

Appledown Care Home Limited

Appledown

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?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected Appledown on 30 September and 2nd October 2017, the inspection was announced. This was because it is a small service and we wanted to be sure people and staff would be available to speak with us. The service was last inspected in October 2015 when it was rated as 'Good'. At this inspection we rated it as 'Requires Improvement'.

Appledown is a care home which offers care and support for up to six people who have a learning disability. At the time of the inspection there were five people living at the service.

People were relaxed and appeared to be happy with each other and the staff who supported them. There were not sufficient staff available to provide personalised support to people at the weekend. For example, one staff member provided support to five people throughout the day. One person was supported by another staff member to go out and do activities. The registered manager told us these weekend staffing arrangements were normal. That is, one member of staff worked at the weekend to support four people. This meant people's choice of how they spent their time was restricted. There were no opportunities for people to take part in individualised activities outside of the service due to the low numbers of staff. Activities and pastimes were arranged around the needs of the group rather than the individual.

The service was not meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes. However, we found maintenance issues such as a lack of an appropriate window screen on a bathroom window which overlooked the main lounge, an unkempt garden which had a partially filled pond with a sharp drop off from the garden and an unfinished wooden balcony that required further work to finish it. We saw a broken toilet seat in a bathroom which a person told us had been broken on a number of occasions but not been appropriately fixed or changed. Maintenance checks were required for thermostatic mixing valves on two taps to ensure consistency of the water temperature.

Recruitment processes were generally safe and effective; however, we found appropriate pre-employment checks had not been completed for one staff member recently employed by the service. An informal arrangement had been put in place for a member of a person's day placement staff to support a person who had recently moved into the service. We have made a recommendation about this.

Four of the five people who lived at Appledown had individual support plans and these were reviewed regularly with input from the people who were supported and their families. One person who had recently moved into Appledown did not have a needs assessment, care plan or risk assessments. The registered manager provided evidence that a multi-professional review meeting had been scheduled in respect of this person and explained that the commissioning assessment had proved to be inaccurate regarding the person's needs, which was why formal records had not been completed until the review had taken place.

This meant the person did not have accurate records to support and guide staff to provide appropriate support and care. We have made a recommendation about this.

The service did not have comprehensive quality assurance processes to ensure the consistency of the service. For example, required maintenance and records relating to people's personal monies had not been appropriately audited. We checked the accuracy of money held by the service and saw this was a recording issue and not a financial loss of monies.

People were treated with kindness. Staff demonstrated they had a good knowledge of the people they supported. People had regular routine access to health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met.

Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

Meals, snacks and drinks were chosen by people, which we saw they enjoyed. People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted on. Some people were actively involved in meal preparation.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors privately if they wanted to.

The service had clear complaint systems and people had regular opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns. A relative told us, "I can talk to the manager anytime I need to. It is a small place and very informal but if there are any issues the [registered manager] sorts it out."

Staff were supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

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 safe was not entirely safe. Systems for ensuring safe recruitment had not been consistently followed.

Staffing level assessments had not ensured there were sufficient staff to meet people's identified needs at all times.

People received their medicines as prescribed because they were stored, administered and disposed of safely in line with current and relevant regulations and guidance..

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Parts of the service and external space had not been maintained in a way that provided a comfortable and usable space for people.

The registered manager did not have an effective understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They had not met the requirements to safeguard people's rights under the legislation.

Staff were adequately supported through a system of induction and training.

Requires Improvement ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service was not well led. The registered manager was not operating effective systems to ensure they had oversight of all areas of the running of the service.

Auditing systems were not effective to ensure quality monitoring of the service.

Incidents and accidents were recorded. People were asked for

Requires Improvement ●

their views about the service in resident surveys which were completed annually.

Appledown

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.

This comprehensive inspection took place on 30 September and 2 October 2017 and was announced. This was because this is a small service and we wanted to make sure people would be available to talk with us. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law. We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with five people who lived at Appledown. We spoke with one relative, the provider and two staff members on the first day and the registered manager and a staff member on the second day of inspection. Following the inspection we received feedback from one external professional who had experience of the service.

We looked around the premises and observed care practices during the inspection.

We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

There were not sufficient staff available to support people at the weekend in order to provide personalised care. There was one staff member on the rota on the day of the inspection visit to support five people between 7am and 10pm. One person did go out for several hours in the afternoon. They were accompanied by a staff member from their day placement, who was employed by Appledown to support the person to access the local community.

We saw people spent the day sitting in the kitchen, talking to each other and a relative who visited. At 4pm a staff member arrived and people were supported to make their evening meal. Due to the lack of staff available, people were unable to access activities outside the service unless supported to do so by friends or family. One person's care plan stated they were commissioned to have staff support for seven hours on alternate Saturdays to allow them to access the community, participate in activities and increase the person's general well-being. This support was not being delivered.

The registered manager told us these weekend staffing arrangements were normal. That is, one member of staff worked at the weekend to support at least four people. This meant people's choice of how they spent their time was restricted. There were no opportunities for people to take part in individualised activities outside of the service due to the low numbers of staff. Activities and pastimes were arranged around the needs of the group rather than the individual.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Recruitment processes were generally safe and effective; however, we found appropriate pre-employment checks had not been completed for one staff member recently employed by the service. An informal arrangement had been put in place for a member of a person's day placement staff to support a person who had recently moved into the service.

We recommend a review of the recruitment policy and procedure to ensure consistent processes are followed.

Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. People's medicines were stored securely in a locked cupboard. No one using the service was prescribed medicines that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering this.

Fire safety records were up to date. The last fire risk assessment was carried out in 2016. The service had developed since this time and there was now an extra room and an additional person had moved into the service. This was not reflected in the fire risk assessment.

People were protected from the risk of abuse because staff had received training to help them identify

possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff knew where to go outside the organisation to report any concerns which were not acted upon.

Care plans for four people contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information described what the risk was, the circumstances when the risk was likely to be present and strategies staff should take to avoid this or alleviate any distress or anxiety for people. Risk assessments covered a range of areas which were relevant to the individual. For example, one person had assessments in place for swimming and accessing the community. One person did not have appropriate records; this is discussed in the well led section of this report.

There was a system of health and safety risk assessment in place. Fire alarms and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. Regular fire drills took place. Personal Emergency Evacuation Plans (PEEPs) had been developed for each individual which directed staff about how to support each person to evacuate the building safely in the event of an emergency. The boiler and gas appliances had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place.

Is the service effective?

Our findings

The service was not effective. We saw some aspects of the service and external space had not been maintained in a way that provided a comfortable and usable space for people. For example, one person had a balcony leading off their room which was partially finished. The wood to complete the work had been discarded on the balcony and it did not provide a safe or pleasant space for the person to use. The gardens were overgrown and unkempt. The front garden had a partially filled in garden pond. This was not level with the garden and so posed a potential trip hazard.

Following plumbing work carried out on a new room, the thermostatic mixer valves on two older taps required maintenance. This had not been carried out. We saw a bathroom window which overlooked a communal lounge needed appropriate covering to give anyone using the bathroom privacy. At the time of the inspection this window had a piece of plastic loosely tacked over it. However this was ineffective and did not provide sufficient privacy or uphold the person's dignity when using it.

One person's mattress had springs pushing up to the surface of the mattress. We found no maintenance requests for any of these issues. Maintenance records had not been recorded since January 2017.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager did not have an effective understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They had not met the requirements to safeguard people's rights under the legislation.

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 interest and legally authorised under the MCA. The authorisation 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. People were not free to leave the service unsupervised because the registered manager did not think they would be able to keep themselves safe. However, there were no mental capacity assessments in place in respect of this. DoLS applications had not been made for people regarding these restrictions. This meant people were having their liberty restricted unlawfully.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service assessed people's needs before they came to live at Appledown to check the placement would suit their needs. The provider told us they worked closely with each person, their family and other professionals before they moved in to ensure the service understood and could meet people's needs. One person who had recently moved to Appledown had visited the service before moving in and met staff and people who already lived there to ensure they were familiar and happy with what the service offered them. Relatives told us they were pleased with how the service supported people.

People saw health professionals such as GP's, occupational therapists and other specialist services such as podiatrists when they needed to ensure their health needs were met. People attended an annual health check with a GP. One person told us, "I have my health check coming up in November."

Staff were familiar with all aspects of the lives of people who were supported at Appledown. Staff had access to care plans and other relevant documentation. Daily records were also kept and people had their own diary used to record appointments and important events. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. Relatives told us staff knew people well. One commented; "They definitely know [Person's name] very well. It is like a home from home" and "[Person's name] is well cared for. The staff are genuinely very fond of [person]; we have no doubt that [person] receives good care and has a good life." Staff commented, "Appledown is like an extension of my family. I am a key worker for one person and make sure they have what they needs in terms of toiletries etc. and that their appointments are in the diary and are attended."

Staff were supported through a system of induction and training. The induction process had been updated to include the Care Certificate. This is a national qualification designed to give those new to working in the care sector a broad knowledge of good working practices. Staff told us the training met their needs and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

Staff said they felt supported in their job and could speak to the registered manager when they needed to. One staff member commented, " [Registered manager] is generally always available to staff. We are a small and close team and we communicate all the time about what is going on and anything that needs to be discussed can be done immediately so things get done without delay."

Staff meetings took place and staff said the registered manager provided informal supervision on a regular basis to discuss how the service provided support and to help ensure people's needs were met. It also provided an opportunity to review aims, objectives and any professional development plans.

People had access to a varied and healthy diet. People made their wishes about the food they ate known to staff and were supported to help cook meals. Care plans recorded people's likes and dislikes regarding food.

The design and layout of the individual living units met people's individual needs. Three people had their own separate bedroom and two people chose to share a room. People's living areas had been decorated and furnished to suit their preferences with their colour scheme and personal effects around them.

Is the service caring?

Our findings

People were relaxed and comfortable with staff, and showed no hesitation in approaching staff when they wanted to. People told us staff were "lovely" and we saw there was genuine affection and care shown by staff for people who lived at Appledown. One person told us, "I like all the staff here. I have a keyworker too and I would speak to [registered manager] if I had a problem."

One person who had recently moved into the service told us staff were "very nice." Staff were considerate of this person's feelings as a new resident living with people who were all long established at the service. For example, the other four people were due to go abroad on holiday. The registered manager had worked with staff to talk about the need to be sensitive to the person who wasn't going. There were plans in place which would make the week they were by themselves at Appledown special for them.

Families of people living at Appledown were positive about the care their relatives received. Comments included, "The staff are lovely. Very thoughtful and caring. I couldn't fault them."

People were treated with patience and care and it was notable that people also treated others they shared Appledown with with the same values. There was genuine affection amongst people and we saw people looked out for each other's welfare. For example, people helped each other to make breakfast and hot drinks throughout the day.

Staff understood people's different communication styles and gave people the time they needed to communicate their wishes.

Staff spoke positively about people and demonstrated a responsibility for their well-being. Staff comments included, "I really see Appledown as an extension of my family. The people who live here are very special to me" and "I do believe people receive good care here."

People were supported to develop and maintain independent skills around the service. We saw people accessing the kitchen and making drinks for themselves during the day and helping with food preparation for dinner in the evening. People were encouraged to complete simple chores such as making their bed and doing their laundry with support.

People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision, such as activities and food choices.

We were shown two people's memory books. These were beautifully decorated albums with photographs and memories of a range of activities and holidays people had taken over the time people had lived at Appledown. A relative also expressed their pleasure about this and spending time looking at their book with a relative clearly gave a person pleasure.

People were supported to have access to advocacy services that are able to support and speak on behalf of

people if required. No-one required these services at the time of inspection.

Is the service responsive?

Our findings

People who lived at Appledown, except one person discussed in the well led section of this report, had care plans. These were appropriate and had been reviewed to reflect the current situation for each person. All documentation relating to the care and support of people was recorded and included assessments, care plans and daily records. Care plans contained a wide range of information in respect of people's support needs across a number of areas including communication, behaviour and social needs. The registered manager told us full care plan reviews were held annually. Changes were also made when necessary in response to any changes in people's needs.

Four of the five people who lived at Appledown had individual support plans and these were reviewed regularly with input from the people who were supported and their families. One person who had recently moved into Appledown did not have a needs assessment, care plan or risk assessments. The registered manager provided evidence that a multi-professional review meeting had been scheduled in respect of this person and explained that the commissioning assessment had proved to be inaccurate regarding the person's needs, which was why formal records had not been completed until the review had taken place. This meant the person did not have accurate records to support and guide staff to provide appropriate support and care.

It is recommended the registered manager ensure appropriate and accurate records are kept for all people who use the service.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative in order to keep staff informed.

People had a weekly activity rota that detailed what had been planned for the week. Staff told us people had busy lives and we heard that people enjoyed attending various local day placements during the week. One person told us, "Tomorrow we are going out for a cream tea with my church friends."

We saw records that evidenced people and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with keyworkers to discuss their ideas. Staff told us people regularly shared their feelings about the service. For example, one person said they would enjoy a regular take-away food evening and this was arranged.

There was a complaints policy in place and a complaints form was available in an easy read format. Staff told us that if people wanted to complain they would explain the process to them and support them to complete the form. Relatives told us they had not made official complaints but had raised issues of concern with the registered manager. Relatives said they felt their comments were listened to and acted upon appropriately.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Staff told us how much support they received from the registered manager on a day to day basis. However, the registered manager did not receive supervision from the provider. This meant the registered manager had not been able to establish an effective action plan regarding areas of the service that required improvement.

The registered manager was not operating effective systems to ensure they had oversight of all areas of the running of the service. For example, recruitment systems were not used consistently for all employees. Maintenance issues were not consistently recorded and required improvements, such as ensuring the garden was well maintained did not take place.

The service statement of purpose and fire risk assessment, were both out of date and did not reflect the current circumstances of the service due to an increase in rooms and the addition of one additional person who had moved into the house.

Some records about the people who used the service were disorganised and it was difficult to find up to date information. One person who had lived at Appledown for seven weeks did not have a needs assessment, care plan or risk assessment. The provider acknowledged appropriate records had not been completed because this was "a work in process." This meant staff might not have had the information they needed to support the person according to their needs and preferences.

Auditing systems were not effective to ensure quality monitoring of the service. For example, audits about people's personal monies were not accurate. People kept small amounts of personal monies in locked tins. We checked whether the amount of money tallied with records kept and found there were inaccuracies for two people. Personal finance records were not clear and two people were sharing a lockable storage tin which, when combined with poor record keeping, meant it was difficult to be clear about people's individual totals. We discussed this with the registered manager and were satisfied this was an issue with poor recording practices rather than the amount of money being inaccurate.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff meetings took place regularly and were used to discuss any developments in working practices and people's individual support needs. Staff morale was positive and all staff we spoke with commented about what they believed to be the strengths of the team. Comments included, "It is a small and lovely little home. They're like my little family."

Incidents and accidents were recorded. People were asked for their views about the service in resident surveys which were completed annually.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager did not have an effective understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and was not knowledgeable about the requirements of the legislation and had not met the requirements to safeguard people's rights under the legislation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment There were a number of outstanding maintenance requirements which had not been recorded or actioned.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure assessment, monitoring and improvements to the quality and safety of the service were consistently carried out.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were no opportunities for people to take part in individualised activities outside of the service due to the low numbers of staff at the weekend. Activities and pastimes were

arranged around the needs of the group rather than the individual.