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Applegarth Care 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?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 28, 29 October and 3 November 2014 at which a breach of legal requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was found. Compliance actions were made around safe care and treatment, good governance, need for consent, fit and proper persons employed, staffing and person-centred care.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements

in relation to the breaches and submitted an action plan. We undertook a focused inspection on the 6 & 8 July 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Applegarth Care Home' on our website at www.cqc.org.uk

Summary of findings

Applegarth Care Home is registered to provide accommodation and personal care for up to 19 older people. On the day of our visit there were 18 people living in the service.

Applegarth Care Home does not have a registered manager in post. 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 our focused inspection on the 6 & 8 July 2015, we found that the provider had made significant improvements and had followed their plan which they had told us would be completed by April 2015. We found most of the legal requirements had been met, however further improvements were required.

Safer recruitment practices were now consistently being carried out. Risks associated with people's nutrition and dehydration were clearly recorded, updated and reviewed. Medical records were kept updated and secured. Staff received appropriate professional development and support. The service acted in accordance with the Mental Capacity Act 2005 and the requirements of Deprivation of Liberty Safeguards. Care records evidenced reviews of care were regularly undertaken that involved people and those that mattered to them. People and staff spoke positively about management and felt the service was well led. We found most of the quality assurance systems in place were robust however, care plan audits were ineffective in practice and there was no still registered manager in post.

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?

The service was safe.

People were not placed at risk of harm because the service consistently used safe recruitment procedures.

People were not placed at risk of unsafe or inappropriate care because risks associated with poor nutrition and dehydration were recorded and regularly updated.

Medical records were kept up to date and secure.

Good



Is the service effective?

The service was effective.

Relevant checks were undertaken to ensure people employed in the service were of good character.

Staff received professional development, supervision, training and appraisal.

People's rights were being effectively protected because the service acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People's dignity and privacy was respected because their personal spaces were no longer being infringed.

Good



Is the service responsive?

The service was responsive.

People's individual needs were regularly assessed.

Good



Is the service well-led?

There were aspects of the service that was well-led.

There was no registered manager in place and the care plan audit tool was not effective in practice.

People said management was approachable and there was an open culture in the home.

The service sought feedback from people and took appropriate action in response to them.

Requires improvement



Applegarth Care 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.

We undertook an unannounced focused inspection of Applegarth Care Home on 6 & 8 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our visit on 28, 29 October and 3 November 2014 had been met. The inspection team consisted of 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. The expert by experience's area of expertise related to older people, carers of older people and people who had dementia.

The service was inspected against the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements.

We reviewed all the information that we held about the service prior to our inspection. We also made contact with the local authority and other relevant professionals to gain feedback on the service. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service.

During our visit we observed the way staff interacted with people. We spoke with six people, one senior care worker, three care workers, manager, operational manager and the proprietor. We looked at four care records, six staff records and records relating to management of the service.

Is the service safe?

Our findings

At our previous inspection on the 28, 29 October and 3 November 2014 we found people were placed at risk of harm because recruitment and selection processes were not safe. Relevant checks, which included criminal record checks and obtaining references before staff was able to work, were not consistently undertaken. We served a compliance action in respect of a breach of Regulations 21 (a) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A review of six staff records showed all relevant checks had now been undertaken. We found application forms were fully completed; disclosure and barring service (DBS) checks were undertaken; written references were obtained and employment histories and medical questionnaires were completed. This was confirmed by staff who gave various comments such as, “I had to bring a completed application form, photograph, driving license and proof of address. I had to wait for my DBS to be processed before I could start work” and “When I first started I had to complete an application form, give three proof of identification and had to wait for my DBS, I started work six weeks later.” This ensured that people were protected from the risks of unsuitable staff being employed by the service.

At our previous inspection on the 28, 29 October and 3 November 2014 we found people were placed at risk of unsafe and inappropriate care because identified risks were not regularly monitored or reviewed. This was a breach with Regulations 9 (1) (b) (ii) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where there were identified risks, care records now evidenced they were regularly monitored and reviewed. Staff members told us these were reviewed on a monthly basis, a review of care records confirmed this. One staff commented, “We carry out risk assessments on each individual. For example, one person was prone to falls so we had to ensure their walking frame was safe; they wore the correct shoes and made a referral to the falls clinic. We looked at the individual’s care supported what the staff had told us. Another person’s care records showed they were assessed as high risk of falls. We noted a risk assessment dated 5 May 2015 was put in place with measures to reduce the risk. A ‘falls log’ recorded any falls the person experienced. We saw appropriate action was taken to ensure no further harm came to the person. We noted on 6 June 2015 the person’s risk was re-assessed. This showed staff understood how to minimise risks and regularly monitor them.

At our previous inspection on the 28, 29 October and 3 November 2014 we found people’s welfare and safety were placed at risk of harm because medical records were not always kept updated and secured. This was a breach with Regulations 21 (a) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medical records were now up to date and information contained in them were secured. This meant there was no risk of information that related to people’s medical needs being misplaced.

Is the service effective?

Our findings

At our previous inspection on the 28, 29 October and 3 November 2014 we found people were cared for by staff that did not have effective induction, supervision, appraisal and training. This was a breach with Regulations 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were now cared for by staff who received effective induction, supervision, appraisal and training. Staff told us their induction was sufficient. We saw 'records of communication' which documented amongst others, observations undertaken on new staff's practices. These were detailed and recorded specifically the areas that required improvement and the support given. A supervision matrix was developed and showed supervisions were booked for staff up until the end of the year. A review of staff records showed supervisions were now undertaken and covered working practices, performance and training. This was supported by staff members, one staff member commented, "Supervision is to see how I am getting on and the areas I want to progress in."

People considered staff knew what they were doing when helping them. For example, one person commented, "My needs are met and the staff are very pleasant." Staff spoke positively about the training provided. One staff member commented, "It has covered what I need to do and the manager always ask if there is anything else I want to be trained on." Another staff member commented, "I have to complete 20 units and have completed nine units so far." The manager explained the training staff had to undertake, this was a combination of on line and face to face training. Supervision records showed how the manager was supporting staff in this area. For example, a supervision meeting note showed recorded a staff member was not confident with the on-line training. We noted the one to one support provided by the manager to address this. A review of the staff training matrix showed what training staff had undertaken or was in the process of completing. We noted this was being regularly monitored.

At our previous inspection on the 28, 29 October and 3 November 2014 we found, the service did not always act in accordance with the Mental Capacity Act 2005 (MCA) and

the requirements of the Deprivation of Liberty Safeguards (DoLS). This was a breach with Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this visit a review of care records clearly evidenced where people lacked the capacity to specific decisions, consent was sought from people who had legal power to make decisions on their behalf. Mental capacity assessments and best interest meetings were now available in care records. These evidenced decisions made in people's best interest. This showed the service acted in accordance with the MCA 2005.

Arrangements were in place for people who lacked capacity to give consent and were at risk of being deprived of their liberty. The service had now submitted DoLS applications to the supervisory body. We reviewed five DoLS applications and noted they were completed appropriately. For example, we noted DoLS applications were submitted for people who could not make a decision to have bed rails fitted, and for people who did not want to remain living at the home. The manager explained they were still awaiting an outcome for the applications submitted. This meant where there was a potential of people's liberty being deprived, the service took appropriate action.

At our previous inspection on the 28, 29 October and 3 November 2014 we found people could not be confident they would always receive appropriate support when risk associated with nutrition and hydration were identified. This was because the service did not record actions taken where people were identified at risk of poor nutrition or dehydration. This was a breach with Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the food. We heard comments such as, "The food is absolutely brilliant here", "There's plenty to eat and if people don't eat enough, that's their fault", "People are always helped with eating if need be", "The meals are OK, I'm content with the meals", "The food is nutritious and I'm a fussy eater", "I ask for fish and they give it to me every day" and "There's enough to eat and drink. The mealtimes are pleasurable, not rushed, not hurried and my vegetarian diet is catered for".

Is the service effective?

On this visit we found there were records of action taken where people were at risk of poor nutrition and dehydration. A review of risk assessments showed the appropriate measures were taken by staff to minimise risks. For example, one person was assessed at high risk of choking due to swallowing difficulties and was unable to feed themselves. Staff was instructed to ensure the person was assisted at meal times and that all food given to the person was at the right consistency. A review of the person's risk assessment dated 29 June 2015 showed there were no changes made to the risk assessment and the

person was referred to a dietician. Nutritional plans were completed and up to date. We looked at a nutritional plan for one person dated May 2015. This recorded the person had lost significant weight in April 2015 but was now steadily maintaining their weight since returning from hospital. A review of the nutritional plan dated June 2015 showed the person's weight continued to increase. This meant the service had effective monitoring and management in relation to people's nutrition and hydration needs.

Is the service caring?

Our findings

At our previous inspection on the 28, 29 October and 3 November 2014 we found people's dignity were not always respected. This was because two people's rooms were being used for storage.

People said staff were caring. We heard comments such as, "They look after me", "They're all very caring in here, we're treated with respect but sometimes some of the residents don't treat the carers with respect and they (carers) get annoyed", "The staff are kind and caring, I know most of the staff"; "The staff are kind and whatever you want they will

do", "They are respectful, I'm quite happy", "The staff are kind and respectful. We have a chat and sometimes we have a good laugh. They're all very nice", "The staff are kind in all ways", "The staff are respectful, they always knock before entering my room", They don't dive in to your private life" and "They do ask before washing me."

People were now treated with respect and dignity. On this visit we noted Items that belonged to the service and other people who lived in the home, was no longer being stored in people's rooms. We observed appropriate storage space was found for wheelchairs and items that belonged to the service.

Is the service responsive?

Our findings

At our previous inspection on the 28, 29 October and 3 November 2014 we found people's individual needs were not being regularly assessed. This was a with Regulation 9 (1) (b) (ii), Regulation 20 (1) (a), (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt their care was focussed upon their individual needs. We heard comments such as, "An ambulance was organised for me with no fuss", "When I need help, they step

forward, you only have to ask", "My care is focussed on my needs and they were as quick as lightening when I fell" and "I need help going to the toilet and they come quite quickly when I ask."

On this visit we found people's individual needs were being regularly assessed. For example, one staff member talked about how they responded to a person's needs. They commented, "We saw a spot on X's ear and reported it to a senior staff member who referred her to the doctor, who made a referral to the hospital. We looked at the person's care records which supported what the staff had said. We noted the person's care was up to date and regularly reviewed. Other care records reviewed evidenced input from people and those who mattered to them in reviews of care. This ensured the views of people who received care was known, respected and acted on.

Is the service well-led?

Our findings

At our previous inspection on the 28, 29 October and 3 November 2014 we found quality assurance systems were not robust and did not drive improvements in the quality of care being provided. There were breaches with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a legal requirement for services to have a registered manager in post. At our last visit the service did not have a registered manager in post. On this inspection, a registered manager was still not in post. This meant the provider did not ensure there was effective management in place.

The service had implemented an audit system to ensure care plans were regularly reviewed and updated. Staff had signed to confirm they had updated the care plans they were responsible for. We noted the audit tool did not give those reviewers of care plans the space to record discrepancies, timescale for actions to be done to address those discrepancies and dates actions were completed. This meant there was not an effective system to enable the service to analyse any trends as the care plan audit was ineffective in practice.

People spoke positively about management. We heard comments such as, “The manager is doing fine”, “The manager is approachable, she will listen”, “When I fell it was managed well”, and “The manager is approachable, ever-so-good and quite nice. She asks if you're okay.”

On this visit we found there was an open and inclusive culture. For example one person commented, “They are approachable”, and another person commented, “There is an open atmosphere.” We heard various comments from

staff such as, “It's better now than before, its more relaxed. The atmosphere is much better, we all get on” and “It's open and I can raise any issues with X (the manager), they are understanding and a good listener.”

The service had a complaints log to monitor and review complaints received. A review of the log showed all complaints received from January 2015 to July 2015 were responded to appropriately. One person commented, “Grievances can be raised and followed up.”

A review of the Infection control audits carried out from January 2015 to June 2015 showed there was an effective system in place to ensure people were protected from the risk of infection. For example, in January 2015 it was recorded where extractor fans were in operation, they must be cleaned and dust free. It was requested that this task should be carried out by kitchen staff. On the 21 January 2015, it was recorded the task had been completed. Staff said there were various quality assurance in place and how effective they were. For example, one staff commented, “We ensure window restrictors are checked and in working order.” This was supported by one person who commented, “The windows don't open wide enough for someone to fall out.”

The service sought feedback from people who used the service and those who represented them and acted on them. We noted minutes of residents meetings captured feedback people gave and the actions taken in response to them. For example, one person talked about an issue they had raised in the October 2014 residents meeting. In the January 2015 residents meeting, it was recorded the person had confirmed the issue had now been resolved. One person told us they attended a residents meeting and had asked for more variety in the supper menu and this had been provided. The commented, “They do that now, it used to be just sandwiches but now we get different things too such as soup or little sausage rolls”. This showed actions had been taken to address feedback given.