

Mrs Julie Robb

# Applegarth Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This announced inspection took place over two days on the 27th January 2015 and the 11th February 2015. During the previous inspection on the 24th and 25th July 2013 we found that the provider met all the standards we inspected.

Applegarth Nursing Home is a care home with nursing, registered to provide accommodation for up to 53 people with a variety of needs. The home is divided into three units, one providing care for frail elderly people, some of whom may have various forms of dementia and the other two providing care for younger people with highly complex needs. Accommodation throughout the home is provided on two floors with access to the second floor by a passenger lift or stairs. There is some car parking space available for visitors.

The service had a registered manager in post at the time of our inspection visit. 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.

People told us they felt safe living in Applegarth. We found staff were aware of their roles and responsibilities to keep people safe at all times. There were procedures to follow if staff had any concerns about the safety of people they supported.

# Summary of findings

The service worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

Procedures for the recruitment of staff were robust which ensured only suitable people were employed to care and support vulnerable adults with a variety of needs.

We noted two areas where some improvement was necessary. These were around recording of the administration of creams and topical medicines and the administration of some tablets by crushing them. We were assured by the registered manager this would be dealt with immediately following our inspection visit. When we completed our site visit on the 11th of February 2015 we found that all the records had been brought up to date and the care plans amended accordingly. New procedures had also been introduced to ensure records were continually up to date and checks introduced to ensure sustainability of the record keeping.

We found that staff had access to ongoing training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

The service had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training in this subject and were aware of their responsibility under this legislation.

We found that people's needs were assessed prior to their admission to the home. Records showed people and their family members had been involved in making decisions about what was important to them.

We saw that all the people who lived in Applegarth had an up to date and personalised plan of care and support. These were regularly to ensure support staff had sufficient information to provide an appropriate level of care.

The registered manager had a high profile within the home. There was clear leadership by the registered manager and the management team and all were aware of their responsibilities to keep people safe. There was an appropriate internal quality audit system in place to monitor the level of care provided.

# 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?

We found that the service was not safe because people were not protected against the risks associated with use and management of medicines. Creams were not administered and recorded appropriately.

The provider had policies and procedures in place with regards to safeguarding vulnerable adults. Staff were confident about their responsibility to keep people safe.

Recruitment of staff was robust to ensure only suitable people were employed to care for vulnerable adults with a variety of needs.

Requires Improvement



### Is the service effective?

The service is effective. We observed that the interactions of the staff team with the people who lived at the home and their families was personalised.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. We saw that people's needs were monitored and advice had been sought from other health professionals where appropriate

The service had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service is caring. All the people we spoke to expressed satisfaction with the service and felt they were well cared for

We saw evidence that people had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

People were supported to maintain relationships with friends and relatives. Family members spoken with confirmed they could visit whenever they wished and staff made them welcome in the home.

Good



### Is the service responsive?

People's needs were assessed prior to their admission to the home. Records showed people and their family members had been involved in making decisions about what was important to them.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way

Good



# Summary of findings

There was an activity programme in place giving people choices how they wished to spend their leisure time.

## Is the service well-led?

The service is well led. The manager had developed good working relationships with the staff team and external agencies so people received personalised care and support which met their needs.

The registered manager had a high profile within the home. There was clear leadership around the home's policies and procedures.

There was an appropriate internal quality audit system in place to monitor the level of care provided.

**Good**



# Applegarth Nursing Home

## 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 checked 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 unannounced inspection took place on the 27th January 2015 and 11th February 2015

The inspection team consisted of one adult social care inspector, a pharmacy inspector, a specialist advisor who had experience in the use of equipment used to assist people with mobility and movement about the home and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Before this inspection visit we received a provider information return. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided. We contacted five health and social care professionals to ask for their comments regarding the care and support provided by this service.

We looked at six care and support plans, spoke to 17 people who lived in Applegarth and nine members of staff, including the registered manager. We also spoke to seven relatives who were visiting Applegarth on the day of our inspection.

We looked around the environment including the communal areas and, with permission, some bedrooms.

# Is the service safe?

## Our findings

We spoke to seven family members who were visiting relatives on the day of our inspection. One person told us, “I am really happy with the support my relatives gets here. I know he is safe and happy when he waves to us when we leave. He is so relaxed with the staff and loves them all”. We spoke to six people who lived in Applegarth. All their comments were positive. One person said, “I certainly do feel safe. I have been here a long time and it is lovely to have people round you all the time”. Another said, “I love it here it is much better than living by yourself”.

We spent time in all three units of the home and found staff treated people in a calm manner and spoke to people in a thoughtful and understanding way. We saw that people were relaxed and at ease with the staff throughout the day. Some people who used this service had complex needs, which meant they were not able to tell us about their experience. We spent time with staff and people who lived in the units caring for people with complex needs and observed daily life in the home. We noted staff were sensitive and considerate of people’s needs. Staff told us, “It is our duty to keep people as safe as possible at all times”.

The provider had policies and procedures in place with regards to safeguarding vulnerable adults. Staff were confident about their responsibility to keep people safe and one of them told us, “I would not hesitate to speak to the registered manager or any of the senior staff if I saw anything I was not happy about. I know the matter would be dealt with immediately”.

The staff we spoke to said that they had completed safeguarding training and the training records we looked at confirmed all staff had completed the course. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the manager or the senior staff this would be dealt with immediately.

Detailed pre-admission assessments were completed prior to people moving in to Applegarth. This ensured the service was able to meet the needs of people in the most appropriate way. The care and support plans we looked at evidenced people and their relatives, if applicable, had been involved in the assessment process. Wherever

possible people’s personal and social history was recorded. Family involvement was considered to be very important as many of the people who lived in Applegarth had very complex needs.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans, unless there was a change to the needs, then they were reviewed and updated immediately. We saw good examples of specific risk assessments in relation to people when they were out in the community. These risk assessments were encompassed in the general risk assessment and not only reduced the risk to the people who lived in Applegarth but also the member of staff who accompanied them on outings. We saw clinical risk assessment protocols for things like hypothermia, nutrition, self harm and behaviour that may challenge the service. Environmental risk assessments were in place covering windows, balconies and other potential hazards. Manual handling risk assessments were in place and we saw protocols for dealing with difficulty in swallowing and the risk of choking.

We observed staff assisting people to move and saw safe and appropriate techniques being used. Staff handled people in a caring, respectful and appropriate manner making sure they explained fully what they were doing. We saw the equipment used to assist people to move and found all hoists and mechanical aids were serviced under annual agreements.

We asked for and were given four weeks staff rosters covering all three units. We saw from these and our observations there were sufficient staff on duty to meet all the assessed needs of the people that lived in Applegarth. There was a qualified nurse in each of the units who were supported by seven health care assistants and there were two activities coordinators who worked in all parts of the home. Catering and domestic staff were also employed.

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. We looked at three staff files and found they contained relevant information including a completed application form, a Disclosure and Barring Service (DBS) check and appropriate references. The DBS checks helped employers make safer recruitment decisions and prevented

## Is the service safe?

unsuitable people from working with vulnerable people. All staff had a three month probation period that could be extended to up to 12 months if the registered manager decided this was appropriate.

The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. There were suitable policies and procedures in place for managing employment issues. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

As part of this inspection we looked at records, medicines and care plans relating to the use of medicines. We observed medicines being handled on the nursing unit and talked to staff.

We looked at medicines and records in detail for six residents. We found that the records of administration of medicines taken by mouth were good. However, the records for the administration of creams were poor. The task of applying creams was delegated to care workers. Care plans and body maps for the use of creams were poor so that there was no clear guidance for care workers to follow to ensure that creams were used correctly. For example, we saw a skin softening cream that was prescribed "as directed". The administration record stated that it was to be applied daily and the care plan stated that it should be applied twice a day. Records showed that it was applied five times only in a 27-day period. We saw creams prescribed for infections that were not applied correctly. These were applied by care workers but there was no guidance to support their correct use.

We found that tablets were being crushed for administration to a resident who was tube-fed. There was

no care plan to provide guidance to staff to ensure that this was done safely. There was also no evidence that the decision to crush tablets was made following discussion with the person using the service and the relevant healthcare professionals to ensure that this was safe and appropriate and in the person's best interest.

There was no care plan in place for a resident who was prescribed a 'when required' painkiller. Staff told us that this resident did not have capacity to verbally express their need for pain-killers. This meant that staff did not have clear guidance available to them to make sure that people using the service received their 'when required' medicines appropriately.

We found that the registered person had not protected people against the risk of not receiving their medicines appropriately. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two people were prescribed medicines for the management of severe agitation. We found that the care plans were good with guidance provided to staff on managing behaviour and administration of medicines. Where the medicines were administered the records clearly documented the reasons for this.

Medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. The medicines fridge was monitored to make sure it was working at the correct temperature. We looked at storage and records for the handling of Controlled Drugs and these were correct.

# Is the service effective?

## Our findings

People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, “I find all the staff are good. They know us well and what we like”. Relatives we spoke to were also complementary about the support provided. They said, “The staff always know what to do for my relative they have plenty of training” and “I find the staff wonderful and they all know their stuff”.

We discussed staff training with the staff development manager who was also a qualified nurse and member of the management team. They confirmed that staff training was organised in-house as well as being facilitated by external training providers. All staff completed an induction programme which included training in manual handling, health and safety, infection control and other basic skills. Training specific to peoples’ diverse needs was also organised and this ensured staff were able to support people who may suffer with dementia or other physical and emotional needs. One member of staff member told us she was just heading off for her “Extensive safeguarding training. It is a bit scary but it is a must do for us all. Our training is individual and I like that as I can ensure I get what I need even moving and handling”.

Staff told us they received regular supervision from their line managers when they were able to discuss their training needs and any personal matters. We saw details of staff supervision meetings on the staff files we looked at during our visit.

We spoke to staff about how they managed people who had behaviours that might challenge the service and other people who lived in the home. Staff told us that there was no one in the home they could not work with using distraction techniques and reassurance. We had evidence that people regularly saw community mental health nurses, learning disability nurses and mental health consultants where necessary. People were able to see their GP when they wanted and relatives confirmed that the staff made these arrangements for them.

We saw that people were assumed to be able to make decisions for themselves and were given choices about their lives. For example people were asked if they wanted

to take part in the activities provided and chose where they spent their time. Some relatives had been granted Lasting Power of Attorney to assist their relatives make difficult decisions about their finances and their care and welfare. Copies of the documentation were held on file for reference.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. The registered manager was aware of her responsibility to inform the Care Quality Commission of any application for a DoLS. The registered manager told us they were in the process of applying for a DoLS order for some of the people who lived in Applegarth and was waiting for the best interest assessor to confirm the dates for the best interest meetings. One member of staff told us “There is a best interest assessor that comes weekly”

We observed lunch being served in the unit that provided support for people living with dementia. We saw staff assisting staff people in a calm and patient manner, communicating in a friendly way as they did so. We also noted that people needing a softer diet being assisted to eat at their own pace. People told us they enjoyed their meals and there was always plenty.

We saw from peoples’ records that nutritional assessments were completed and people were weighed regularly. Peoples’ preferences were also recorded. We also observed one person who was having their input of food monitored and recorded, and the member of staff said “We need to keep an eye on this to ensure this person is taking a healthy diet.

Comments received from a visiting speech and language therapist included, “Speech Therapy review patients in each of the 3 units at Applegarth, I find the staff to be welcoming, communicative and receptive to our recommendations. They refer appropriately and I think we have a good working relationship in that they will contact us with queries between arranged review visits”.



# Is the service caring?

## Our findings

During our visit we observed staff going around their work quietly, showing tolerance and respect both for residents and family visitors. People and visitors were relaxed in the company of the staff and told us, “These girls are brilliant” and “The staff here are good to me they look after me well”.

Throughout our time in Applegarth we saw people being supported in a caring and professional manner. We saw that health care assistants showed patience and gave encouragement when supporting people and ensured their privacy and dignity was respected. Family members told us, “We are very impressed by the staff and they are very caring. We can visit anytime up to nine at night” and “My relative has clean clothes on every day and they are laundered and returned quickly. He has been here 5 years and I could not be happier and they keep me informed”. Another relative said, “I come here most days and it seems to get better with each visit. If I have any concerns I can speak to any staff around and they put my mind at ease and the manager is always about to speak to about my relative’s care”.

Some people in the home found communication difficult because of the symptoms of their mental ill-health or other complex needs. We observed the way staff dealt with

people living with complex medical conditions. We saw staff who dealt patiently and sensitively with the people they supported. We saw people living with dementia responded well to the staff group.

We were told by one external health professional, “In my professional opinion the residents, often with complex needs, are always very well cared for and I am confident in the holistic support they receive. I also receive regular contact from the registered manager who raises any concerns or changes about the residents with specific medical needs – this ensures timely intervention”.

Applegarth had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. We saw evidence to show staff had completed training in this subject. Staff we spoke to told us they were aware of the need to respect the privacy and dignity of the people they cared for. We saw them knocking on doors and waiting for an answer before they went in.

We asked family members if they were kept informed about their relative’s care. They told us, “The staff are very good about letting us know if there is anything wrong or there are changes. We are always kept in the loop. We find communication is very good and the matron is always around for us to speak to”.

# Is the service responsive?

## Our findings

We asked people who lived in Applegarth and their relatives if the support provided was responsive to their needs and we received positive responses. Relatives told us, “If we have any worries at all we discuss them with the nurses and they respond immediately” and “The flexibility of visiting is really good and we can stay as long as we like”. People told us, “I can see my doctor when I am not well if I ask one of the nurses. They go out of their way to help” and “The manager is very approachable. She is always around and about so we see her every day”.

We looked at six care plans and found them to be up to date and relevant to the care needs of the individual. We saw that each person had a full assessment of their needs before they moved into Applegarth. The registered manager explained that the assessment had to be very comprehensive to ensure all the needs, even the most complex, could be appropriately met.

Each care plan documented people’s personal preferences, a nutritional assessment and up to date risk assessments that ensured people were kept safe in the home or when they went out into the community.

We saw from the support plans we looked at there was a ‘Gingerbread’ document in place. The registered manager explained this was used as a summary of the very detailed information in the care plan that was needed to provide the appropriate and personalised care and support to meet the needs of the individual. The gingerbread form gave an overview that was useful for new staff or bank staff to read when they came on duty. It was also useful if or when people needed to be admitted to hospital.

Care plans were reviewed and updated by the qualified nurses and/or members of the management team and the individual’s link worker each month or more frequently if there was a change to the original assessed needs. The registered manager confirmed that a reassessment was always completed before a person returned to the home after a stay in hospital.

Assessments were also completed of people’s risk of falls risk of falls, dependency levels, nutritional needs and risk of pressure sores. The regular reviews helped to identify any information that may need updating or additional support the person required.

Applegarth employed two people who were responsible for the activities programme within the home. Some activities were for groups of people and others were on a one-to-one basis. On the day of our visit we saw people having hand massages and nail care during the morning. In the afternoon there was to be a film that was about the Holocaust as it was the Holocaust memorial day. We were told that people enjoyed the film and it became a topic for conversation.

We saw in the hallway a Paper Tree with notices of respect and comments about the care and support. We thought it was good that this effort was a joint one between staff and people who lived in the home, taking into account the difficulties some people had with their verbal communication.

We spent time looking at the equipment that was used to promote people’s independence. There were adapted bathing facilities to assist people with bathing or showering. There was a variety of hoists and stand aids in use to help with movement and mobility. We saw that all the mechanical aids were regularly serviced under annual service contracts. Some of the rooms had en-suite wet rooms that enabled the staff to assist with showering people who preferred this to bathing. There were handrails on the corridors to assist with movement around the home and a good selection of grab rails and hand rails to support people with activities of daily living.

We observed staff as they were supporting people and found they were responsive to their needs. We found that staff understood their roles and responsibilities to respond to the people they supported and said, “It is up to the staff team to do all we can to meet their needs”.

During our inspection visit we spoke to 17 people and nine relatives and all told us they had no complaints. We asked relatives if they knew who to speak to if they had any concerns about the running of the home. We were told, “I have never had any real complaints but if I had I would speak to the manager as I see her every day round and about the home. There were a couple of niggles when my relative first moved in. I only mentioned them once and everything was put right immediately. This included a change of room”.

The provider had a formal complaints procedure in place and copies of this were on display around the home. Any

## Is the service responsive?

concerns raised with the provider were dealt with within the timescale set out in the complaints procedure. There have been no complaints made to the Care Quality Commission.

# Is the service well-led?

## Our findings

Applegarth had a registered manager in place who had worked in the home for a number of years. Relatives told us she was always about and could be approached at any time. She was a qualified nurse and formed part of the management team of qualified staff who were responsible for the running of the home alongside the provider. Visitors told us they had complete trust in her management skills and were able to discuss anything at all with her.

The registered manager confirmed that she received good support from the provider who was also a qualified nurse. Observations of how the manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well managed, with clear lines of responsibility and accountability.

The registered manager was aware of her responsibility to ensure all staff upheld the values of the service. She had, in the past, needed to follow the disciplinary procedure when staff fell short of what was expected of them.

We saw that there were systems in place to look at and monitor all aspects of the service. Internal quality audits or checks were completed by the registered manager, the clinical compliance manager, the director of quality and the staff development manager. Audits were completed on medication, all aspects of clinical and personal care, health and safety, infection control, staff training and care plan reviews.

Annual survey questionnaires were sent to people who lived in Applegarth, families and friends, social workers, GPs and other health care professionals. The results were analysed and changes and improvements made as necessary.

Staff meetings were held at all levels and included separate ones for the management team, domestic and catering staff. The manager told us it was an opportunity for staff to voice their suggestions that may improve the care provided.

Residents' and family meetings were organised providing opportunities people to voice their opinion about the home and make suggestions for change. The registered manager told us any suggested changes were put in place if at all possible.

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
Diagnostic and screening procedures	<b>We found that [the registered person had not protected people against the risk of not receiving their medicines appropriately. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>
Treatment of disease, disorder or injury	