

Appleberry Care Limited

Appleberry Care Dorset & Hants

Inspection report

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Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Appleberry Care Dorset & Hants is a domiciliary care agency. It is a small service and, at the time of our inspection, the registered manager was the only member of staff and they were providing personal care and support to two children. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Appleberry Care Dorset & Hants is part of Appleberry Care Ltd which has one other domiciliary care service. The registered manager of Appleberry Care Dorset & Hants is also the director of Appleberry Care Limited.

This was an announced inspection; we told the provider two days before that we would be coming. This was because we wanted to ensure that the registered manager would be available to meet with us.

Relatives told us they were happy with the service. They told us they felt their relative was safe and that the care they received met their needs. People had care plans that described how their care was delivered in ways that respected their preferences. Risks were described clearly as were the ways that they were managed to keep people safe.

Relatives and a colleague spoke positively about the registered manager. They told us she was caring and communicated openly and effectively. They had experience, training, skills and knowledge suitable for their role.

Summary of findings

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 safe. Relatives told us that they were confident the service was safe. Risks were individually planned for and this meant that people were safe when receiving care. There was only one member of staff working and this was sufficient to meet the needs of people using the service.

The Mental Capacity Act 2005 (MCA) was not the relevant legal framework for the service's current work. However the registered manager was knowledgeable about the MCA and had systems available should they begin working with adults or young people who may lack capacity.

Is the service effective?

The service was effective. The registered manager was providing all the care at this service and they had appropriate training and experience to do this safely.

Is the service caring?

The service was caring. Relatives were very positive about the registered manager. People were supported by the registered manager, who they knew well and felt comfortable with. They told us staff treated their relatives with dignity and respect, and involved both them and their relatives in decision making.

Is the service responsive?

The service was responsive because people received care and support that met their needs and care plans were reflected people's individual needs.

The registered manager encouraged open communication and relatives told us they were happy with the service and they knew how to raise any concerns.

Is the service well-led?

The service was well led. The registered manager was also the director of the provider organisation, and as such was accountable for all aspects of the service.

The registered manager ensured that there was open communication with relatives and where appropriate commissioners. We heard from relatives, and saw in records that this led to people being involved in their care and good partnership working.

The registered manager had support from within the organisation .

Appleberry Care Dorset & Hants

Detailed findings

Background to this inspection

We inspected Appleberry Care Dorset & Hants domiciliary care agency on 15 August 2014. This was an announced inspection which was carried out by an inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service. This service had not previously been inspected by us and we had not received any notifications. A notification is information about important events which the service is required to send us by law.

This report was written during the testing phase of our new approach to regulating adult social care services. After this

testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We spoke with two relatives and asked them for feedback about the service. We also spoke with the registered manager of the provider's other domiciliary care service. We visited the office on 15 August 2014 and met with the registered manager. We looked at two people's care records, one staff record and at the various office systems used.

Is the service safe?

Our findings

Before this inspection we had received information from the provider (PIR) describing the processes and working approaches that they had in place to ensure that the service was safe. For example, the registered manager was up to date with their training in safeguarding children. There were policies and procedures in place that would ensure they managed any safeguarding situations appropriately. Two relatives told us they were confident that the care their relatives received was safe. One said: "It gives me confidence to know that (relative) is in safe hands." The registered manager was also up to date in safeguarding adults training. They were able to describe the processes they would follow if they had concerns about the welfare of somebody using the service. There had been no safeguarding concerns but the registered manager had liaised appropriately with social care professionals as needed.

The registered manager had undertaken training and understood the relevance of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. This was not currently applicable as both people receiving the service were under the age of 18. However, the registered manager was able to describe how she would follow the MCA if she started to provide care and support to adults or young people over the age of 16.

People were protected from risks that could be foreseen and planned for. One relative told us they were confident of

this, and explained: "Oh yes (registered manager) is never irresponsible. (my relative) is comfortable. I am comfortable." Risks were identified and the support necessary to reduce these risks were recorded in people's care plans, for example risks associated with activities, travel, environments and the way people might behave in certain situations were all documented with a description of how staff would support the person to lessen the risk. Neither of the people receiving care at the time of our inspection were able to contribute to their own risk assessments, however their relatives had been included and this meant they included appropriate personal information and knowledge. This meant they were specific to each person.

The registered manager provided the care for both people using the service and no other staff were employed. The amount of care provided varied but was only a few hours each week. Times were negotiated between the families and the registered manager. We spoke to relatives who told us that the registered manager was available when they were needed. One relative explained they wanted the consistency of one person, and understood that this may mean changing the time they wanted care. The registered manager explained how they would provide cover in an emergency. They had plans to recruit additional staff and in the interim period there was an agreement in place that the other DCA run by the provider would be able to provide cover in a short notice emergency. Safe recruitment processes were in place. We saw that the registered manager had appropriate checks and references on file.

People were protected from the risks associated with infection because the registered manager understood the risks and used appropriate protective equipment when undertaking personal care with people.

Is the service effective?

Our findings

At the time of our inspection the care was being provided by the registered manager. We looked at their training records and discussed these and their previous experience. Their current training included health and safety, infection control, safeguarding adults and children, the Mental Capacity Act 2005, risk assessments and person centred care. They had the skills and knowledge necessary to undertake the care assessments, planning and delivery that they were undertaking. Both the relatives we spoke with agreed this was the case. One told us: “She (registered manager) is the right fit. She comes up with suggestions.”

The people using the service did not require specialist involvement around food and drink. One relative told us

that they had discussed the sort of snacks that would be suitable and that they had been listened to. Their relative was now having healthier snacks that were agreed and that they still enjoyed. The other relative told us that they always received good information about what their relative had eaten and that it was always appropriate. They also told us that their meals were made into a social experience and this was important and worked well. The provider had training, policies and procedures available should specialist support with food and drink become necessary.

No one using the service needed support accessing healthcare as a regular part of the care they received. The registered manager was trained to deal with first aid emergencies.

Is the service caring?

Our findings

The registered manager had established positive relationships with the people using the service and their relatives. They had a philosophy of open communication, which had been described in the information we received from them prior to the inspection (PIR), and this was evident from records kept and discussions with relatives. One relative told us: “She (registered manager) is good at building relationships.” The other described the communication and interactions they had witnessed between the registered manager and their relative and said: “I have only ever seen positive.”

Relatives told us they were regularly asked for feedback and suggestions for improvement and both felt involved in how their relative was cared for and the sorts of activities they did. We saw that care plans involved information from them and had been signed to show their agreement. They

told us they were encouraged to communicate by phone, email, text or in person and this made them feel that their feedback and contributions were welcomed. The registered manager described how they used observation to make sure that they took the children’s views on board. We saw they recorded what the children had enjoyed during activities and trips and shared this with their relatives.

We discussed how people’s privacy and dignity were respected. The registered manager described how they managed personal care in ways that ensured safety whilst promoting people’s dignity and privacy. For example how they supported the children with personal care discreetly whilst in public places, or managed risks in a way that did not draw attention to the children. We saw that care plans were written respectfully and described people in positive individual ways. Relatives told us that they felt that the registered manager respected their relative, liked them and valued them.

Is the service responsive?

Our findings

People received person centred care that was based on their assessed needs and included their preferences and the views of people who knew them well. For example, both care packages involved going out on trips and providing the personal care necessary for this. These were all catered around the individual's likes and dislikes. A relative described the initial assessment and told us: It was very thorough and that gave me great confidence."

When people's care needs changed their care plans were updated to reflect this. The registered manager actively sought feedback from relatives and altered care plans accordingly. One relative described how the registered manager had asked them, "if there was anything she was missing". They told us this had helped them feel confident in raising a change they wanted made. The change was made immediately and this meant that the care their relative received with the service mirrored a development they were working on at home. They told us: "If I needed to

fine tune anything I would have no qualms about it. I have texted before and said.. have you tried this?.. she (the registered manager) is always happy to take things on board."

One relative told us that the registered manager texted them during the trips she took with her relative to let her know how things were. Both relatives told us they were always kept informed of changes. For example they would receive a text saying that traffic was heavy and they might be late back.

Relatives were encouraged to share their opinions, concerns and suggestions by a range of methods. We saw from the records that this happened. There was a guide designed for children explaining what the service could offer. This included how to share any concerns or complaints. This information was available to the people who used the service alongside more detailed information about how to complain. There had not been any complaints received about the service. There was a policy and procedure that laid out how complaints should be managed to ensure they were resolved and learned from. Both relatives told us they had received this information and would be confident in the complaints process.

Is the service well-led?

Our findings

The registered manager was also the director of the provider organisation, so they were in effect both staff and manager of the service and as such were accountable for all aspects of the service. We discussed support available due to these circumstances with the registered manager. They outlined that they spoke with the registered manager of the other branch of Appleberry Care Ltd on a regular basis. We spoke with the registered manager of the other branch who told us that they provided peer support to each other and that they discussed care practice and staffing issues as often as was necessary.

The information received from the provider prior to this inspection (PIR) highlighted that they were committed to open and transparent communication with people,

relatives and professionals. We observed from the records and heard from relatives that this was the case and that communication was encouraged by the registered manager.

We spoke with the registered manager about the sort of care that they wanted to provide. They told us they were committed to good quality, person centred care and that they only accepted care packages where they would be able to achieve this. This meant they were able to focus on providing quality care. Relatives told us that this is what they received. One relative said: “We have been very happy and (relative) has been very happy.” Both relatives told us they would recommend the service to other people.

The service was being commissioned by one local authority and we saw from email communication that there was partnership working between the service and the person’s social worker. We saw that the registered manager sent reports as required and also sought advice and clarification in a timely manner.