

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?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Apple Blossom Court on 25th February 2016. Apple Blossom Court is registered to provide accommodation and support to up to 17 adults who have learning disabilities. The home is situated in a residential area of Wallasey with shops and local transport links nearby. At the time of our visit the service was providing support for 13 people.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post.

People who lived in the home told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well. No-one we spoke with had any complaints.

We found breaches related to medicines management. You can see what action we told the provider to take at the back of the full version of the report.

We saw that some medication records were not completed fully or properly signed for. All staff giving out medication had been medication trained.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had not been adhered to in the home. The manager told us of the people at the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had not been submitted to the Local Authority in relation to people's care. We were told after the inspection that this had been rectified within the week following the inspection.

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful and the home supported the people to access a range of activities, this promoted their independence and well-being.

Staff were recruited safely and there was no evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised regularly and appraised annually.

People and staff told us that the home was well led and the staff told us that they felt well supported in their roles. We saw that the managers were a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their duties.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime, these options had been chosen by the people who lived at Apple Blossom Court.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were supported by staff were being recruited correctly and supported appropriately.

There were enough staff to support people in their various needs and activities and the staff had been trained in safeguarding procedures.

Medication was not safely managed in the home.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The requirements of the Mental Capacity Act (2005) had not been fully implemented to protect people's rights.

The staff had received an appropriate induction and had continued to be trained according to the needs of the people they supported. They received frequent supervision and annual appraisal.

Staff were very aware of the nutritional requirements of the people they supported.

### Is the service caring?

**Good** ●

The service was caring.

Confidentiality of peoples care files was evident

People we spoke with said the staff treated them with dignity and respect and we observed that staff were gentle, patient and caring.

### Is the service responsive?

**Good** ●

The service was responsive.

Accurate information about how to raise a complaint was

available within the home.

We saw people had prompt access to other healthcare professionals when required.

We saw that monitoring information for service users was fully completed.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The registered manager was clearly visible and staff said communication was open and encouraged

Staff said they felt supported in their role.

# Apple Blossom Court

## **Detailed findings**

### Background to this 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. The inspection was carried out by one adult social care inspector.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to four people living at Apple Blossom Court. We talked with three staff on duty. We also talked with the registered manager. We observed several other people who were supported by the service, who did not want, or were unable to talk with us.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including four care plans, medication records, and records for four staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the manager to send information regarding mental capacity actions on behalf of the people who use the service. This was done promptly following the inspection.

# Is the service safe?

## Our findings

People who used the service said they felt safe when supported by the staff. They told us that staff were, "Nice and helpful". One person told us that the staff, "Help me with my money because I've had a few problems with it, it's alright now".

Medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system. We inspected the medication storage and administration procedures in the home. We found the medicine trolley was secure and clean. We saw the medicines refrigerator provided appropriate storage for the amount and type of items in use and the refrigerator temperatures were checked and recorded to ensure medicines were being stored at the required temperatures. The treatment room was locked when not in use.

We carried out a sample of four supplied medicines. We found that the medicines had not been checked in when delivered so a true account of amounts of medications was unavailable therefore we were unable to check if stocks and numbers of medications tallied. We saw instances of medications not being signed for when administered. We also identified that a box of painkillers that was in the medicine trolley was prescribed for an individual and was not on their medication administration record (MAR). When asked, a staff member said it might have been discontinued. This was brought to the managers attention who immediately actioned additional training for the staff.

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

Policies and procedures were in place for safeguarding vulnerable people from abuse. We saw that staff had received training in safeguarding adults and children and they were able to tell us what to do to both prevent abuse and to report it should it occur. The induction training included this and updates were taken.

We looked at staff personnel files. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance team. A fire risk assessment was in place dated 16 November 2015. A Legionella test had been carried out in July 2015. The gas safety certificate was dated 17 July 2015 and the five yearly electrical installations certificate was dated 11 June 2014. As we were walking round the home we saw that a fire door had been propped open and that a fire exit had been partially blocked with a large item. This was brought to manager's attention and after the inspection we were informed that the home had implemented a system of daily door checks.

We saw that an infection control audit by an external organisation had been carried out prior to our

inspection and the manager was in the process of carrying out the actions that had been fed back by the auditing team as they were waiting for the full report.

Where people were identified as being at risk of harm, assessments were in place and action had been taken to mitigate the risks. For example, one person was identified as being at risk of weight loss. We saw assessments, recorded input from dieticians, weight charts and daily record sheets which addressed this.

We saw that accident records were completed in full. An example was that if there were was a high number of falls and appropriate referral were made to the NHS 'falls team'.

Personal emergency plans were in place to advise staff how people should be evacuated safely in the event of an emergency situation.



## Is the service effective?

### Our findings

People we spoke with considered that the staff were well trained. When we looked at the training matrix we found that this was not up to date so we looked at the Provider Information Return (PIR), we spoke to the manager and to the staff. They were all able to tell us the training that had been received included first aid, moving and handling, fire safety and Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

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. The application procedures for this in care homes and hospitals are 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 were being met. The service was not working within these principles.. The registered manager was aware of the needs to have all those people needing Deprivation of Liberty Safeguards (DoLS) applications to be completed. We discussed this with the registered manager. The registered manager e-mailed us to say they had actioned and completed these within the week following our inspection.

We saw that all new staff were registered for the new Care Certificate. This is an induction process accredited by the industry standard training organisation, 'Skills for Care'. There was also evidence of a robust supervision system in place for the staff group. Supervisions and appraisals had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

The manager was able to show us how a staff member had attended a parkinsons disease group with a person who used the service, had returned to the home and cascaded the information to the staff group. This ensured the all of the staffs knowledge was up to date and relevant.

We observed lunchtime on the day of inspection and saw that people participated in preparing meals as they were able. We saw that a radio station was playing quietly in the background and the atmosphere was comfortable and friendly. We saw 'easy read' menus on the wall for the people who live at the home. Easy read documents are those which make written information easier to understand and which often includes pictures, for people who have a condition on the autism spectrum and those with learning disabilities. We saw observed easy interactions between the people and the staff. We saw staff supporting people with eating and this was done with patience and care. We also observed hoe the people at the home helped one another with mealtimes and that those who were able were encouraged to be independent.

We saw that people were involved with shopping and we observed the manager include a person who lived at the home in the shopping trip for that day. The menu was agreed between the occupants of the house they shared and they could always have alternatives. People were able to have drinks and snacks when they wanted to, but a healthy diet was promoted by staff supporting the people and this information was clearly on display around the kitchen area. We also saw that those with dietary requirements, such as the people needing liquids to be thickened were accommodated.

We were able to see that everyone who lived at the home had their own rooms which they had personalised. There were sufficient communal bathing facilities which included a shower room and a bathroom on the upper level of the home and two shower rooms downstairs.

## Is the service caring?

### Our findings

We asked people whether the staff were kind and caring. One person said "Definitely". Another person told us, "Oh yes". All the people we spoke with told us that the staff treated them with dignity and respect and we were told by one person that, "I like them all".

We observed carers interacting with people and noted that they had had a caring manner. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and using communication strategies appropriate for individuals.

We saw how people had been encouraged to reach their own personal goals. These included people being able to go out independently, to use public transport and go to the shops alone. One person told us, "I tell them [staff] when I go then I go by myself. I go shopping".

We noted that people were not rushed and staff supported people with patience. People were not hurried by staff and were supported to go at their own pace whether the care involved was supporting the person to mobilise or to eat a meal. We also saw a staff member chatting with a person and noted that the staff member demonstrated an in depth knowledge of the persons background.

It was clear that staff had warm, positive relationships with people and that the staff were trusted by the people who lived at Apple Blossom Court.

We saw people who lived at the home and staff had developed positive relationships with each other, and staff had an understanding of people's likes and dislikes. We observed that staff clearly knew people well and people told us that generally staff asked for consent prior to carrying out any care. Staff told us that some people could not verbalise their wishes clearly so they looked for other 'cues' such as facial expressions and other interpretations of body language.

We observed that confidential information was kept secure either in the main office or the locked medication room.

# Is the service responsive?

## Our findings

People we spoke with considered that the support provided was personalised. People told us they were able to choose what time they went to bed at night and when to go out. One person told us about accessing church services and another person told us about how they were involved in flower arranging.

The care plans we looked at contained information about the support people needed. This included information and guidance relating to the management of issues that affected people's physical health, mood and behaviour. The care plans provided staff with clear guidance to follow when giving support and care. In some cases they identified triggers and warning signs to help staff recognise early signs of behavioural issues or deterioration in people's health and well-being. We saw nutritional care plans and health passports that were in an easy read format this meant information was mainly described using pictures, and had been agreed and signed for by the person. We saw the health passports were in the process of being transferred to new documentation. These were reviewed according to the homes policy and were audited by the manager.

We saw how the care plans supported individual interests, for example one person's file contained information on how to support the person with long term goals that included attending community activities, money management, budgeting and household tasks.

We also saw how there was a keyworker system in place and that the keyworkers met with the person to go over their care plans and daily support on a monthly basis.

We observed an external group come into the home to deliver a communal exercise programme. This included dancing, exercise and socialisation. The majority of the people who lived in the home joined in as did the staff. We saw that those people who needed one to one support to enjoy the session received this. We looked in one of the attendees care plans to see if this activity was planned and saw that it was. We saw how staff was invested in the people who lived in the home being able to take part effectively.

We asked the people who lived in the home if they knew how to complain and if they were comfortable to do this. All said that would be happy to approach the staff and the manager. One person told us, "I would definitely talk to staff and [managers name]". We saw that there was a complaints file but no complaints had been made in the last 12 months. We saw there was a comprehensive complaints procedure as well as an "easy read" version. Complaints information was also available in the Service User guide.

We asked the people who lived in the home if they felt listened to all told us, 'Yes'. We were told by one person, "We have a meeting with [manager] every month. We say if we've got problems and when we say they do something about it".

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, G.P, dentist, dietician and chiropody appointments.

## Is the service well-led?

### Our findings

People all told us they thought that the home was well run. All of the people we spoke to knew who the manager was. One person told us they took part in the residents' meeting every month. A member of staff told us that the manager was very supportive and another told us, "You can ask them [manager] anything and you'll get a straight answer".

The service had a registered manager in post. It was obvious that the registered manager was well known to the people living in Apple Blossom Court. Staff were able to tell us that they had a good relationship with the manager and this was positive and supportive. We saw records of supervision which evidenced the support and relationship that staff received.

We saw that some of the homes policies were in need of updating and that the manager was in the process of doing this.

The home had recently had an infection control audit that highlighted some issues that the manager was made aware of and was actioning. We looked at the medication audit documentation and saw that this needed to be reviewed for effectiveness so that the risk of errors occurring would be minimised.

Some quality assurance processes were in place. People had been asked for feedback on the service. Records also confirmed that respondents were listened to and as a result and some changes had been made. An example of this was regarding the menus and following this the menus were changed and the people who lived at the home signed the menus to say they had agreed the food choices. The home completed various other audits throughout the year, which contributed to an annual audit completed by the manger.

We spoke with the registered manager and they were open and honest and told us that they recognised that the home needed to improve and that they were committed to the work required.

We saw evidence of people who use the service being asked to complete quality questionnaires; these were also available in an easy read format. This was also discussed in the monthly residents meeting. We saw in the questionnaires that the home asked if the people were able to meet new staff before they have their interview and all had replied yes.

The registered manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information.

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 did not take formal enforcement action at this stage. 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  Medicines management in the home were not always managed in a proper or safe way.