

Applewood Support Limited

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Inspection report

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Date of inspection visit:
07 October 2019

Date of publication:
25 October 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Applewood Support Limited is registered to provide personal care to people who live in their own homes. At the time of the inspection 60 people were supported by the agency. This included older people, some of whom were living with dementia and, or, specific health conditions.

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

Since our last inspection, improvements had been made to personalise care records, so staff had information about what people liked to talk about, their hobbies and interests. People and their relatives gave us positive feedback about staff being kind and caring toward them. Staff promoted people's independence and maintained people's privacy and dignity.

Overall, staff knew people well and how to reduce risks of harm or injury. However, risk management plans had not always been written when risks had been identified. This meant new staff or staff covering care visits did not always have important information to refer to if needed and regular staff could not refresh their knowledge of people's needs.

Staff had received training on how to protect people from the risks of abuse and understood the importance of reporting any concerns.

Staff understood how to reduce the risks of spreading infection. People had their prescribed medicines available to them and were supported with these from trained care staff.

There were sufficient staff and people received their care visits at the agreed times. The provider had a call monitoring system that created an alert if care staff were running late. When alerts were received these were acted on to ensure people received their care visit. The provider had a safe recruitment system to ensure staff's suitability to work at the home.

People's needs were assessed before their care visits commenced. People were supported with their food and drink where this was part of their agreed care. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

There were systems in place for people and their relatives to give their feedback on the service. People felt well cared for and they, and their relatives had no complaints.

There were some quality assurance systems in place to check the safety and quality of the services. However, improvement was required to the managerial oversight through audits to ensure these were robust and identified any issues where improvements were needed.

The provider and registered manager needed to refresh their knowledge about when they were required to send statutory notifications to CQC and ensure they met their legal responsibilities.

Rating at the last inspection

The last rating for this service was Good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

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

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

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained 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 not consistently well led.

Details are in our well led findings below.

Requires Improvement ●

Applewood Support Limited

Detailed findings

Background to this inspection

The 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.

Inspection Team

One inspector and an Expert by Experience carried out this inspection. The Expert by Experience had personal experience of caring for older people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 the quality and safety of the care provided.

Notice of inspection

We gave notice of our inspection to the provider on 4 October 2019. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection. Inspection activity started on 4 October 2019 and ended on 7 October 2019. We visited the office location on 7 October 2019.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority. As part of the inspection we used information the provider sent to us in the Provider Information Return. This is 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 the information to plan our inspection visit.

During the inspection

We had telephone conversations with 15 people and their relatives to gain their feedback about the service. We spoke with eight members of care staff, the human resources staff member, the finance staff member, the registered manager and the provider. We reviewed a range of paper and electronic records. This included a review of four people's care plans, medication records, daily care notes and risk management plans. We also looked at records relating to the governance and managerial oversight of the service. These included quality assurance checks, personal data security, staff recruitment and training records.

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 changed to 'Requires Improvement'. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk people could be harmed.

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

- Overall, risks were well managed by staff who knew people well. One staff member told us, "Most of the time, we visit the same people, we get to know them well and know how to keep them safe." Another staff member told us, "One person I support uses a wheeled walking frame and this was getting stuck against their rug. I could see they would fall over, so I discussed this with them and moved the rug."
- However, important information about managing risks of harm or injury was not always available to staff to refer to when needed. For example, where staff told us about some people's identified risks of harm, there was no plan to inform staff how to manage the identified risk.
- One staff member told us, "We need more information on the electronic records about potential risks to people. I went to a person I'd never met before and there was no information in their care plan about them having a visual impairment. I hadn't been told this verbally either. It was sheer luck their relative visited and corrected something I was doing."
- Nationally recognised tools to assess people's level of risk were not always used. For example, one person's initial assessment of needs stated, 'To make sure [Name] was wearing their (special) boots as they have skin breakdown on their heels.' One staff member demonstrated a good understanding of how this person's special boots should be used. However, there was no guidance available for staff to about the technique to be followed when putting the person's special boots on their feet and there was no skin integrity care plan. The provider took immediate action to install a recognised tool onto electronic care records and assured us these would be completed.
- One person had an identified 'high risk' of falls although staff told us the person had not had any falls. We asked staff how they had reached their decision as to the level of risk and one staff member told us it was 'common sense'. However, on discussion with staff, it emerged the assessment included potential general environmental risks to staff visiting this person's home, as well as the risk to the person themselves. The registered manager and provider told us a recognised tool would be used to review all risk management plans which would be based on the individual alone to ensure accuracy. The registered manager said, "This will be done for every person before the end of October 2019."
- Staff reported accidents they witnessed in people's care notes and by telephone to the office. Whilst some individual actions had been taken, staff had not been asked to complete an 'accident or incident' form. There was no overall managerial analysis of accidents or incidents to ensure any learning was identified and risks of reoccurrence minimised. We discussed this with the registered manager and provider and their responsibilities. They took immediate action to make changes to their current system. Staff would now complete accident and incident forms and managerial oversight would take place as required.

Preventing and controlling infection

- There were systems to prevent and control the risk of infection. Staff had completed infection control training and used gloves and aprons to reduce risks of spreading infection.

Using medicines safely

- People received their medicines when they should. Where people were supported by staff, medicines were managed in line with good practice guidance. For example, medicines were stored in a secure box in people's homes when they had been identified as a potential risk to those people living with dementia.
- Electronic Medicine Administration Records (MARs) reviewed on our inspection visit had been accurately completed to record people had received their medicines.
- Some people were prescribed medicines or creams 'when required'. People did not always have body maps to inform staff when, or where on the person's skin, their cream should be applied. The provider took immediate action to address this by implementing body maps.

Staffing and recruitment

- There were sufficient staff to undertake agreed care visits. The provider told us they had faced some recent challenges with a high number of staff leaving. They had used agency care staff to ensure people received their care visits. The provider said they were now recruiting new staff which would enable them to offer people consistency in their care staff again.
- The provider's system for recruiting new staff ensured staff's suitability to work there. We reviewed four staff files and required checks were documented. Three-yearly police check updates were completed to ensure staff's continued suitability.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles. Staff gave us examples of types of abuse and said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- The registered manager and provider demonstrated their understanding of their legal responsibilities in reporting some incidents to us, however, there were gaps in their knowledge. Some safeguarding and concerning incidents had not been reported to us as required. We have further reported on this within the well led key question.

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 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

- People had a pre-assessment before they started to use the service. People and their relatives told us they were involved in sharing important information and agreeing to scheduled times for their care visits.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt they had the skills they needed to care and support people in a safe way. Some staff felt more in-depth training would help them develop their skills further in areas such as skin care and specific health conditions diagnoses. We discussed this with the registered manager and provider who agreed these were areas for further development and assured us these would be planned.
- People and relatives felt staff had the skills they needed. One relative told us, "I have no complaints, I'm very grateful to the staff and they meet my family member's needs."

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

- People's nutritional and hydration needs were met. Where people required support with their meals and drinks, this was in their agreed plan of care.
- Staff told us if they had concerns about a person was not eating well, they would report this to the registered manager. Care notes reviewed showed staff recorded any such concerns and these were acted on. One person was identified as telling staff they were 'not hungry' or 'had already eaten' which was due to their confusion. Staff had guidance telling them to always prepare and leave a meal for this person, which they told us they did.

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

- Staff told us when they had concerns about people's healthcare, they offered to telephone their GP on their behalf or informed their relatives, so they could support their family member to access healthcare services.
- Staff told us if they were concerned about a person's special airflow bed to reduce the risks of skin damage, they would contact either the district nurse team or the supplier, so any fault could be addressed quickly.

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLSs cannot be used. Instead, an application can be made to the Court of Protection show can authorise deprivations of liberty.

- Staff followed the principles of the MCA and understood the importance of obtaining consent before supporting people with personal care.
- Care records contained evidence to demonstrate people's mental capacity had been considered. The registered manager told us if they had concerns about a person's mental capacity, they would seek guidance from the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness 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 in partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People felt well supported by kind staff. People and their relatives gave positive feedback about the staff. One person told us, "I cannot fault them, it's nice to have the opportunity to tell you how good they are." One relative told us, "My family member loves the staff, they look after them well, they know what he needs support with." Another relative said, "Staff talk with my relation, it's more than just a job to them, they have good rapport."
- People consistently experienced positive interactions with staff on their care visits. People described staff as kind, caring and respectful toward them. One person told us, "I've used other care companies and these are way better, they go above and beyond, and have attention to detail."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One person told us, "Staff take me swimming, I love that, they help me to be more independent." One relative told us, "The staff always support my family member's independence."
- Staff gave us examples of how they promoted people's skills and independence. One staff member said, "I encourage people to maintain their skills as much as possible, such as when having a wash or dressing."
- People's privacy and dignity was respected. One person told us, "Staff apply cream to my skin where it gets sore, they are very gently and maintain my privacy whenever doing personal care."
- Staff understood the importance of keeping people's personal information confidential and told us they would not discuss private information outside of work.

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

- The provider supported people with decision making. Care records had been signed by people or their relative in agreement to their planned care.
- Staff encouraged people to be involved in their care. Staff told us they offered choices to people about, for example, whether they wished to have a shower or bed wash.

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 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's needs were consistently met.

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

- The service provided care and support that was focused on individual needs, preferences and routines. One person told us, "I have a health condition and have to attend frequent hospital appointments, sometimes I have to go at short notice, the staff have been very accommodating." One relative told us, "Staff always make sure my family member's care visit is early as planned for, they know he likes to get out and about."
- Improvements had been made, following our last inspection, to personalise people's care records. People and their relatives were given the opportunity to share personal information which was used in 'Important Information to Me'. One person had shared they enjoyed talking about their Army days and ships. Staff had read this and were able to tell us about conversations they had with this person about topics of interest to them.
- People had individual electronic plans of care. The provider told us they used electronic 'person centred software', which meant people and their relatives could access their own care records on the system if they wished to. One relative told us, "I find it very reassuring to be able to check the care notes." People were provided with a paper-based copy of their care plan as well which they kept in their home.

Meetings 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 their carers.

- Accessible 'smiley' face forms were available for people to use to give their feedback about the services.
- People's communication needs had been assessed. For example, one person's care record told staff they were 'hard of hearing' and to speak clearly.
- The provider and registered manager told us they were aware they needed to increase their knowledge about the AIS. They told us this was 'work in progress' and further work was planned for, such as a complaints policy in an accessible format.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure complaints would be dealt with appropriately.
- People and their relatives told us they had no complaints and felt if they needed to discuss a concern staff would be approachable. The provider told us they had not received any formal complaints.

Is the service well-led?

Our findings

Well Led – this means we looked for evidence that the 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 now changed to 'Requires Improvement'. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received their care visits at, or close to, the agreed times because the provider had a call monitoring system. When staff did not 'log in' on arrival at a care visit, an alert was triggered to the office or on-call staff, which they acted on to ensure staff attended the care visit as planned. There had been no missed care visits to people.
- There were some quality assurance systems. For example, checks were made on staff recruitment files to ensure they contained all the information required. The human resources staff member explained how they logged reference requests and tracked these to ensure receipt of them in a timely way.
- However, improvements were needed in other quality assurance systems. For example, the provider and registered manager's oversight of people's plans of care had not identified the gaps we found in risk management plans. They assured us immediate action would be taken to make the required improvements. They told us further systems of audits would be implemented, for example, on reported accidents and incidents.
- The registered manager and provider had gaps in their knowledge about their legal responsibilities in reporting incidents to us. For example, we found records of four incidents that had occurred during 2019 which should have been reported to us, without delay. Evidence showed the registered manager had reported three of their concerns to the local authority and a fourth one to healthcare professionals. Whilst, they had acted on their concerns, statutory notifications had not been sent to us as legally required. We discussed this with the provider and registered manager and requested these be sent to us, which they did.

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

- People and their relatives gave positive feedback about the service and felt managers could be approached if they had any concerns.
- People and relatives told us they were given opportunities to complete feedback surveys to tell the provider their views about the service.
- The culture of the service and staff morale was positive. Staff told us they had previously felt a 'them and us' culture between care staff and office staff. However, this had improved over recent months and all staff now reported a more positive supportive culture. One staff member said, "The managers do listen and I

think communication is improving between us all."

- The rating from the provider's last inspection was displayed, as required.

Working in partnership with others

- The provider worked in partnership with others. For example, the registered manager told us they were due to start on a local authority course to refresh their knowledge on managing a social care company.

Continuous learning and improving care

- The provider and registered manager recognised the importance of continuous learning. They attended a provider forum group, where updates and good practices could be shared.