

Luton Borough Council

Applegrove (Domicillary Care)

Inspection report

St Kilda Road
Lewsey Farm
Luton
Bedfordshire
LU4 0UP

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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

Applegrove (Domicillary Care) provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing and this inspection looked at people's personal care and support service. At the time of the inspection, 12 people were being supported by the service.

At the last inspection, the service was rated Good. At this inspection on 8 November 2017, we found the service remains Good.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person centred way. The provider had an effective system to handle complaints and concerns. Where people were able to remain in their own homes, staff ensured that they remained comfortable, dignified and pain-free at the end of their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Applegrove (Domicillary Care)

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.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and needed to be sure that there would someone available to support the inspection. We visited the office location on 8 November 2017 to see the registered manager and office staff, and to review care records, and policies and procedures.

The inspection was carried out 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. Their area of expertise was in the care of older people.

The inspection was informed by feedback from questionnaires completed by three people using the service. This confirmed that they were completely happy with how their care was managed and they complimented staff on their skills and attentiveness.

We used information the provider sent us in the Provider Information Return. This is 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 reviewed other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with six people using the service, four care staff, the team leader, and the registered manager.

We looked at the care records for five people to review how their care was planned and managed. We looked at three staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

Is the service safe?

Our findings

We found the provider continued to protect people from potential abuse, harm and risks, and the rating for this key area remains 'Good'.

People felt safe and none of them were concerned about abuse. One person said, "I feel safe because of the girls here that watch over us, and there's always someone here at night." Another person said, "I know what abuse is, it's when someone is shouting at you or saying things they shouldn't say. I would report it to [team leader] if that happened." About potential abuse, another person said, "If I saw or experienced anything like that I would go straight to [housing manager] or [team leader], but I've never seen anything like that here."

To keep people safe, the provider had provided appropriate training and guidance to staff, and staff showed good knowledge of local reporting procedures. Information was also displayed in prominent areas so that anyone who wanted to raise a concern knew what to do. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Potential risks to people's health and wellbeing had been assessed, and personalised risk assessments gave guidance to people and staff on how risks could be minimised. One person told us, "I am prone to falling, and staff are there as backup for me, it's perfect. Because of the nature of my illness, risk assessments are done monthly." People's homes had also been risk assessed to ensure that there were no hazards that could put them, their visitors and staff at risk of harm. Records showed that there was a system to review risk assessments regularly. The provider worked closely with the 'housing manager' to ensure that any environmental health and safety issues that could impact on people's lives were dealt with quickly.

There were safe staff recruitment procedures, and there was sufficient numbers of staff to support people safely and at their agreed times. One person said, "I think there is always enough staff to support me because I seem to get everything I need." Another person told us, "There is always staff moving around."

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. One person said, "I have medication four times a day and it is always on time."

People were supported in a way that ensured they were protected from risks of acquired infections. Everyone told us that staff wore gloves and aprons when required, and followed appropriate hand washing procedures. One person said, "They always wear gloves and aprons, and they wash their hands before they put my lunch in the microwave."

The registered manager showed us how they learnt from incidents and how they put effective systems in place to reduce the risk of them happening again. For example, a risk assessment and escalation procedures for staff were developed following an intermittent failure of the 'Careline' personal alarm system. This was so that people could be protected from harm by putting extra support in place when they could not use this to summon help, and to ensure that the system was repaired as soon as possible.

Is the service effective?

Our findings

We found staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. Staff worked within the guidelines of the Mental Capacity Act 2005. This meant that the rating for this key area remains 'Good'.

People told us that their care needs were met and they were happy with how staff supported them. One person told us, "I do think the staff are skilled. We don't all have a lot of help from them, but what they do, they do properly." Another person said, "The help I have is excellent, the girls are very good." We saw that people had personalised care plans that took into account their needs, choices, views and preferences.

The provider had a comprehensive training programme and staff were complimentary about the quality of the training, and support they received through regular supervision and appraisals. One member of staff said, "We always do training and I've got two to do this month. The team leader and manager are very supportive. If I had issues, they will look into them and do something about it." Another member of staff told us, "Each time you go for training, you learn something new. It might be refresher training, but there is always something new to learn. The support for staff is very good."

Where required, staff supported some people with their meals, and everyone we spoke with said this was managed well. One person said, "They will come and microwave my food for me, and make sure I eat it." Another person told us, "Staff come and warm my meal up for me. If I'm hungry before they get here I will do it, but they still check that I have had something to eat."

Staff worked closely with people, their relatives and professionals to ensure that the care provided to people was appropriate and continued to meet their needs. We saw that the team leader reminded people's social workers when annual reviews were due so that a multi-agency review of people's care took place regularly. Reviews happened more often when people's needs changed, including during monthly meetings between people and their key workers. Staff worked closely with the housing provider to ensure that the design and decoration of people's homes did not hinder effective care, and adaptations were made if required to enhance people's independence.

Where required, people were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. People told us that they or their relatives managed their health appointments, and staff normally assisted them to access urgent care if they became unwell. One person told us, "I use my own doctor and chiropractor independently." Another person said, "I make my own appointments with the doctor or optician, and my [relative] takes me to all of them."

The requirements of the Mental Capacity Act 2005 (MCA) were met. The 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. Staff had been trained on the MCA and they showed

good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that most people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. They also said that they ensured that people had a say in what support they needed during each visit and they respected this.

Is the service caring?

Our findings

We found staff continued to treat people with kindness, respect and compassion. People were still being supported to be actively involved in making decisions about their care, and their privacy, dignity and independence were respected and promoted. This meant that the rating for this key area remains 'Good'.

People told us that staff were kind, caring and friendly towards them. One person told us, "Yes, very caring and very kind people in here." Another person said, "They have very genuine caring attitude towards me." A third person said, "They are very kind and caring, and always take care of me. I can't say a bad word about them."

The registered manager and team leader promoted a caring and inclusive environment within the service and this was reflected in how staff spoke about people. We observed that staff spoke really fondly about people they supported, and they told us that they had developed close and positive relationships with everyone. One member of staff told us, "We have enough time to get to know people here and we tend to see them a few times during our shifts." Another member of staff said, "We get used to the customers and they get used to us. They notice when one of the staff is on holiday and they will tell other staff about it. We really work well together." Another member of staff told us that they cared so much about people that on return from a period of leave, they could not wait to find out how everyone had been while they were away.

Staff told us that people were always supported to make decisions and choices about their care. They further told us that they respected people's individuality and their preferences, as these were very personal and diverse. People confirmed this and they told us that staff always respected their decisions. One person said, "They know me as well as I do, the way I like things done. The lead carer goes through everything with me every month in case I have any new issues, health or otherwise." Another person said, "They chat with me and ask me things, they are very respectful towards me."

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. They also said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. One person said, "They are very respectful and they always knock on the door. They know we need our privacy, but they are there to help if needed." Another person said, "I do all I can, then they will support me with the rest. They always ask if I need anything else and if everything is ok." A third person said, "I get help with personal care from the girls, but I still like to be independent and make my own meals. They know that, but if I needed help, they would do it for me." Another person said, "I genuinely say with my hand on my heart, they are really nice people here. We have our privacy and independence, but it's so nice to know they are there to support us."

Is the service responsive?

Our findings

We found the rating for this key area remains 'Good' because people were still being supported to receive personalised care that was responsive to their individual needs. People's concerns and complaints were managed effectively and improvements made, and people were supported well at the end of their lives.

In partnership with people, staff regularly reviewed care plans to ensure that these continued to meet people's individual needs in a person centred way. Records of regular consultations with people showed that they were happy with how staff supported them. People told us that staff were responsive to their needs and always supported them quickly when they called for help. We saw that in addition to people's planned care periods, they could use their 'Careline' personal alarm to alert staff if they needed support, particularly in an emergency. One person said, "I have rung my pendant sometimes and they are here quickly." Although another person told us that they never used their personal alarm, they said that they found the knowledge that staff were always available to support them when needed very comforting. They added, "I just know when they will come to do my medication or to do my lunch. I suppose that's what makes everything safe, knowing they are around."

The provider had a complaints policy and procedure, and people knew how to raise concerns or complaints. People told us that they were happy with how their care was managed and they had no reason to complain. One person said, "There's nothing to complain about, I am very happy with everything." Another person said, "I have nothing to complain about as they are more than kind. It's like being part of a family here." A third person said, "It's all very good. They are here to support us and that's what they do." We saw that the service had not received many complaints since our last inspection in 2015, and the registered manager had taken appropriate action to deal with any complaints or concerns raised by people using the service.

Staff told us that where possible, people remained in their own homes at the end of their lives as long as they did not require specialist care that could only be provided elsewhere. They told us of a number of people they had supported at the end of their lives and how they ensured that people remained comfortable, dignified and pain-free. However one member of staff said, "Sometimes they get too unwell to live on their own and they have to move to other services." They told us that people mainly either went to hospital or a care home when they required constant care or treatment.

Is the service well-led?

Our findings

We found the service was still well-led, and had robust systems in place to ensure that they continued to provide good quality care to people using the service. This meant that the rating for this key area remains 'Good'.

The service had a registered manager, who was supported by a team leader. 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.

There was a positive culture within the service which promoted a person-centred approach, openness, and inclusive working with people using the service and their relatives. People were complimentary about the quality of the service and this was also reflected in the written compliments the service received. People also provided positive feedback during their monthly keyworker engagement meetings, six-monthly service user consultations and annual surveys. One person said, "I would recommend this service to anyone." We found equality, diversity and human rights principles were embedded in the provider's ethos, with documentations such as the 'Customer Charter' reflecting their aims to adhere to these principles. There were also policies on equality in employment to ensure that no discriminatory practices were used when recruiting staff. Everyone we spoke with said their individuality was always respected.

People and staff knew that the registered manager was responsible for managing the service, including ensuring that the aims and objectives of the service were met. They also recognised the team leader's role in providing day-to-day leadership and support to the staff, and coordinating and planning everyone's care. People also told us that they found the service well managed, and all staff approachable and helpful. One person said, "All the girls are very approachable, I am very happy with the care provided." Another person said, "It is very well managed and all our care needs are met." It was clear that the provider achieved positive care outcomes for people because they worked collaboratively with them, their relatives, and other professionals.

Staff felt valued and enabled to contribute to the development of the service through monthly team meetings. Minutes of these meetings showed that various issues relevant to staff's roles were discussed. In addition to the provider's annual staff survey, the manager had also introduced a local survey and the recent results in August 2017 showed that the majority of staff provided positive feedback. The manager had completed an action plan to address areas where negative feedback had been provided. The action plan included what systems were already in place to drive further improvements and what additional systems needed to be developed.

The provider had effective systems to assess and monitor the quality of the service. The registered manager and the team leader completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The registered manager had recently completed a review of the provider's 'statement of

purpose' and this fed into the provider's 'statement of governance' to ensure that people's needs were central to the wider organisational plans. This ensured that they continually improved the quality of care provided to people using the service.