

West Midlands Residential Care Homes Limited

Apple Tree Court

Inspection report

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Tel: 01902774950

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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

We carried out an unannounced comprehensive inspection of this service on 23 November 2016.

The home is registered to provide accommodation and personal care for adults who may have a dementia related illness. A maximum of 26 people can live at the home. There were 16 people living at home on the day of the inspection. There was a registered manager in place. 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.

At the last inspection on 9 and 10 September 2015, the provider needed to make improvements in managing people's safety, management of medicines, people supported with meaningful pastimes and stimulation and ensuring that identified areas for improvement were completed. We found that improvements had been made in medicine management, people being able to call staff and providing hobbies and interests for people.

People felt safe in the home and were supported in a safe way. Staff told us about how they kept people safe from the risk of potential abuse. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced risks. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People told us there were enough staff to support them when they needed or wanted help or assistance.

People told us staff knew how to look after them. Staff felt their training reflected the needs of people who lived at the home. People had been involved in the planning of their care and relatives felt they were involved in any decision making where appropriate. Where people had not been able to consent to certain aspects or decisions about their care records of decisions had been completed. People told us they enjoyed the food and that it was well prepared and were supported to eat and drink enough to keep them healthy. Where needed people were given assistance to eat their meal. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received support to have their choices and decisions respected and staff were considerate. Staff anticipated people's care needs and attended to people in a gentle and unhurried way. Staff developed positive, respectful relationships with people and were kind and caring in their approach.

Staff knew the care needs of people and people were involved in their care and treatment. Staff were clear about the expected care needs of people at the home. People and relatives we spoke with told us they happily raised any concerns or complaints with the management team.

People and relatives felt they were involved in the home and that it suited them well. The registered manager regularly checked that people and their family members were happy with their home and care provided. The management team were approachable and visible within the home which people and relatives liked.

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.

People's safety and well-being was supported by the provider .
People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good ●

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and their preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs from staff they knew.
Staff who provided care respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they chose to. People were supported by staff or relatives to raise comments or concerns.

Is the service well-led?

Good ●

The service was well-led.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of concern and improve people's experiences. People, their relative's and staff were complimentary about the overall service and felt their views listened to.

Apple Tree Court

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 9 and 10 September 2015. Following this inspection an overall rating of 'Requires Improvement' was given, with the Safe and Responsive questions rated as 'Requires Improvement'.

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 unannounced inspection of Apple Tree Court took place on 23 November 2016 by one inspector.

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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we spoke with eight people who used the service, one relative, two visitors, the registered manager, one senior care staff and four care staff.

We looked at one person's care record, medicine records, staff training records, compliments, quality surveys and daily records. We spent time in the communal areas of the home to see how people were supported and how staff were with people. We also 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.

Is the service safe?

Our findings

At the last inspection in September 2015 we found improvements were needed in the management of people's medicines and with people being able to alert staff. The provider had implemented a new medicine management system and installed further call alert devices in all communal lounges.

All people we spoke with felt the home offered a safe environment and had no concerns with the staff in the home. One person told us, "Nice girls, they are kind to me". Two people told us that feeling safe in the home meant they were able to relax and enjoy their time in the home. One person said, "I can manage some things on my own. I need help to make sure I'm safe and well". Relatives were confident their family members were kept free from the risk of harm. One relative said, "I feel that residents are safe here and staff look out for them".

Staff we spoke with told us they had undertaken training so that they were able to identify potential signs of abuse. Staff we spoke with felt able to share any concerns they may have about people's care or well-being with the registered manager or senior staff. We reviewed how the registered manager noted and recorded their concerns and saw that information had been shared with the local authority and Care Quality Commissions where appropriate. The registered manager understood her role in ensuring information was correctly documented and shared when required.

People managed their risks with support from staff if needed. Staff we spoke with knew the type and level of assistance each person required. For example, where people required walking aids or assistance with food and drinks. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the registered manager for action and review.

All people and relatives we spoke told us staff were always around and attentive. We saw that staff were able to spend time with residents and respond in an appropriate manner to them. For example, staff spent time ensuring people were comfortable as well as responding to requests or chatting with people. All staff we spoke with said they had time to provide care and social support without the need to rush people. We saw staff remained present and available for people in the communal areas and were mindful to allow people privacy and independence.

The registered manager ensured there were enough staff on each shift to maintain and manage people's risks and social care. The registered manager told us they were able to monitor the staffing levels as they knew each person well due the small number of people living at the home.

People were supported by senior care staff to take their medicines when needed during the day. One person said, "I have some tablets and aspirin for pain when I need it". We saw people were supported to take their medicine when they needed it. Where people required their medicines to be reviewed and monitored this was actioned by the GP and staff supported people to follow this advice. People told us that changes in the medicines happened and staff monitored them for potential side effects or effectiveness.

Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. For example, half an hour before food or patches that required replacing after some many days. One person told us, "Get my tablet everyday staff look after that". People's medicines records were checked to ensure people had their medicines as prescribed. The medicines were stored in a locked area and unused medicines were recorded and disposed of.

Is the service effective?

Our findings

People we spoke with told us they felt all staff knew them well and were assured they were cared for by staff that understood their needs. Staff told us the training they had was to learn about how best to support people living at the home. Where we saw staff in the communal areas they demonstrated that they understood the needs of people they supported and responded accordingly. This included helping people with their walking aids, providing guidance and using equipment to assist people with their mobility.

Care staff felt supported in their role and had regular meetings with the registered manager to talk about their role and responsibilities. Care staff told us they had access to training courses when needed. For example, staff told us about the National Vocational Qualifications (NVQ) or Qualifications and Credit Framework (QCF) they had achieved.

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 were asked for their consent by all staff who provided assistance and they waited for a response. Staff told us how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. They told us that they got to know people's preference and often referred to people's life history books or family members. They told us this helped them to understand people's previous decisions or choices to help guide them. They told us any concerns over people's choice would be passed to the management team for assistance.

The registered manager confirmed where people living at the home had appointed a lasting power of attorney that meant they were able to make decision on a person's behalf. They said they would ask relatives for their support in making decisions about people care and support. The registered manager was clear about their responsibilities to support people if they lacked capacity and where a best interest decision was needed. We saw examples of how this information had been recorded and the discussions held with appointed advocates where needed.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager showed us where applications had been submitted to the local authority for assessment where people were being deprived of the liberty. The registered manager provided examples of how people were supported to live without having their liberty restricted and would talk to external

professionals in the first instance to assist with any evaluation or applications that needed to be made.

All people we spoke with said they enjoyed the meals and that they were well prepared and cooked. They also told us they got to enjoy their favourite meals and had a choice of two main meals. Lunch was a sociable event with people choosing to sit in the dining room. People were provided with their meals by staff who spent time chatting with them while they ate. We saw staff assisted people with their meal in a caring and kind way and people were smiling and talking with them during their meal. The chef told us about people's food preferences, dietary needs and cultural preferences. They knew who required a particular diet to manage a health need. For example, diabetic needs or if there were any allergies to consider.

People had seen opticians, dentists and were also able to see their GP. The GP visited the home when required where people were concerned about their health. One person said, "No problem here to get the GP out". Other professionals had attended to support people with their care needs. For example, district nursing staff to help with wound management and diabetic care. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Staff and records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and they knew each other well. Throughout our inspection we saw people were supported by all staff, including the registered manager in a kind and considerate way. People were comfortable in the home and one person we spoke with said, "Carers are beautiful". People were chatting with each other and staff about their local community, their friends and lives.

All relatives we spoke with told us they particularly liked the warm, cosy atmosphere within the home. They told us the registered manager worked closely with family members to ensure staff knew about their loved ones histories. One visitor to the home said, "Lovely staff and very homely".

All staff we spoke with were clear about their role to provide individual care to people. One staff member told us, "I love getting to know them and chatting". Another member of staff said, "Great care is given to the residents and we like getting to know their families when they visit". We saw that staff had developed friendly relationships with people living at the home and we saw staff sharing jokes and laughing with people. We saw one person start to become upset and disorientated. Staff members recognised and responded quickly to this person. They spoke calmly and listened to the person's concerns. They acknowledged how this person's concerns were causing anxiety and helped reassure the person.

People told us they had their preferences and routines met such as the time they got up or their morning routines. One person said, "I can get up when I want, eat when I want and I am very comfortable". Staff frequently checked and asked if people required anything, for example whether a person may like a drink or some company.

The registered manager told us they always gave people the choice and involvement about the care they wanted. All staff were unhurried in their approach with people and where people were quieter and not always able to engage in conversation, care staff would sit so they were able to make eye contact and look for visual or physical responses.

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their dignity. We saw that staff were discreet when supporting people with their personal care needs. One person told us, "I have my own room which means I can keep my independence". One member of staff told us, "Residents have a choice about spending time in their rooms it's what's personal to them". Staff told us they promoted people's dignity and gave examples that included supporting people to the bathroom but then leaving the room so they could have privacy, closing doors during personal care and knocking before entering rooms. The registered manager said they encourage people to use their rooms for personal care and support. People told us that the staff were sympathetic and understanding when providing personal support.

All staff were careful when discussing people with each other or with the person. The registered manager was aware of the need to maintain confidentiality in relation to people's personal information and personal

files were stored securely.

Is the service responsive?

Our findings

At the last inspection in September 2015 we found improvements were needed in providing people with opportunities of activities within the home. At this inspection we found that the provider had made improvements. We saw staff spending time with people offering activities, such as nail painting, dancing and singing and general conversations. The registered manager told of their plans to introduce further sensory activities that were individual to people living with dementia.

People we spoke with felt they got to spend their time as they wanted, such as enjoying reading their daily newspaper or walking outside. People were supported to achieve these with staff if needed. One person told us they went out with their family or went to a family member's home. All staff spent individual time with people chatting, or providing an activity, such as having their nails painted. One person told us, "Enough to keep me occupied". All staff told us they spent most afternoons with people chatting and socialising with them. One person told us, "I spend my days here as I would if I were in my own home". There were also some group activities, such as singing and dancing which staff initiated and encouraged people to join in.

People's personal history, likes and dislikes had been spoken about and recorded. This provided information to staff so they had a good understanding of each person. All staff we spoke with told us the care plans were useful as a way to start to get to know people and topics for conversation that may be of interest to them.

All people we spoke with were happy that they were involved in maintaining their health and were supported by the staffing group to notice any changes. Staff listened and acted on people's expressed wishes and spoke to us about the level of support people required. People's needs were provided on a personal level and all staff responded to people's wishes at different times of the day. Staff told us they supported people with any changes in their health and that they knew people well and this helped to identify where people may have an infection or a more significant health change. One person told how recently staff had spotted one infection followed a few days later with another. They told us the GP was called and came quickly to prescribe the required medicines.

Three people we spoke with said they were involved overall in their care. We looked at one person's records which detailed their current care needs which had been regularly reviewed and noted any changes. These showed the way in which they preferred to receive their care and provided guidance for staff on how to support the individual. Changes or updates were shared among staff when their shift started. These included people's emotional experiences and changes to care needs.

People told us they expressed any concerns or complaints they might have and spoke with staff to resolve them. For example, where an item of clothing or glasses might be misplaced staff were quick to resolve these. One person said, "If I had any questions, I just speak to (registered manager) to sort it". The registered manager said they encourage constant communication in the home and told us they wanted people, families and visitors to know they can just come in and speak with them. They told us, "I talk to them, get their views so minor issues are sorted straight away". There were procedures in place for people who

wanted to complaint and the provider had clear lines of accountability to resolve any potential complaints.

Is the service well-led?

Our findings

People told us they enjoyed living at Apple Tree Court and were comfortable and relaxed in the home. They were able to tell staff their opinions and had the opportunity to voice ideas or suggestions. One person said, "I love living here and I am very comfortable". People had contributed to ideas and suggestions for paint colours in the communal areas. People, their relatives and other visiting professionals had contributed by completing questionnaires so the provider and registered manager would know their views of the care provided. The results we saw were positive about the care being provided.

The registered manager told us that their visions and values for the home were to offer good care in a homely environment. The knowledge that they and the staff had of the people living there was reflective of the personal relationships with close support from relatives and friends. People confirmed these positive relationships and two people told us they knew staff from the local area as they were growing up. The registered manager confirmed that being part of the team and visible within the home provided them with the opportunity to assess and monitor the culture of the service.

All of the staff we spoke with told us the home was well organised and run for the people living there. They told us the management team was supportive and felt able to approach the registered manager with any concerns they may have. Team meetings provided opportunities for staff to raise concerns or comments about people's care. One member of staff said, "I enjoy working here, it's a good team". In order to continue improvements and have a proactive culture, staff were supported to study additional national recognised qualifications in care. The management team had also undertaken additional training to support staff, such as in privacy and dignity and end of life care.

The registered manager spoke about how they worked to improve people's experiences. Staff told us the management team were keen for them to make suggestions. One member of staff told us, "We are shown how to do things the right way". Audits were undertaken by the provider and registered manager to monitor how care was provided and how people's safety was protected. All aspects of people's care and the home environment were reviewed and updated.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries, district nurses and the local Clinical Commissioning group (CCG). These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care. They also used other external organisations and the local authority to improve outcomes for people.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. One member of staff told us, "We own up to any mistakes, it's calmly addressed and we learn from it or shown how not to make the same mistake again". This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to when things go wrong with someone's care and treatment. Resources and support from the provider were available and improvements to the home were in progress.

Plans were in place to refurbish the communal areas of the home and make changes to some of the communal rooms to support people with more opportunities for hobbies and activities.