staff member told us "Appleberry's culture was very positive; people are nice natured, you only get good vibes." Another told us "Appleberry care have a positive attitude, clients' needs are always at the heart of the service,"

As part of the recruitment process the provider checked candidates attitudes to equality and diversity. They were questioned on how they respected people's culture and belief's. They looked to ensure people could

be supported to have a positive sense of self and identity. The care needs assessment also identified if people had cultural or religious needs. We discussed with the registered manager how they supported people from different ethnic backgrounds and they were able to demonstrate an understanding of people's needs and how the service respected and met these needs.

We recommend the service puts systems in place to ensure they meet the legal requirement of notifying the commission of events within the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks to the health and safety of people receiving care. Care plans were not accurate and did not contain up to date information. Systems were not in place to ensure staff have the qualifications, competence, skills and experience to carry out their role safely. Regulation 12 (1) (2) (a) (b) (c) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b) (c) (e) (f)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to demonstrate they provided appropriate support, training, professional development, supervision and appraisal as was necessary to enable staff to carry out the duties they were employed to perform. Regulation 18 (2) (a) (b)