

Applegarth Healthcare Limited

Applegarth Nursing Home

Inspection report

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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 ●

Summary of findings

Overall summary

About the service: Applegarth Nursing home provides personal and nursing care for up to 53 people. At the time of this inspection 50 people were living at the service. The home is divided into three areas: one providing care for frail elderly people, some of whom are living with dementia; one for people with neurological needs; and one for people with complex care needs.

People's experience of using this service: Improvements had been made to the governance procedures since the last inspection. Records were detailed and risks were assessed and minimised wherever possible. Improvements to recruitment procedures had been fully implemented.

People told us they felt safe, cared for and respected by the staff and management. People's independence was encouraged and people were supported to be active decision makers in the care and support they received.

One person said, "It might not be the flashiest of places, but I've been in this home a long time and staff I've known for a long time become your family, they kind of replace any family you lose. I've never raised a complaint in the 13 years I've been here and that has to be a good recommendation for anyone."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs and staff told us their skills and experience were matched to those of the people living at Applegarth Nursing Home.

Staff were supported by an experienced and effective management team.

A culture of reflection had been established and this was used to ensure lessons were learned following the investigation of any concerns, complaints, incidents or safeguarding issues that had been raised.

A range of healthcare professionals were involved in people's support and staff worked in partnership to achieve positive outcomes for people.

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

The overall rating for the service after this inspection has improved to good.

Rating at last inspection: Requires Improvement (report published 5 April 2018).

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good. During this inspection we found significant improvements had been made.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service to make sure people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Applegarth Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, one assistant inspector and one 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. Their area of expertise was dementia care.

Service and service type: Applegarth nursing home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with five people living at the service and one relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, the provider, the deputy matron, clinical lead and the training manager. We spent time speaking with a care leader, three healthcare assistants, a life and leisure worker and the maintenance manager.

We viewed a range of records which included four people's care and medicine records, four staff files including recruitment, supervision and training information and records relating to the management of the service.

We looked around the building and spent time in the communal areas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection some aspects of the safety of the home required improvement. At this inspection we found these areas had been addressed and the service was safe.

Staffing and recruitment.

- Since the last inspection improvements had been made to recruitment processes. Recruitment was tracked and appropriate checks were completed.
- Policies and procedures had been updated to reflect the new processes.
- There were enough staff to meet people's needs in a safe and unhurried manner.
- Staff worked flexibly and provided one to one care for people where this was needed.

Using medicines safely.

- Since the last inspection improvements had been made to ensure medicines were managed safely.
- Medicines were audited regularly and were effective in identifying any areas for improvement.

Assessing risk, safety monitoring and management.

- Risks to people were assessed, managed and evaluated regularly.
- Improvements had been made to the security of the building and the storage of mobility equipment.
- Staff actively reported any safety concerns relating to the building or equipment using a log book that was contained on each unit. These were reviewed daily and actioned.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes were in place to safeguard people. People told us they felt safe.
- Safeguarding concerns were investigated and analysed for lessons learned. For example, ensuring transparent and open communication happens as soon as a concern is raised.
- Staff knew how to recognise concerns and felt supported by the management to do so.
- One person said, "I feel very safe in this home, staff keep checking on me all the time."

Preventing and controlling infection.

- The home was clean and free from odours.
- Staff used gloves and aprons to protect people from the risk of infection.

Learning lessons when things go wrong.

- The staff and management team had made significant improvements since the last inspection. The action plan shared with us had been followed and all concerns had been resolved.
- The registered manager was a keen advocate of reflecting on situations to learn lessons and improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and preferences were assessed before they moved to Applegarth Nursing Home. The management team agreed to review the assessment to make sure they spoke with people about protected characteristics relating to equality and diversity when we raised this.
- Regular reviews were held to make sure people's needs continued to be met. This was in line with best practice and national guidance.
- People were provided with care that met their needs and in a way that involved people to ensure this was not restrictive.

Staff support: induction, training, skills and experience.

- Staff told us they were well trained and the management team were approachable and supportive.
- A training manager was responsible for the co-ordination and delivery of training for all staff. Training specific to staff roles, as well as mandatory training was provided.
- Regular support meetings were held with staff who reflected on their own performance before attending an annual appraisal meeting.
- Clinical training was provided for nursing staff.

Supporting people to eat and drink enough to maintain a balanced diet.

- Specialist advice and guidance was followed for people who needed support with eating and drinking.
- A varied diet was provided although one person said it wasn't always to their taste. The registered manager said they would discuss the menu again.
- People were supported and encouraged appropriately and were offered alternatives if staff recognised they hadn't eaten very much.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- There was evidence that staff worked with other agencies, including the community acquired brain injury rehabilitation team, physiotherapists and continuing healthcare nurses.
- People were supported to attend appointments with dentistry, chiropody, dieticians and other health care professionals.

Adapting service, design, decoration to meet people's needs.

- Memory boxes and dementia friendly signage had been introduced in the nursing unit.
- The design of the unit for people with neurological and complex care needs was appropriate to their needs with spacious communal areas and wide corridors.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity was assessed and best interest decisions documented when people lacked capacity to make the decision themselves.
- DoLS were applied for appropriately. Delays in authorisations being received were logged and tracked.
- Some capacity assessments and best interest decisions were over a year old. The registered manager agreed these would be reviewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff treated people with kindness and compassion. One person said, "The staff really care for you well. I've had no complaint about the quality of care."
- There was a relaxed atmosphere in all three units and staff took the time to speak with people in a dignified and friendly manner.
- People's needs were met in a timely manner and staff responded to people without hesitation.
- One person said, "I would recommend this home as a clean home to live in with a friendly caring atmosphere with good food."
- A relative said, "I also have a walker and they show a lot of empathy with me as well as [family member]. When it was our wedding anniversary unbeknown to me a member of staff went to the shop and came back with a bunch of flowers and a box of chocolates."

Supporting people to express their views and be involved in making decisions about their care.

- People said they were involved in decisions about their care. One person said, "Staff have sat with me before and talk in detail about me as a person and my care needs which I really appreciated."
- Compliments had been received and were shared with the staff team. For example, "Thank you so much for the excellent care received, this was given with compassion and respect and also thank you for the care support you gave me."
- Surveys were sent to people and relatives however the response rate was low so new methods of seeking people's views were being tried.
- Resident and relative's meetings were held regularly.
- People were offered choice and staff promoted people's independence. One staff member said, "People who live here get lots of choice, and we treat everyone equally."

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect. One person said, "Staff are generally respectful to me and listen to me but I can't always hear them and they don't always hear me."
- Staff respected people's right to privacy and dignity and supported people to be as independent as possible. A relative said, "The staff are very effective in promoting [person's] independence by asking if they can help or can they manage on their own."
- One person said, "Staff are great here. I'm very independent apart from my legs needing taken care of and once the staff help me out of bed and into my wheelchair I can be as independent as I want to be."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were detailed and contained specific information about the support the person needed. They were person centred and people's wishes and preferences were reflected.
- Communication plans were in place and one person had specific needs recorded such as the volume they would like staff to speak at. A staff member said, "We have some people who live here that struggle to communicate so we adapt our style and understand people's needs from their body language and eye contact."
- Monthly reviews were completed and care plans were updated where required.
- The life and leisure team continued to provide a range of activities. One person said, "When there are activities going on in the home like the exercises this morning, staff usually give me the choice and ask me if I want to join in." A relative told us, "Staff will even welcome you to take part in activities with other service users."

Improving care quality in response to complaints or concerns.

- Complaints were acknowledged and investigated and final outcomes shared with the complainant.
- Actions had been taken to improve service provision where areas of concern were raised.
- Many compliments from relatives were in thank your cards, letters and an acknowledgement in the local newspaper had been received. Compliments included, "thank you so much for the excellent care received, this was given with compassion and respect and thank you for the care and support you gave me."

End of life care and support.

- Some people had detailed end of life care plans in place which outlined their wishes and relevant medical interventions, however one was not specific. The provider agreed to ensure this was followed up.
- We were told how a staff member stayed after their shift had finished to support a person nearing the end of their life who had no family with them. The staff member stayed with the person, speaking to them gently and holding their hand until they peacefully passed away.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection some aspects of the governance of the home required improvement. At this inspection we found these areas had been addressed and the service was well-led.

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

- The whole management team were enthusiastic and eager to share improvements that had been made since the last inspection.
- The registered manager was aware of their responsibilities and accountabilities and had notified the Care Quality Commission of all significant events in line with their legal responsibilities.
- There was a clear focus on reflection and working together to learn lessons to improve the quality of care provided for people and the support offered to staff.
- A range of audits and 'non-conformity' reports were completed to good effect to monitor and improve the quality of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The culture was one of openness and transparency, working together to achieve high quality care and support for people.
- Feedback was shared with the staff team which promoted a focus on achieving safe, effective, responsive and compassionate care for people.
- A staff member said, "The deployment of staff is good, we get matched based upon our skills and that is really helpful for support."

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

- Regular meetings were held with staff, residents and relatives to good effect.
- Minutes were available and communication was open and honest.
- The management team and nursing team had a range of skills and experiences which were used to ensure staff had the right skill mix to safely assess and support people.
- The registered manager said they were most proud of the staff and how they worked as a team. They said, "I've never worked anywhere where people work so well together supporting each other."

Working in partnership with others.

- The registered manager explained their ethos of working in partnership with other agencies in the best interests of people, to achieve positive outcomes.

- A number of partnership agencies were involved including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.