

Applegarth Home Limited

Applegarth Residential Care Home

Inspection report

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Tel: 02476338708

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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: Applegarth Residential Care Home accommodates up to 25 people in one adapted building. It provides residential care to people over the age of 65. During our visit there were 22 people at the home.

People's experience of using this service:

- Safeguarding systems were not consistently followed to help minimise risks of people coming to harm.
- Records related to risks associated with people's health were not consistently clear to show risks were effectively and safely managed.
- People said they received their medicines as needed but some medicine records were not clear to confirm medicines had been appropriately managed.
- Recruitment records were not always detailed to confirm safe processes were followed.
- There were systems to monitor the quality and safety of the service, but they had not been consistent in identifying areas for improvement to be acted upon.
- Staff cared about people and were responsive to their needs. Care plans contained information to support staff in providing personalised care in relation to their healthcare needs.
- People felt safe living at the home and with the staff that supported them.
- Enough staff were on duty during our visit to support people's needs.
- People's needs were assessed before they started to use the service to make sure their needs could be met safely and effectively.
- Staff knew people well and respected people's privacy and dignity.
- People were supported to access healthcare professionals such as GP's when needed.
- People's nutritional needs were identified and understood by staff but records did not always show people at risk of poor nutrition had consumed what they had been given.
- People's dietary needs were met. Staff understood people's dietary needs.
- People had access to a range of social activities. Some care records contained information about people's interests and hobbies to assist staff in supporting people with these.
- People and relatives were happy with the care provided and spoke positively about the leadership of the service.
- The environment was clean, and staff followed good infection control practice.
- People received information in a way they could understand and knew how to raise concerns if they were not happy. Concerns raised had been responded to and acted upon.
- Lessons had been learnt when things had gone wrong.
- The provider encouraged feedback from people, their relatives and staff to help drive forward improvement. Action had been taken in response to the feedback.
- At this inspection we found there continued to be areas needing improvement resulting in a repeated 'Requires Improvement' rating.

'Detailed Findings' below.

Rating at last inspection: At our last inspection we rated the service as 'Requires improvement'. The report was published on 1 May 2018.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence 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 always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Applegarth Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection took place on 3 April 2019 and was carried out by two inspectors 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 service. This being, a service that supports older people and those living with dementia.

Service and service type: Applegarth is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection: The comprehensive inspection was unannounced.

What we did:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We looked at notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example, about serious injuries. We contacted commissioners to gather their views about the service. During the inspection we spoke with 10

people who used the service and two relatives. We spoke with the registered manager, cook and four care staff. We reviewed a range of records including four care plans, medicine records, accidents and incident records, audits and quality monitoring records. We also looked at staff and resident meeting notes, staff recruitment files, training records and health and safety records.

Following our visit, the registered manager shared information with us about improvements they had acted upon following our visit. These are reflected in the report where appropriate.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not met. At our last inspection this key question was rated as 'Requires Improvement' with a breach in the regulations. The provider had not ensured risk was effectively managed and mitigated. They had not ensured the safety of the premises in some areas of the home and policies in relation to medicine management were not followed. At this inspection there had been some improvement but this was not sufficient to ensure legal requirements were met.

Assessing risk, safety monitoring and management

- Previously, risk assessments contained inaccurate information and staff had not been clear about managing risks associated with people's care, to keep them safe. At this inspection, there continued to be improvements needed. For example, a person who had diabetes did not have a care plan setting out the symptoms of high or low blood sugar levels. The person's 'eating and drinking' care plan made no mention of their diabetes and stated they had a 'normal' diet. Staff were not aware of symptoms associated with diabetes to assist them in responding to any concerns.
- A care plan stated a person could "lash out" and was to be "sat away" from other people but there were no risk assessments detailing this and how staff should respond to this behaviour.
- Risks related to the prevention and management of pressure wounds were not consistently managed. For example, people at risk of skin damage had specialist mattresses to help minimise the risk of them developing pressure wounds. There was no clear information about what settings the mattresses should be set at to assist staff in checking these were maintained. These were seen to be at different settings.
- Staff were aware of the need to reposition people at risk of skin damage, but records were not consistently completed to show position changes.
- Safeguarding systems had not been fully effective as care records showed two people had developed pressure wounds that had not been reported to us as required. One of these had been in December 2018 and the other in March 2019. We therefore had not been able to determine at the time, that risks had been sufficiently managed.
- There were risks associated with medicine management that had not been identified and managed. Medicine records relating to pain relief were not clear. Three people were prescribed pain relief patches to be applied to their skin, but records did not state where to apply them, or state previous ones applied had been removed. Patches applied to the same location can cause skin irritation.
- A pain relief medicine prescribed four times a day as required had been administered twice a day. Staff gave an explanation why this was, but information was not reflected to ensure a consistent approach. There was no information to support staff in making a judgement when the additional two doses of medicine should be given to ensure the person was not subject to any discomfort.

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

The registered manager told us of actions they had taken or planned to address the issues detailed above.

- People had personal evacuation plans for use in the event of an emergency such as a fire which included information about assistance they would need to evacuate the building.
- The provider commissioned specialist suppliers to service and maintain equipment. Checks included electrical appliances, water and gas.
- Previously we raised concerns around the potential for people to have an accident when using the stairs and the stair gate. The stairs are steep and require staff and/or visitors to turn on stairs to shut the gate at the top of the stairs. There is also free access to the bottom of the stairs which posed a risk of people who may be unsafe to walk up the stairs unaccompanied. At this inspection, the provider had completed a "safety gate risk assessment" they considered minimised any risks. People told us they usually used the lift to access the lower or upper floor. The registered manager told us they always escorted people on the stairs and also visitors, as appropriate. Risks associated with the stairs will continue to need close monitoring.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures assisted staff in protecting people from harm. Staff completed safeguarding training and knew how and when to report any concerns. One staff member told us, "One person was quite jolly and went quiet and that is not like them, I did go and talk to the resident and they told me what was wrong, and I told the manager....Within about two weeks they were back to themselves again."
- People felt safe because they felt at ease with the staff and felt the home was secure. One person said, "The staff are friendly. They are there to help us and they do."

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Recruitment checks did not explore gaps in employment histories to identify any potential employment concerns. Application forms lacked prompts to obtain essential information such as full employment histories and any criminal convictions/cautions. The registered manager said this would be addressed with immediate effect.

Using medicines safely

- People received their medicines at the times they expected. One person told us, "I have my medication, they make sure I have swallowed them, and I get them on time."

Preventing and controlling infection

- People said their rooms were kept clean and we saw staff followed good infection control practice by wearing disposable gloves and aprons as appropriate to help prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends so appropriate action could be taken to reduce reoccurrence although sometimes records regarding responses to risks were not clear.
- Care practices were monitored to identify any negative outcomes for people, so these could be addressed. For example, staff explained how one person did not eat when meals were placed in front of them and they were concerned for the person's health. Staff identified if they provided the person with one to one support during mealtimes, the person would eat.
- A relative told us how action had been taken to relocate their family member within the home following a negative incident. The move had made the person and family member happier demonstrating this was a

positive outcome.

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

Good: 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's needs were assessed before they moved into Applegarth Residential Care Home. People had contributed to their assessment which included information about their mobility, health and lifestyle choices.
- People's needs were regularly reviewed so any changes in their care and support were identified and met.

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

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

- The service was compliant with the MCA. The registered manager had made referrals to the Local Authority where people were deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for people, some people were awaiting assessments by the Local Authority to renew authorisations.
- Staff understood their responsibilities under the MCA and DoLS. One staff member told us, "It's about if people have the capacity to make their own decisions. It's not just yes or no, it must be about each decision, can people go out on their own? Can they be in charge of their money? Can they choose what they want to eat, and do they understand risks about their decisions. If someone does not have capacity to go out then they need a DoLS because you can't lock someone away, you have to prove why you are making that decision and what other options you have thought about."
- Staff understood the need to gain people's consent before providing care to ensure they agreed to it. One staff member told us, "I always ask before I do anything, I check if someone is ready to get up, if they want any help, if they want something different."

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service and also completed training, so they could support people safely. One staff member said, "I had my induction,I completed initial training ... when I started I had three shadow shifts (working alongside other experienced staff). The training has met all my needs, but I am willing to do any additional training to learn more."
- Staff completed training in regards to dementia care so they understood how to support people living with dementia effectively.
- Staff felt supported because they had regular one to one meetings with their manager to help guide them with their work. They also attended regular staff meetings.

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

- People's nutritional needs were met. The cook was aware of people with specific dietary needs such as a blended diet or those needing thickening agents in their fluids.
- Support with meal choices and meals was provided as needed. Some people were shown photographs of meals to help them make a meal choice, others used plate guards to help them eat independently.
- People enjoyed the meals provided and had choices of meals made available to them each day. One person told us, "I like the food. I can have something anytime."
- The lunchtime experience in dining room was positive. People who didn't want meals on the menu were offered alternatives. A staff member told us, "If people don't want something, the cook will always make them something else." We saw this happened, one person had cheese on toast as an alternative meal.

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

- Care staff informed the registered manager if they had any concerns about people's health or wellbeing to enable these concerns to be acted upon.
- People had access to healthcare professionals if needed such as doctors, dentists and chiropodists to ensure their health and wellbeing was maintained.
- People were assisted to make contact with advocates or people who could represent them if they needed support to make important decisions that impacted on their care and support.

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

- Applegarth Residential Care Home is an adapted building. A lift enabled people with mobility difficulties to access the first floor of the building.
- People were able to move around the building independently. Doors to the outside areas were alarmed to alert staff of anyone leaving the building so they could monitor people were safe.
- People had access to a spacious lounge although some people felt the lounge was too noisy at times due to activities that took place there. The registered manager told us following our visit they had spoken with people and those who didn't wish to join in were asked if they would "like to go and do something else" but preferred to stay in lounge. They told us, "We will add into our residents meeting about this issue and any concerns raised will be addressed."
- People brought their personal items into the home when they moved in to make their rooms homelier.

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

Good: 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 said staff were kind and caring. One person told us, "They are kind, they do not rush, they take their time."
- Relatives felt staff knew people well and responded well to their family members' needs. One told us, "They are very caring."
- Compliments received by the service stated staff were caring. One stated, "We have found the staff to be very caring and helpful to [person] and to us. They have informed us promptly of any issues or problems [Person] has had."
- Staff completed training in equality and diversity, so they understood how to support people's individual needs. Staff spoke of "Treating everyone equally."
- People had been asked if they had religious needs and were supported with these.
- Specific events were held to acknowledge days such as Remembrance Day and Halloween. We saw pictures of people enjoying a party held for Diwali.

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

- Relatives said staff involved their family member in decisions. They told us staff how staff were always speaking with people to gain their views. A staff member told us, "I always ask them if they're happy. If someone says they don't like something, then you don't do it."
- Care plans showed people had been involved in decisions linked to their care when they were first assessed. Information was limited to demonstrate ongoing involvement in decisions about their care. However, people told us they were happy living at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "They do help to maintain my privacy and dignity. They knock my door and wait for an answer before entering."
- Staff described how they maintained people's privacy and dignity. One staff member told us, "I always treat people how I would want to be treated. It's common sense, if someone is wearing a skirt we make sure when they sit down it hasn't moved up and they are not exposing their underwear, we close doors and curtains when providing personal care, we have privacy screens if someone is in a shared room."
- We saw staff used a privacy screen in a shared room when repositioning a person in bed.
- Staff supported people to be independent where appropriate. For example, they walked alongside people at risk of falling and offering them reassurance and encouragement.

Is the service responsive?

Our findings

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

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

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

- People were happy with the care and support they received and felt their needs were met.
- Staff used people's care plans and spoke with their families to help them learn about how people wished to receive their care. Care plans were reviewed to show when people's needs changed.
- People had opportunities to take part in a range of activities within the home such as bingo, and ball games. One person told us, "I like knitting. We do activities, we do leg exercises and mental exercises and questionnaires."
- People's care records contained some information about their interests and hobbies to assist staff in supporting them with these. One person told us about their interest which was supported.
- People received information in a way they could understand, and staff told us communication within the home was good. They received a handover of information when they arrived for their shift so they had up to date information about people to provide the care they needed.
- Staff were guided by the provider's "Care Commitment" which told staff about the importance of good communication skills with people and making people feel valued.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns or complaints if they needed to. One commented, "Yes I know how to make a complaint. I would go to the manager, then CQC."
- Complaints received by the provider had been investigated and responded to and people who had complained told us things had improved after they had raised their concerns.

End of life care and support

- People's care records contained limited information about how they would want to be supported at the end of their life although letters of thanks from relatives showed people at the end of their life had been made to feel comfortable. One relative had stated, "I didn't think [person] could have been cared for better. Without exception my experience of every member of staff was positive, bright and caring. I will be forever grateful to Applegarth for making [person's] final days as comfortable as possible."
- Records for a person at the end of their life showed a GP had been contacted for advice regarding pain relief to help the person feel comfortable.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations were met. At our inspection on 7 March 2018 this key question was rated 'Requires Improvement' because systems and processes to monitor the quality of care people received had not been safe and effective. There had been a breach in the regulations. At this inspection there continued to be areas of improvement required.

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

- Previously procedures to monitor the safety and quality of the service were not effective. At this inspection there continued to be improvements needed.
- Audit processes had not been effective in identifying unclear records. For example, records used to monitor food and fluid intake did not clearly show people had consumed what they had been given to maintain their health.
- The system for recording accident and incidents was not always sufficient to show action taken to manage risks such as repeated falls and the management of pain. The registered manager told us following our visit, a new format for accident and incident reporting had been implemented so there was "more room" to record actions.
- The registered manager had not reported two notifiable incidents to us as required and without delay. These related to people with pressure wounds. However, these have been forwarded retrospectively and the registered manager has provided assurances notifications will be made in good time in future.
- Staff understood what was required of them. To support this, they attended daily "Ten to Ten" meetings where information was shared about people such as planned hospital appointments they may need to support people with and people they may need to monitor due to ill health.

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

- People's care plans didn't always show risks associated with their care were safely managed.
- Each person had a care plan that contained person centred information to support staff in delivering care in ways they preferred but some lacked detail around people's interests and preferences to assist staff in supporting them with these.
- People were happy living at the home and spoke positively of the staff and registered manager. One person said, "Yes I do know who the manager is....she pops in now and again to make sure everything is alright. I have seen her downstairs as well. You can talk to her."
- The registered manager was supported by the provider who also made regular checks of the service to help ensure the home was run in accordance with their expectations.
- Staff enjoyed working at the home and felt supported by their colleagues and the registered manager. One

staff member told us, "The staff are lovely, the manager is understanding and we all work as a team we all help each other out. We all talk to one another if we have a problem it's like a family thing really. "

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

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement. One person told us, "I wrote on the questionnaire, I miss bacon sandwiches. I had one the next day."
- Satisfaction survey responses showed people had asked for improved activities, action had been taken in response to this which included a planned visit to a holiday destination.
- Staff shared good communication with one another and felt involved in decisions about the service. One staff member told us, "It is good communication yes, we have the handover, staff meetings and supervisions where we can discuss communication".

Continuous learning and improving care

- Staff meeting notes showed staff were informed about areas where they needed to improve although the notes did not state the actions required to improve, were taken.
- There were staff who were 'nutrition and hydration champions' to help other staff understand the importance of treating people with dignity and respect and enable people to feel in control of their lives, valued and confident.
- There was a 'falls prevention champion' that shared information with other staff about risks of falls and what to look out for to help minimise them.
- The provider had signed up the 'React to Red' Campaign (a pressure ulcer prevention campaign) to raise staff awareness of pressure ulcer prevention so that staff reacted to red skin identified on people by asking for help before pressure ulcers developed.

. Working in partnership with others

- The provider and registered manager were committed to working in partnership with other organisations to improve outcomes for people and ensure their needs were met.
- People had opportunities to maintain some links with the community and people's families and friends were welcomed into the home and encouraged to participate in decisions about their family member where appropriate.
- Arrangements were in place to support people with different religious needs.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from risks associated with their health, safety and welfare because these were not always identified or managed effectively. |