Applegarth Healthcare Limited

Applegarth Nursing Home

Inspection report

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Date of inspection visit:
08 January 2024
16 January 2024

Date of publication:
06 March 2024

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Applegarth Nursing Home is a residential care home providing personal and nursing care to up to 53 people. At the time of our inspection there were 31 people using the service.

The care home accommodates people across three separate wings, each of which has separate facilities. These include a unit for older people living with dementia, a unit for people with neurological conditions and a unit for people with complex care needs.

People's experience of using this service and what we found
The provider's quality assurance systems were not effective and had not addressed the clear shortfalls in records and checks. Senior management were unable to access audits so could not be assured key aspects of service delivery were being safely and effective met.

Risk assessments were not always in place to show staff how to manage potential risks to people's well-being. Some people's care records were incomplete and were not reviewed at regular intervals. There was no audit evidence available to show if these were kept under critical review nor checked for quality or relevance.

The provider had no demonstrable evidence to show staff had relevant training in order to meet the specific conditions of people who lived there.

People were not always supported to have maximum choice and control of their lives and staff had not always assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. A small number of people had been restricted without a legal framework or training by staff to do so. This was being addressed.

Medicines management and storage records were not always completed in line with good practice. Local safeguarding processes had not always been followed when incidents had occurred.

People said they felt safe and comfortable at the home. They commented staff were "nice" and treated them with kindness. Staff supported people in an unrushed, calm and engaging way.

There were enough staff to support people. Staff displayed caring values and good teamwork. They were respectful of people and their colleagues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 15 March 2019).

Why we inspected
The inspection was prompted in part due to concerns received about restrictions on people and lack of staff training in supporting people with distressed behaviours. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Applegarth Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to risk management and good governance of the service at this inspection.

We have made a recommendation about oversight of the provider's safeguarding system.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Applegarth Nursing Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors, a Specialist Professional Adviser 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 care service.

Service and service type
Applegarth Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Applegarth Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and care professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 10 people and a visiting relative. We observed interactions between people and staff and looked at the condition of the building.

We spoke with 12 staff including the deputy manager, nurses, care workers, cook, maintenance, leisure and administrative staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider's arrangements for risk management did not lead to mitigation of risk and risk records lacked detail.
- Risk assessments resulted in numeric scores which did not lead to risk management plans. Strategies were not set out showing the actions needed to minimise risk and there was no evidence of regular risk review.
- Date and time details were missing in parts of people's care records so it was unknown when risks should be reviewed. For example, a person's physical ability had deteriorated over time according to their daily records. However, the manual handling assessment within the care plan was incomplete, did not detail a safe method of managing the person's change in needs and conflicted with specialist health professional's advice.
- Some routine safety checks to the premises were not in place. There was no record of water testing in an unoccupied unit in the home which could be a legionella risk. There was no record of regular fire drills and staff stated the only drills had been due to false alarms.
- Some splits in corridor flooring had been taped over but this was lifting in some areas which could cause injury to someone not wearing shoes. The provider stated plans were in place to lay new flooring and interim action would make the flooring safe.
- Where incidents had occurred, there was no clear process or standard approach to the documentation to detail the event, identify actions or highlight any learning.

The failure to identify, monitor and manage risk placed people at potential risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place for the management of safeguarding concerns, but this had not always been followed. The home's safeguarding log had not been completed since August 2023 despite significant incidents occurring after the last entry.
- Safeguarding referrals had not always been made to the local authority. This was contrary to local safeguarding adult procedures.
- Overall, people said they felt "safe" and were comfortable in the presence of staff members. Their comments included, "I am safe here, the girls [staff] are very nice" and "They look after me, I'm safe and it's good."

We recommend regular organisational oversight of the safeguarding process to make sure incidents are reported and acted upon.

Using medicines safely

● The provider had a system for the administration of medicines. Only staff who were trained in medicines management were responsible for supporting people with their medicines.
● The record of daily temperatures for the medicines fridge were not being recorded consistently or correctly. This meant it was not assured the medicines which required refrigeration were always stored at a safe temperature.
● There were no body maps or written instructions to direct staff in the application of prescribed topical creams and ointments.
● We were unable to check the provider's medicines audits as these were not accessible to anyone except the registered manager who was absent.
● Following the inspection, the provider stated these shortfalls were being addressed and an audit was carried out by a senior manager.

Preventing and controlling infection

● The provider had infection prevention and control policies in place. Staff wore appropriate personal protective equipment (PPE) at mealtimes and when supporting people with personal care.
● There were some premises issues which compromised infection control. These included grubby hoists, chipped paint and perished sealant around bathroom floors. The provider said these would be addressed.
● The provider's website stated visiting was "open for relatives, friends and associates to visit anytime between 9am and 11pm and at other times by arrangement." Although none of the staff or people we spoke with were aware of these times, there was no indication of restricted visiting except where required by public health advice.

Staffing and recruitment

● The provider carried out safe recruitment practices to make sure new staff were suitable to work with people. The provider ensured there were sufficient staff on duty.
● There were staff allocated to each unit. Staff stated only a small number of people who were nursed in bed could physically manage the call alarms. We saw staff checked people in bedrooms regularly.
● People said staff tried to attend to everyone in a timely way. Their comments included, "[Staff] come if you call. Sometimes they are busy but they do come" and "Staff are very nice and they always get to you as soon as they can."

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not demonstrate staff had the right skills and experience to manage the nursing and specialist care needs of people who lived there. There was no 'training needs analysis' and it was not clear if staff had relevant training in order to meet the specific conditions of people who lived there.
- Staff told us they had no directed training in the specialist needs of people. For example, a staff member said, "Some people come from spinal injury units with conditions we have not even heard of and we have to source our own training."
- The clinical skills of nurses were not set out or reviewed by the provider. During the inspection, nursing staff were asked to complete their own clinical training record but this did not include dates, training agency or whether the nurses felt competent in those skills.
- The service had accepted the placement a person with an inherent neurological disease which affected their behaviour. However, staff did not have training in positive behaviour support to assist the person when they were distressed. This training has since commenced.
- A training matrix of standard mandatory training for all staff was in place but 5 staff members were missing from this record.
- Supervision and appraisal was not consistently offered. Whilst new staff felt supported during their probation, other staff were not able to recall their last individual supervision session.

The provider lacked a comprehensive system of recording the skills and competence of nurses. This placed people at potential risk of inconsistent care. This contributed to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Following the inspection, the provider stated a skills assessment, including dates of prior training, was being developed.

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

- People's needs had not been specifically assessed by the provider before their placement to make sure the service could be provided in an effective way. The provider worked closely with the person's previous care provider during the transition period but was reliant on information provided by those agencies. Following the inspection the provider stated a 'needs assessment' would be used in future to identify whether or not the home could meet a person's needs.
- The service aimed to provide complex and neurological care but there was no demonstrable evidence of matching the service provision to best practice guidance, for example National Institute for Health and Care Excellence (NICE) standards.

● Care plans did not always include planned or aspirational outcomes for people, so it was difficult to evidence the effectiveness of the service. The provider stated a new care plan format was being considered for the future.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The management team had not always acted within the principles of the Mental Capacity Act so a small number of people had been restricted without a legal framework or training by staff to do so.
● Previously, staff had been instructed to carry out restrictive practices which had compromised people's rights, for example, restricting their access to the community. (This had been the subject of a safeguarding case and was no longer occurring.)
● Following the inspection, the provider confirmed they were seeking further MCA training for management and staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional well-being was assessed and they received support with their dietary needs. Catering and care staff were knowledgeable about each person's nutritional needs.
● People were offered a choice of dishes at each mealtime and dined when they were ready. Where people required physical assistance with their meals, this was carried out in a gentle, unrushed way.
● Each unit had its own kitchenette area and people were offered drinks throughout the day. There were drinks and snacks in people's bedrooms and bowls of fruit in dining areas.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access health services, when necessary.
● Staff collaborated with health professionals such as occupational therapy and community health services on behalf of people.

Adapting service, design, decoration to meet people's needs
● The units for people with neurological and complex care needs had been specifically designed. The accommodation was appropriate to their needs with spacious communal areas, wide corridors and large ensuite facilities in bedrooms.
● The original, older part of the home accommodated older people, including people living with dementia. This part of the building had not originally been designed to support those needs and had narrow corridors and smaller rooms. At the time of this inspection, extensive future refurbishment work was being planned to

this part of the premises.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and governance was not effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider's governance of the service was not effective. There was a lack of evidence of oversight from the organisation's senior management.
- A significant amount of audits and evidence was stored on one computer hard drive, which could only be accessed only by the registered manager who was absent. This restricted the ability of the provider or other management staff to assure key aspects of service delivery were being safely and effective met.
- Some people's care records were incomplete and were not reviewed at regular intervals. There was no audit evidence available to show if these were kept under critical review nor checked for quality or relevance.
- The provider had no oversight of the clinical competencies of nurses so was unable to assure itself of their skills to meet the specific health needs of people.

The failure to ensure a demonstrable and effective system was in place to monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Following the inspection, the provider developed an action plan which was intended to address these shortfalls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who were able to express a view said they were generally happy with the service. One person commented, "This place is good in its own way, I don't think I would be better off anywhere else."
- People who were able to express a view told us they were involved and included in planning their own care service. Their comments included, "I do my care plan, I am involved in all of that" and "They do ask me what I want and I do all the care plan stuff. I organise a lot of things myself still."
- Staff said they valued their good teamwork within this inclusive, diverse workforce. They commented positively on the commitment from their colleagues and the benefits of rarely needing agency staff to cover shifts.

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

- The staff team had ways to engage and involve people. Leisure staff created regular colourful, informative

newsletters for people and relatives. People said staff discussed their views with them daily.

● People who were able to comment could not recall any formal surveys about of the service and there was no feedback displayed in the home. However, there were twice-yearly residents' meeting where people were encouraged to give their suggestions about activities, menus and other social items.

● Staff teams had opportunities for group meetings to discuss organisational matters. Some staff commented communication and directives from leadership were often via email which did not always lead to consistent practice.

Working in partnership with others; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider worked with other health and social care agencies to support the people who used the service.

● At the time of this inspection, the service was involved in a quality improvement process with the local authority.

● The provider understood their duty of candour responsibilities to acknowledge when things went wrong.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risk management strategies were in place to manage potential risks to people's safety. The provider was unable to demonstrate staff had relevant training and skills to meet the specific conditions of people who lived at the home. Regulation 12(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to monitor the quality and safety of the service were not always accessible or effective and had not led to improvement. An effective system was not in place to ensure care and medicines records were well-maintained. Regulation 17(1)(2)(a)(b)(c)(f)