

Cumbria County Council

# Applethwaite Green

## Inspection report

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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

### About the service

Applethwaite Green is a residential care home that provides personal care and accommodation for up to 27 people. At the time of our inspection there were 14 people living at the home. Accommodation is over two floors, with people living in units each with a communal lounge and kitchen/dining area. The ground floor unit provides care and accommodation for people who are living with dementia.

### People's experience of using this service and what we found

People told us they felt safe living at Applethwaite Green. They were cared for by enough care staff, who had received training on safeguarding people to keep them safe from avoidable harm. People told us when they needed assistance staff responded promptly. People received their medicines as prescribed and systems were in place for the safe management and supply of medicines. Risks to people were assessed and incidents and accidents recorded and analysed for themes. The premises were clean and hygienic and staff followed infection control and prevention procedures.

People were supported by staff who were trained and supported in their roles to help people to live healthy lives. The service worked with other organisations to make sure people had consistent care and treatment and access to professionals and support services as needed. People were given a choice of a varied and nutritious diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about the service and the care provided and felt staff listened to them. People were cared for by staff who were open and kind. The atmosphere within the home was friendly and welcoming and staff promoted people's independence and personal dignity.

Staff provided care and support tailored to people's needs and choices. Staff knew them well and helped them pursue their own interests and take part in activities and entertainments they enjoyed. People were supported at the end of their life with compassion, to be comfortable and free from distressing symptoms and pain. Systems were in place to deal with any complaints raised about the service.

The registered manager displayed knowledge about the needs of the people who lived at Applethwaite Green. They displayed an understanding of the importance of good quality monitoring, openness and transparency and working closely with other agencies and healthcare professionals. People who used the service and staff said the registered manager was available and approachable and their views were sought to improve aspects of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Applethwaite Green on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Applethwaite Green

## **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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Applethwaite Green is a 'care home'. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Our planning considered all the information we held about the service. This included information about incidents and accidents the provider must notify us about, such as abuse allegations. We sought feedback from commissioners of the services and professionals who worked with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spent time in each unit and in communal and dining areas speaking with people and observing their

daily activities and staff interactions. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We reviewed records relevant to the running and quality monitoring of the service, new policies and procedures and the recruitment records for three new staff employed in the last year. We looked at training and supervision records. We looked at five people's care records in detail and records of medicine administration, its storage and management.

We spoke with six people who lived at Applethwaite Green, four members of care staff, a supervisor and the registered manager, who was present throughout the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included evidence of training, maintenance certificates and the completion of ongoing maintenance work. We sought formal verification from the provider that work identified by internal audit and at the previous inspection was being completed as a matter of urgency.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider consider safe temperatures for medicines storage and formally risk assess storage areas to ensure good practice and the effectiveness of medicines. The provider had begun work to make improvements but these were not complete.

- Medicine storage room temperatures were monitored and there were procedures to try to reduce temperatures. Work had begun on a new medication room where medicines could be stored and temperatures effectively controlled. This work had not been completed, but the provider was able to formally confirm that this work would be completed within the next two weeks to provide a permanent solution to this problem.
- Medicines were managed safely, arrangements were in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. People received their medicines as prescribed, administered by staff who had received appropriate training to do so. The provider had auditing systems to monitor the management of medicines.
- The provider had protocols for giving 'as required' medicines in place that helped to make sure that people were only given these medicines when they needed them. Monthly audits had been carried out on medication records to help ensure accuracy.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and policies and procedures in line with local authority guidance to protect people from harm and abuse. People told us they felt safe living at Applethwaite Green and told us it was "A good place to live."
- The registered manager understood their responsibility to report suspected abuse to the local authority and work with them to keep people safe. Whilst examining care records we found unexplained bruising, noted by staff and recorded but not reported to the safeguarding team straight away. The manager acted immediately to refer and investigate.
- Staff knew how to recognise and report abuse and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.

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

- The provider had internal systems to identify when lessons needed to be learned, for example installing a new phone system to improve accessibility. Systems to identify risks and protect people from avoidable harm were used and the registered manager monitored accidents and incidents to identify themes and areas needing improvement.

- Risk assessments included, people's medicines, dietary, nutritional or swallowing risks, falls, mobility and any risks in the home environment. Everyone had a personal emergency evacuation plan to show how they should be helped from the building should an evacuation be necessary.
- Records showed that equipment in use had been serviced and maintained in accordance with manufacturers' recommendations. A range of internal checks had been conducted, to ensure they were fit for use and clean.

#### Staffing and recruitment

- The provider had safe recruitment systems and processes. Relevant pre-employment checks, had been made to help make sure staff had the right character and skills to work with people made vulnerable by their circumstances.
- Rotas showed there were enough care workers to flexibly cover the varying needs of people throughout the day and night so they received the support they required. People told us there were staff available when they needed them.

#### Preventing and controlling infection

- The provider had policies and procedural guidance for staff to protect people from the risk of infection. As we walked around the home we identified some places where there were loose tiles, damaged paintwork and damage to work surfaces. We discussed this with the manager who had already identified these and fed back these matters to the provider. They were able to provide us with confirmation that the items we raised were being addressed promptly.
- Staff had received training on infection control and in food hygiene. We observed staff using personal, protective clothing and equipment correctly.
- The environment was clean and hygienic throughout. People told us that the home was kept clean and tidy and that they were asked for feedback on this at their meetings.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff assessed the needs of each person to help make sure they could meet their needs on admission.
- Staff used appropriate clinical tools to make assessments and these were subject to review with people, their representatives and social care professionals. The assessments included people's physical, emotional, social and cultural needs.
- Protected characteristics were included in people's assessments as appropriate. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people living at Applethwaite Green were able to follow their cultural beliefs and their religion of choice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their roles and had undertaken induction and training relevant to their roles and the support they provided to people.
- Staff confirmed they received appropriate training, supervision and support from the senior staff, could discuss their work and well-being and felt supported and "listened to." Staff told us they were kept up to date with best practice, attending training on oral health so they could be confident supporting people with their oral health care. One staff member told us "Training and support is good, I enjoy it, it makes you think. The idea here is to learn from any mistakes."
- Staff attended regular meetings that supported them in their work.

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

- Staff supported people to have a nutritious and varied diet in keeping with their health needs and cultural preferences. All people had nutritional risk assessments which included information about their specific dietary needs and risks related to choking.
- People told us the meals were good with plenty of choice and they could choose where they took their meals. Minutes of resident's meetings indicated menus were discussed regularly and that people were happy with the current menu.
- People who needed assistance with eating and drinking received encouragement and support in a discreet and dignified manner.

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

- The registered manager and staff worked well with external agencies and made referrals appropriately so

people could access the healthcare and treatment they needed.

- Information about professional visits was in people's care plans, including GPs, the mental health team, diabetes nurse, speech and language therapists, chiropodists, and district nurses.

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

- There were appropriate signs around the home to support people living with dementia to locate different rooms and orientate themselves. Some specialised equipment was available for specific needs, for example an overhead hoist.
- Redecoration was taking place in parts of the home and consideration was being given to adapting the home's environment to facilitate the independence of people living with dementia.
- Bedrooms we saw had been personalised by people and they had some of their own things so they were familiar spaces where they could spend time if they wanted.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. We saw evidence of MCA assessments taking place and when necessary applications for DoLS authorisations had been made and incorporated into care plans. Staff had received training on the MCA and its applications.
- Relevant people had been involved, consulted with and had agreed with the level of care and treatment provided in people's best interests. However, some do not attempt cardio-pulmonary resuscitation records did not reflect this. The registered manager confirmed they would carry out a review to check all their forms and they provided evidence this was done immediately following the inspection.
- People confirmed staff asked their permission when helping them and before giving any personal care. We saw staff waited for a person's response prior to undertaking any support, for example, when assisting people to mobilise.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and with kindness and consideration. This was reflected in the feedback from people who were consistently positive about the caring attitude of staff. We were told, "It's a good place, I'm very happy here."
- We saw people were treated with dignity and respect. Staff spoke with people in a pleasant, friendly manner with lots of appropriate banter, laughter and hugs. People who lived there confirmed this was usual and they were clearly comfortable with the staff members supporting them.
- Staff understood people's rights and had received training in equality and diversity and the definition of the protected characteristics. We observed people were treated very much as individuals.

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

- Staff recognised and respected people's individual choices in their daily routines. Care plans contained information about people's preferred routines and wishes.
- People told us they felt they were listened to by staff. People's involvement in decision making about the home was supported via regular meetings.
- People were often supported to express views and make decisions by their families or representatives, but advocacy services were available if needed. Advocacy services help people to access information, explore their care choices and promotes their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's personal space, privacy and dignity which was an established part of the home's culture. The registered manager and two staff members provided a resource for staff as the dignity champions for the home. Staff made sure doors to bedrooms and toilets were kept closed when people were receiving personal care and we saw staff knocking on bedroom doors and calling out before entering.
- Everyone had been assigned a link worker to provide continuity of care and build effective relationships. Link workers involved the person in deciding how their needs could be met and agreeing the level of assistance they wanted.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided care and support tailored to people's needs and choices. They completed an assessment of people's individual needs prior to admission to the home. This helped to determine if they could provide people with the level of support they required.
- People, their relatives and representatives, where appropriate, were involved in developing care plans. Care plans had been regularly reviewed and gave staff the information they needed to deliver effective care. People were involved in their reviews and signed their care plans, where possible.
- Staff we spoke with understood people's needs and preferences well and it was clear those who lived at the home were being supported to make day to day choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff carried out assessments to support people's specific communication needs and the guidance on meeting them was stated in care plans. We saw staff were familiar with people's methods of communication.
- Staff used some visual aids to help people access information and formats, such as large print and pictorial information. The home had provided talking books, when requested, for people who were visually impaired.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff made sure people were supported to maintain their important relationships with family, friends and the wider community. People's individual preferences, interests, life histories and lifestyle choices had been gathered and developed with them and families to help staff offer appropriate support.
- The activities boards on the units informed people about a range of activities carried out by staff, community groups and external entertainers. People told us how much they enjoyed the social events put on in the home and mixing with others. Favourites mentioned were, 'Singing in the Lakes', quizzes, bingo, hand massage and film afternoons. We were told, "The staff are good, chat, have a laugh and there is stuff to do, I like dominoes myself, it's a lot better here than living on your own."
- People said they could take part in activities of their choice and no one made them take part in anything they did not want to do within the home and outside. They confirmed they could attend religious services if

they wanted and follow their own faiths and beliefs. They gave feedback on activities they liked or wanted at their regular meetings.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and we saw complaints had been managed in accordance with the home's procedures.
- The registered manager used any learning from incidents and shared it with staff during their regular meetings.

End of life care and support

- People were supported at the end of their life to be comfortable and free from distressing symptoms and pain. The community nursing service and GP practice advised and supported staff in providing end of life care. This promoted a team approach so appropriate care and treatment was provided as a person approached the end of their life.
- Staff had access to training on end of life care and how to support people and their families at this difficult time. The registered manager was exploring opportunities to increase access to more training and greater partnership working with a local hospice who delivered training.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found there was an open and positive management culture within the service. The registered manager provided effective leadership and a clear direction for staff to provide person centred care.
- Staff told us they felt listened to and well supported to develop their roles within their work to improve the care and activities for the people they supported. We were told, "I am enjoying it here, independence is pushed, there is no timescale on how long it takes to help, it's up to them [people in home], it's their choice and we follow."

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 had policies and procedural guidance for staff on the duty of candour. The registered manager and staff demonstrated an open and transparent approach to their work. They acted positively and promptly to all feedback provided during this inspection.
- The registered manager and staff understood the importance of reporting accidents and changes in people's health to the appropriate professionals and agencies and keeping families informed. For example, informing families when an aspect of care had fallen short and what action had been taken to remedy it. This indicated that the principles behind a duty of candour were recognised within the service's culture.

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

- The registered manager understood the requirements of their registration. They notified CQC of significant events and displayed the previous CQC rating prominently.
- The registered manager kept herself up to date with changes in legislation and current best practice and monitored staff practices and development.
- The registered manager and staff operated quality assurance programmes and monthly audits on all aspects of the service, medication, environment, fire, health and safety and care records. These had highlighted where improvements were needed to keep people safe, such as the need to correctly fit a fire door and provide external lighting. We received confirmation that these were being addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff had created an inclusive environment to live in. They sought ideas and

feedback from people and relatives both informally daily, during home meetings and using surveys. People said they felt their views were important and staff respected their choices and chosen lifestyles.

- Staff told us they felt valued, listened to and well supported to develop in their work. They told us staff morale was good and they had the opportunity to speak about any issues at their regular meetings with the manager.
- The registered manager worked in partnership with health care professionals from local multidisciplinary teams. They had good links with local charities and voluntary organisations. All of these played a part in the life of the home and people's wellbeing.