

Apple House Limited

Redcroft

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Redcroft is a residential care home providing personal care to 10 people at the time of the inspection.

People's experience of using this service and what we found

Right Support:

Staff communicated with people in ways that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff understood how to recognise poor care and abuse. Staff worked with people in identifying risks they lived with and deciding actions to reduce the risk of harm whilst respecting peoples' rights and freedoms.

Right Culture:

Staff knew people well and were responsive to people's support needs, choices and life goals. The culture was open, transparent and inclusive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redcroft on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Redcroft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Redcroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redcroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who live at the service. We spoke with 7 staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Also the operations manager, registered manager and support workers. We observed interactions between people and the staff team. We reviewed a range of records. This included 2 people's care and support records and medication records. We looked at a staff file in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Potential safeguarding issues had been reviewed and investigated by the management team and actions taken to improve outcomes for people. Information had not always been shared with external organisations. The registered manager had completed safeguarding training for managers the week prior to our inspection and told us, "It highlighted the importance of investigating, finding out what happened. I'm now much more aware of that process and the need to shout up if a potential safeguarding issue arises."
- People were cared for by staff that had completed safeguarding training and were clear about their role in recognising and reporting concerns of abuse or poor practice.
- Information about safeguarding was on display around the home, including how to raise concerns and was provided to people in a range of formats designed to reflect their communication needs. This included picture format and recorded verbal information.
- We observed relaxed, comfortable interactions between staff and people. One person told us, "I'm very happy being here." Another said, "It feels safe with the staff, and I'm supported in the way I want them to."

Assessing risk, safety monitoring and management

- Staff had completed fire training which included regular fire drills. Night staff fire drill practice had not been completed. The registered manager arranged for all night staff to complete a fire drill within 2 days of our inspection and thereafter monthly.
- Fire equipment was checked regularly, and a fire risk assessment had been completed. People had personal emergency evacuation plans, which provided key information, should they need to be evacuated from the building.
- People were involved in decisions about how risks were managed, ensuring a balance between safety and the persons rights and freedoms. This included risks associated with choking, health conditions, well-being and mobility.
- Risks were assessed, monitored and regularly reviewed. Staff were kept up to date with information about changes to people's care through daily handovers, staff meetings and an electronic instant messaging system.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and DoLS applications had been submitted where needed.

Using medicines safely

- The administration of topical creams had not always been recorded accurately. We discussed this with the registered manager, who during our inspection, reviewed the process and implemented changes. These included new storage arrangements alongside recording sheets and topical cream application training for the staff team.
- A fridge was available to store medicines needing cold storage but couldn't be locked. No medicines were being stored at the time of our inspection. The registered manager immediately organised for a secure, lockable fridge to be purchased and delivered within 2 days.
 - People were involved in decisions about their medicines. Some people had medicines prescribed for as and when needed. These medicines had person centred protocols in place that ensured they were administered appropriately.

Staffing and recruitment

- Staff had been recruited safely. This included obtaining an employment history, references, health assurances and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff, with the right mix of skills and experience. Staff told us staffing levels were good and people were well supported. We observed people receiving care and support in a timely way, staff having time to sit and talk with people, providing both practical and emotional support when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions at the service, in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to review people's care and support and, where appropriate, take actions that improved people's outcomes. Examples included reviewing medicines, seeking specialist support such as an occupational therapist and providing reflective learning and training to staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality assurance process was linked to the service policies and regulation. Audits were multi-layered and used as a tool to drive improvements and learning. The management team were responsive to our inspection findings. This included reviewing the auditing process to include additional checks with accidents and incidents to ensure correct external reporting is achieved.
- Staff spoke positively about their roles and were clear about their boundaries in decision making. They described communication as good and felt confident carrying out their roles.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed an open, friendly, happy culture where staff were focused on people experiencing positive outcomes, supporting people to express their views, maximising their ambitions and goals.
- Staff felt supported, appreciated and spoke positively about teamwork. A staff member told us, "It's ok to say I can't do that. There's always somebody behind you, supporting you ."
- Staff told us they were confident to share views and ideas and felt listened to. A staff member told us, "The registered manager's door is always open. We have an ideas folder and recently we had an Indian food day which everybody enjoyed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families and the staff team had opportunities to be involved in the service through participation in regular meetings. There was also a suggestion box in the main hall.
- An annual survey took place seeking people, their families, and staff feedback. The survey result for 2022 included people asking for gender preference to be revisited for personal care and this had been reflected in people's care and support plans.
- Community links had been established, including people being involved in voluntary work, setting up a

coffee club in a local café and linking with a day centre who had a sensory room.

Working in partnership with others

- A support network had been set up by the organisation for home managers and used as a forum for new learning and best practice.
- The registered manager accessed a range of professional organisations to keep up to date with developments in health and social care. This included attending CQC webinars and seeking resources from Skills for Care and a local provider support group.
- The organisation represented services for people with a learning disability on a local care sector collaborative forum. The nominated individual told us, "We discuss joint working between care homes and the NHS and look at quality issues and how learning can be applied."