

Luton Borough Council

Applegrove (Domicillary Care)

Inspection report

St Kilda Road
Lewsey Farm
Luton
Bedfordshire
LU4 0UP
Tel: 01582 547649

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an announced inspection on 9 September 2015. The service provides care and support to people living in their own homes, within an extra care housing scheme and the care staff are based in the building. At the time of the inspection, 19 people were being supported by the service, some of whom may be living with chronic health conditions, physical disabilities and dementia.

The service had 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.

Summary of findings

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient numbers of staff to support people safely.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided.

Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

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.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager provided stable leadership and effective support to the staff.

Quality monitoring audits were completed regularly and these were used effectively to drive continuous improvements.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Good



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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 inspection took place on 9 September 2015 and we gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. It was conducted by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

The registered manager was not available during our office visit, but we spoke with the team leader and four care staff. We visited and spoke with seven people who used the service. We looked at the care records for six people, the recruitment and supervision records for two staff, and the training records for all the staff employed by the service. We saw the report and action plan of the last review by the local authority. We also reviewed information on how medicines and complaints were managed, and how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe and that staff supported them safely. One person said, “It is very safe here, everyone looks after me. If I hadn’t been at Applegrove, I would have been in bits by now.” Another person said, “I am safe here. I like to be really independent.” A third person said that they felt safe because staff knew how to use the equipment they needed to move safely. Staff told us that they provided safe care and they had sufficient time to support people without rushing. One member of staff said, “I have no concerns about anyone’s safety at present, but a person was recently moved to a care home because we were concerned that they were no longer able to live safely in their home.”

We noted that people had key safes outside their homes, so that staff could come in to support them if they were unable to open the door. Staff had been given the safe codes so that they could easily access people’s homes. They understood the importance of keeping this information safe so that it was not available to unauthorised people. People also told us that they were pleased to be living in an extra care housing scheme because the building was safe and that there was always either care staff or the housing staff to support them when they needed help. One person said, “It is safe here because we have CCTV and the big gates are shut at lunchtime.”

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was displayed in the care office and the notice board by the entrance to the building. This included guidance on how to report concerns and contact details of the relevant agencies. Staff had received training in safeguarding people and this was up to date. They demonstrated good understanding of these processes and were able to tell us about other organisations they could report concerns to, including the local authority safeguarding team and the Care Quality Commission.

An environmental safety risk assessment had been completed for each person as part of the service’s initial assessment process. This helped the staff to identify and

minimise any potential risks in the person’s home. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

Care and support was planned and delivered in a way that ensured people’s safety and welfare because there were personalised assessments for each person to give guidance to staff on any specific areas where people were more at risk. These assessments included those for risks associated with people being supported to move, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. This was necessary in order to maintain a balance between minimising risks to people and promoting their independence. For example, one person who had been in hospital following a fall told us that further risks were being appropriately managed. They also said, “I’ve been in and out of hospital a lot and they come in to check that it is safe for me each time I come home.” We noted that the risk assessments had been reviewed and updated regularly or when people’s needs changed.

There was enough staff to support people safely and to meet their individual needs. People said that staff supported them at agreed times because being based within the building, meant that they did not experience delays normally associated with travelling between people’s homes. Some of the staff we spoke with had previously worked for community based home care services and they found working for this service more fulfilling and less stressful because they were always able to support people when needed. There was an effective system to manage the staff rotas and these showed that enough staff were always available to support people. Occasionally, this included the use of agency staff so that there was enough staff to support people. However, we saw that the manager ensured that those staff had previously worked there and therefore, understood the needs of people they supported.

The provider had an on-going recruitment programme so that they covered any vacancies as they occurred. We noted that the provider had effective systems in place to complete all the relevant pre-employment checks, including obtaining Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Is the service safe?

People told us that they were given their medicines as prescribed. We saw that people's medicines were managed safely and administered by staff who had been trained to do so. The medicines administration records (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely within each person's home and where necessary following a risk assessment, these had been locked in a cupboard for safe keeping. There was

a system in place to return unused medicines to the pharmacy for safe disposal. Audits of medicines and MAR were completed regularly as part of the provider's quality monitoring processes and any issues identified were rectified promptly. For example, staff had supervision with the team leader if it was noted that they did not sign for medicines they had administered. These issues were also discussed regularly in staff meetings.

Is the service effective?

Our findings

People told us that staff had the right training, skills and knowledge to support them appropriately. One person told us that staff were 'very good' when supporting them to use a standing hoist and helping them to shower. They also said that staff gave them other options when necessary and tried different ways of doing things to suit their changing needs. Another person told us, "They know what they are doing." A third person said that when they had an emergency, staff were very calm when helping them with this. Staff told us that they provided good care, that people needed to maintain their health and wellbeing. A member of staff said, "The care we provide is extremely good, but we can always learn how to do it better."

The provider's training programme included an induction for all new staff and we saw that they were working towards attaining the care certificate. We spoke with a new member of staff who said that the training provided to them had been 'exceptional'. Staff told us that training had been effective in helping them acquire the right skills and knowledge necessary to support people appropriately. Another member of staff said, "There is a lot of training and it is quite good." Staff told us that they were able to request additional training if it was necessary to meet each person's individual needs. The manager kept a computerised record of all staff training which made it easier to monitor any shortfalls in essential training, or when updates were due. This enabled staff to update their skills and knowledge in a timely manner.

Staff had received regular support through staff meetings and they could also speak with the manager or team leader whenever they needed support. They said that they worked well as a team and there was good communication. There was evidence of regular supervision of staff and that the meetings had been used as an opportunity to evaluate each member of staff's performance and to identify any areas they needed additional support in. One member of staff said, "Supervision is regular, good and really useful. The team leader is really organised and therefore we have our supervision quite regularly."

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, "People always tell us how they want to be supported and we

respect this." There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers.

Some of the people were being supported to prepare their meals. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices. One person said, "I have [pre-cooked] food and the carers come and warm that for me." Another person said, "I decide what I want to eat, I get it out in the morning and then they do what I ask them to do at lunchtime." A third person said, "They do encourage me to drink, I forget you see." Staff told us that they would normally take action to ensure that people had enough to eat or drink. One member of staff told us that they occasionally bought milk for people when they had run out. Another member of staff told us of an occasion when they phoned a person's relative because they had run out of meals and that in the meantime, they had bought them something to eat. Staff also told us that they reported to the team leader if they had any concerns about people not eating or drinking enough. They said that where necessary, this was also discussed with the person, their relatives and their GP so that appropriate action could be taken to support the person. The team leader told us about how staff had been supporting a person who was in pain, by helping with their shopping and encouraging them to eat.

People were supported to access additional health and social care services, such as GPs, dieticians, and community nurses so that they received the care necessary for them to maintain their wellbeing. One person said, "They are good and helpful, especially if I am really unwell." Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. A member of staff said, "We see people every day and therefore can notice if they are not looking well. We have supported people to contact their GP or ambulance if required." One person told us how staff had noticed changes to a mole on their back and helped them to get it checked adding, "One of them mentioned the mole on my back and I had it sorted. I wouldn't have known if it hadn't been for them."

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “The carers are good, they are all decent people. They come in and chat to me. All the staff here are nice.” Another person said, “They talk to me and they always want to know how I’m doing. They ask me because they are interested.” Other comments included, ‘They are so good to me here’; ‘They care about me, they are worried if I go into hospital’; ‘I lost a [relative] recently and the carers were really good. They know all my family and they talk to me about it.’ Staff told us that people found them caring and attentive to their needs. A member of staff said, “People we support like us. I know that some of the residents here have said that they would like us to support them if they ever need help in the future.” Another member of staff said that they normally went ‘over and beyond’ what was in people’s care plans, adding, “It’s only natural if you really care about people.” Due to the type of the service, we were only able to observe limited interactions between staff and people they supported. However, people told us that staff were always friendly, patient and respectful.

People said that they were involved in making decisions about their care and support needs. They told us that they had been involved in developing the care plans and staff took account of their individual choices and preferences. One person said, “I have a care plan and I had a review not long ago. They check that what is written is what I want.” The care records contained information about people’s

needs and preferences so that staff had clear guidance about what was important to people and how to support them appropriately. Staff demonstrated good knowledge of the people they supported, their care needs and their wishes. One member of staff said, “We get to know each person as an individual and their preferences. We respect their choices.”

People told us that staff treated them with respect, and maintained their dignity. One person said, “They respect me and keep doors closed when they help me to have a wash.” Staff also demonstrated that they understood the importance of respecting people’s dignity, privacy and independence. A member of staff explained how they would preserve people’s dignity while supporting them with personal care. They said, “We always treat people with dignity. We are there to maintain, or even improve their quality of life.” Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in their care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. Some of the people’s relatives or social workers acted as their advocates to ensure that they received the care they needed. Information was also available about an independent advocacy service that people could access if required.

Is the service responsive?

Our findings

People's needs had been assessed and appropriate care plans were in place so that they received the care and support they required. Their preferences, wishes and choices had been taken into account in the planning of the care and had also been recorded in the care plans. There was evidence that care plans were reviewed regularly or when people's needs changed. One person said, "I have a care plan and they review it when it needs it. They are very good at keeping it up to date." Another person said, "If I wanted something changed or if I had a problem, I would just tell the carer myself. If that didn't work, I'd tell the team leader." Staff told us that they were keyworkers to a small group of people, so that they got to know their needs very well in order to provide personalised care. One member of staff said, "We provide individual care and everyone is different. We should be proud of ourselves for what we do to keep people well and able to live in their own homes." Another member of staff described the way they supported people by saying, "We have a positive approach to supporting people. Everything we do goes a long way to making their lives better and happier."

There were activities provided by the housing staff and some people chose to attend these. One person said, "I love my flat but I like going downstairs as there are lots of activities. There is always stuff going on at weekends too." Another person said, "We have functions in the lounge and sometimes we have food. There is always tea over in the lounge at 4 o'clock. It's good because we have lots going on." The team leader told us that they did not provide any

activities, but they encouraged people to attend the activities organised by the housing team in order for them to pursue their hobbies, interests and socialise with others. Staff told us that the duration of people's support visits meant that they were able to spend time chatting with them. A member of staff said, "It helps that we are based on site because we can spend a lot of time with people." Most people told us that they were not lonely because as well as chatting with staff and other residents daily, their friends and family also visited regularly or they went out to visit them instead. On the day of the inspection, we observed that the housing manager was running a quiz based on questions relevant to the 1930s onwards. This had been well attended by a number of the residents, including some of the people who used the service. There was a lot of laughter and joking amongst everyone in the communal lounge. Some of the people told us that they also regularly attended local day centres and they enjoyed this. One person said, "I like going there and I see other people. It is good."

The provider had a complaints policy and procedure in place and people were aware of this. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One person said, "I've never complained. I'm very satisfied, they do their job and they know what I want." Another person said, "They are very good here and they'd help me sort things out without me complaining." We noted that one complaint had been recorded in the last 12 months and this had been investigated in accordance with the provider's policy and to complainants' satisfaction.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a team leader. People told us that the service provided good care because it was managed by staff who were responsive to their needs. They knew who the manager and team leader were, and some also knew that the registered manager was about to retire. One person said, “I know the manager and he visits me sometimes.” Staff told us that the manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. They said that the team leader provided day to day leadership and supported them well. A member of staff told us that both the manager and the team leader were approachable and good source of advice when they needed it. Another member of staff said, “We get a lot of support and we can always discuss any issues with the manager or team leader as they arise.”

The manager promoted an ‘open culture’, where staff, people or their relatives could speak to them at any time, without a need to make an appointment. Staff told us that they were encouraged to contribute to the development of the service so that they provided good quality care, that met people’s needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. Staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people’s needs safely and effectively. One member of staff said, “We meet regularly to discuss people’s care needs. This way, we are able to share ideas and that is why we provide such a good service.”

There was evidence that the provider regularly sought feedback from people who used the service, their relatives and health and social care professionals involved in their care so that they had the information they needed to continually improve the service. There were regular meetings with people who used the service and some of the people told us that they attended the meetings. One person said, “I do go to residents meetings and they give us lots of information, so it’s worth going.” Another person

said, “I always go to them and the minutes come back two days later. They have an annual report too.” The person was referring to the annual survey completed by the provider and we saw the results of the one they completed in 2014, which showed that people were mainly happy with the quality of the service provided. The 2015 survey was due to be sent out in November.

The team leader also completed quarterly interviews with people to review if they were happy with how their care was provided and no concerns had been raised in any of the records we saw. They told us that there were plans to review this form so that it was more detailed and could be scored, in order to collect quantifiable data. We noted that the manager and the team leader also worked in collaboration with the housing scheme managers so that they took collective action to ensure that people always received the support they required. Most of the people we spoke with had seen positive outcomes from the provider working closely with the housing scheme manager. One person told us that they were confident that any care issues discussed with housing scheme manager were always relayed to the registered manager or team leader. They also said that there was such a community spirit among people who used the service and staff, and that this encouraged friendships and a jovial atmosphere.

The manager and the team leader regularly completed a number of quality audits to assess the quality of the service they provided. These included checking people’s care records to ensure that they contained the information necessary to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly. Where issues had been identified from these audits, the manager took prompt action to rectify these. For example, although robust records were mainly kept, we saw that further training and guidance had been given to staff to ensure that the daily care records contained detailed information about people’s welfare and the support provided to them. There was also evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.