

Apple Blossom Lodge Ltd

Apple Blossom Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Apple Blossom Court is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 17 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people, 11 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Overall people's medicines were managed safely, however we identified that the storage of controlled medicines did not follow best practice.

The home was clean, however we identified that areas needed additional refurbishment. Staff had not regularly or appropriately completed documentation that covered tasks such as cleaning responsibilities and checks for health and safety.

We attempted to contact the provider prior to the inspection being carried out for information regarding the recruitment of the new manager and support that was being provided. However, the provider had not contacted the Commission with the requested information at the time of inspection.

Lessons had been learnt following concerns raised by the local authority regarding recruitment however we identified during the inspection that additional improvements were needed.

People living in the home had a comprehensive support plan and risk assessments in place. However we identified that information that had been logged in people's daily logs had not been incorporated into their support plans. This meant that staff did not have up to date information available.

During the inspection we observed warm and comfortable relationships between staff and people living in

the home. However, we identified a confidentiality issue that was not respectful and did not support the dignity of the people living in the home.

People were able to give their opinions on their care service and a range of communication methods were in place to ensure people continued to have this opportunity.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (published 22 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about recruitment, infection control, staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive, Caring and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apple Blossom Court on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Apple Blossom Court

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 was carried out by one inspector.

Apple Blossom Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager who was going through the registration process.

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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with three members of staff including the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 requires improvement. At this inspection this key question remained the same. This meant 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.

Assessing risk, safety monitoring and management

- Appropriate checks by external bodies for electric, gas and the fire risk assessment were out of date. This was identified by the inspector on inspection. This was discussed with the manager who actioned this immediately. However, due to the inspection being brought forward we were not certain that this would have been identified by the provider.
- Health and safety checks were in place however the audits did not reflect issues that had already been identified for example the fire doors not shutting properly. These issues were ongoing however the audits stated that there were no issues. This called into question staff perception of the importance of these processes.
- Risk assessments did not always reflect the changing needs of the people living in the home. An example was where one person at times displayed behaviours that challenge. Although this had been logged in daily notes, the support plans and risk assessments did not reflect the changes and provide the guidance for staff.
- Internal health and safety checks were being carried out by the manager. However, the tasks allocated to staff were not always logged as being completed, for example cleaning duties. The manager informed us that it was their intention to employ domestic staff, this had been discussed at the previous inspection but had not happened.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- The manager was new in post and informed us that there had been a problem with staffing, however this was in the process of being addressed and new staff had been recruited. During the inspection there appeared sufficient staff available to safely meet the needs of the people living in the home.
- We looked at three staff recruitment files. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. However, we identified that other documentation was not available such as appropriate references. This was discussed with the manager who immediately actioned this.

Using medicines safely

- There were procedures in place to support the safe administration of medicines and staff who were administering medication had completed appropriate training.
- Storage for medications was appropriate for the most part, however the controlled medicines were not appropriately secured. This was brought to the managers attention and it was discussed that the information for appropriate secure storage of controlled drugs was available in best practice frameworks

from reputable sources.

Preventing and controlling infection

- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- The environment was visibly clean and free from any unpleasant odours.

Learning lessons when things go wrong

- The service had a system in place to report, investigate and learn from incidents and accidents.
- The manager was able to show us how they had learnt from an instance when recruiting and that the manager had developed new systems to reduce the risk of repeating the mistake.

Systems and processes to safeguard people from the risk of abuse

- The people and relative we spoke with told us that they felt they were safe in the home.
- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training and those we spoke with were able to discuss what actions they would take, staff also said that they would not hesitate to whistle blow if needed. They were confident that the manager would act on any concerns raised.

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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Overall, the care plans seen were detailed, covered a wide range of areas and helped to ensure that staff understood the practical needs of the people they supported. However, we found that some information had not been transferred into care plans from daily logs or accident forms. This meant that staff were not aware of the relevant standards and guidance and used this to effectively to assess people's needs and plan their care.

Staff support: induction, training, skills and experience

- The induction the provider had in place was not sufficient to introduce new staff into the service. It did not include subjects that the provider's own policies stated were covered, an example being end of life care.
- Staff had received some training the provider deemed necessary however, Staff had received some training the provider deemed necessary. However, the manager was making improvements, to ensure all staff had received appropriate training to work in a learning disability setting.
- Staff received supervisions and attended regular staff meetings.

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

- Records showed that when people required their food and fluid intake needed to be monitored, systems were in place to ensure these records were completed accurately and reviewed regularly.
- Support plans documented when people required support with food and drinks. However, staff did not provide a consistent response, when asked about how much thickener they added to drinks for one person and the consistency they were aiming to achieve. We have asked the manager to review this with staff to ensure they are clear and consistent with regards to this.
- People chose what they wanted to eat, and weekly menus were devised according to people's wishes.

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

- People had health action plans (HAP). A HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments.
- During the inspection, staff responded promptly and appropriately when one person became unwell.
- Staff worked effectively with healthcare professionals to ensure that people received the care they needed.

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

- Apple Blossom Court is based in one large residential building. It is close to local facilities and externally, there was nothing to indicate that it was a registered care home which helped to promote the concept of community living.
- We observed that people were able to personalise their rooms.
- We saw that there were sufficient communal bathing facilities accessible for those living in the home
- The manager told us that there were additional refurbishments planned and the manager had adapted one room into a sensory room for the benefit of the people living in the home. We saw evidence that this was being regularly used.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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 now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we identified a breach of confidentiality that was not respectful of people living in the home. This made us question staff perceptions of what is acceptable and how staff treat people with respect. The manager assured us that this matter would be actioned immediately.
- People told us that staff encouraged them to be as independent as they could be and records reflected this. We saw how people were able to go out when they wanted to.
- The home had a small kitchen where people were able to independently make snacks and drinks. This reduced the reliance on staff.

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

- People were seen holding hands with staff with whom they appeared to be at ease. Staff talked to people in a friendly and calm manner. We saw staff provided reassurance to people when needed to reduce anxiety or promote their wellbeing.
- People told us that they liked the staff and found them to be kind and caring
- We observed and heard care staff supporting people with a kind and respectful manner in their approach, they responded people's differing needs.

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

- Staff understood people's communication needs. Where people were not able to verbally communicate their choices or emotions staff were well informed about people's non-verbal communication methods, and these were clearly described in their support plans.
- Where people did not have close family or visitors we saw that formal advocacy services were available to ensure that people had every opportunity to express their choices and wishes. Advocacy services help people to be involved in decisions about their lives, explore choices and options and speak out about issues that matter to them.
- A relative told us that communication had recently improved and that the manager was now feeding back relevant information.
- We saw that people were able to make their own decisions about aspects of their personal care. For instance, if they preferred a bath or a shower.

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

- Support plans contained some specific, individual information, about the person. This supported staff to understand and meet people's needs. People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. An example of this was a person's morning routine.
- Staff demonstrated a good understanding of the individual personalities of the people they supported and were able to talk about people's preferred routines.
- The manager and staff knew the people they supported well, including how best to approach people and how to support people if they became agitated or upset. We were able to discuss people's needs in depth with staff.
- Support plans contained a 'reasonable adjustment care plan what extra things are needed so I can get health services as good as other people'. This give specific guidance on how to ensure people accessed healthcare appropriately.

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.

- We saw how the provider made sure information was available in different ways for the benefit of the people living in the home. Examples of this included the service user guide was available in different formats for people with different communication needs.
- We also saw that the complaints procedures and quality questionnaires were available in different formats for the benefit of the people living in the home.
- Staff were able to explain how different people made use of facial expressions, body language and behaviour as alternative forms of communication.

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

- The manager was in the process of reviewing the activities and social opportunities available to people living in the home. There were plans in place to access yearly passes for the zoo. This was supported in conversation with a relative.

- The staff had identified how one person wanted to access their local church and that this had been made available for them.
- Support plans documented family involvement and supported those relationships.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and this was on display within the home. This was also available in an 'easy read' version for ease of understanding for those living in the home.
 - People told us they knew how to make a complaint should they need to and relatives agreed.
- People and their relatives were able to name the manager and said they felt comfortable approaching both the staff and the manager with any comments.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- However, the registered manager told us how they would support people's wishes and we were provided with the providers end of life policy.

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 now deteriorated to Requires Improvement. This meant the 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; Continuous learning and improving care

- The manager was going through the registration process with the Care Quality Commission (CQC).
- Whilst there were systems in place to assess and monitor the quality and safety of the service, these were not being fully effective. They had not identified the concerns this inspection found.
- The provider had been contacted six weeks prior to the inspection and had been asked for information about the recruitment processes and induction was in place for the new manager. We also asked how the manager was being supported in their new role. The provider had not replied to CQC within this time period, as this information was not made available to us by the provider we could not be certain that the manager had been appropriately supported and inducted into the service.
- The current manager had only been in post for eight weeks when we inspected. They were clear about the importance of developing their understanding of the areas where the service needed to improve.
- Overall staff told us they had confidence in the way the service was managed by the manager, however the provider did not visit the home regularly.
- The manager actively sought out ways to improve their own knowledge. They had signed themselves up for new qualifications and had attended the local registered managers forum.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively gained feedback from people meetings and relatives, we spoke with told us the manager was visible around the service. People knew the manager by name.
- Staff told us they felt supported by the manager and staff meeting minutes covered areas such as security, activities, training, and the implementation of the sensory room.
- The service had developed relationships with other healthcare professionals. We saw that links had been forged with other services to ensure people were engaged with and their needs were considered and respected.

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 manager had shared information with the CQC however during the course of the inspection we identified instances where this had not occurred. We discussed incidents that CQC needed to be notified

about and the manager assured us that this would now take place.

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the service.