Applegarth Home Limited

Applegarth Residential Care Home

Inspection report

Brownshill Green Road
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Tel: 02476338708

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Applegarth Residential Care Home in September 2016 and rated the service as 'Good'.

Since that inspection we received information about a serious incident which took place at the home. This incident is subject to investigation by the relevant authorities and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk associated with people's needs and the environment. We undertook a focused inspection to check people were safe. This report only covers our findings in relation to these topics.

This inspection took place on 7 March 2018 and was unannounced.

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

Applegarth Residential Care Home accommodates a maximum of 23 older people in one adapted building across two floors. On the day of our visit 21 people lived at the home. The home is located in Coventry in the West Midlands.

This service 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 home had a registered manager who had been in post since 2016. 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.

Some risks associated with people's health and well-being and the environment were not always well managed. Records to support risk management in the home lacked detail and were not being accurately

completed. Action was being taken to address this.

People received their medicines as prescribed from staff who had been trained in managing medicines safely. However, systems to ensure medicines were administered and managed in line with the provider's procedure were not always effective and required improvement.

People told us they felt safe living at the home. Staff understood their safeguarding responsibilities and the action they should take if they were concerned a person was at risk of harm.

There were sufficient staff to meet people's needs. The provider ensured pre-employment checks had been completed before staff started work to make sure, as far as possible; they were safe to work with the people who lived there.

The provider encouraged people and relatives to share their views about the home and how it was run to drive forward improvements. The registered manager used learning from accidents and incidents to make improvements.

Staff enjoyed working at the home and felt supported and valued by the management team.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The management of medicines, individual and environmental risk, did not always identify errors or safety concerns. People told us they felt safe living at the home. Staff knew how to safeguard people from abuse and understood their responsibility to report any concerns. There were enough staff to provide the care and support people required. The provider's recruitment processes minimised the risks of employing unsuitable staff.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's monitoring of the quality and safety of service provided, was not always effective. People were satisfied with the service provided and the way the home was managed. Staff felt supported by the management team. The provider welcomed feedback about the service provided and made improvements where necessary.

Applegarth Residential 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 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.

The inspection was prompted by notification of a serious incident. This incident is subject to investigation by the relevant authorities, and when the investigation is concluded we will consider any further action we may have to take.

Because of the investigation we did not look at the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk associated with people's needs and the home's environment. This inspection looked at those risks.

This inspection took place on 7 March 2018. It was a focused unannounced inspection and was undertaken by one inspector.

Before our visit we reviewed the information we held about the home. We looked at the provider's statement of purpose (SOP) and statutory notifications the home had sent to us. A SOP is a legally required document that includes a standard set of information about a provider's service. A statutory notification is information about important events which the provider is required to send to us by law.

We also spoke with commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They did not have any further information to share with us.

During our inspection visit we spoke with four people who lived at the home. We spoke with staff, including a senior team leader, a team leader and care staff. We also spoke with the registered manager, the deputy manager and a fire safety officer from West Midlands Fire Service who visited the home.

We looked at three people's care records and other records related to people's care, including medicine records and daily reports. This was to see how people were cared for and supported, and to assess whether people's care delivery matched their records. We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required.

We also looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service, including safety of the environment, fire safety and risk management.

Requires Improvement

Our findings

This key question was rated as 'good' at our last inspection visit. At this inspection we found areas which required improvement. This was because some risks related to people's health and well-being, the environment and medicine were not effectively and consistently managed.

Staff had not always been provided with clear information to ensure identified risk was consistently managed. For example, one person's written risk assessment said they were at risk because they attempted to leave the home. This risk assessment had been recently reviewed and informed staff they needed to 'monitor the person and to ensure all doors were locked early evening'. A staff member told us, "We have to keep an eye on [name] and make sure the doors are locked because they try to go home." They went on explain the local authority had authorised restrictions on the person's liberty because they had assessed the person would be unsafe if they left the building, unsupervised.

At the start of our inspection visit we saw the person sat in the lounge with their coat on but there were no staff present. When we asked staff why this was one told us, "Only residents [people] who are safe are left alone while we are getting residents up." The deputy manager told us the person had 'settled' and was no longer at risk of leaving the home unattended. This conflicted with the information in the person's risk assessment.

We found other risk assessments did not reflect people's current needs. Another person's risk assessment had been reviewed on 9 February 2018. The review concluded no changes were required. However, staff told the person's needs had significantly changed and since January 2018 the person had remained in bed. The daily report completed by staff confirmed this.

Risk assessments for a third person contained inaccurate information. The person had been admitted to the home, from hospital, the evening before our visit. We saw their risk assessments included information about the use of prescribed oxygen, and the need to thicken the person's drinks to reduce the risk of the person choking. This conflicted with information provided by the hospital in the 'discharge summary' letter.

We spoke with the deputy manager about the third person's risk assessment. They told the risk assessments had been devising using information provided by the local authority which the home had not checked and was now known to be out of date. However, they gave assurance the error had already been identified and the hospital contacted to clarify the person's needs. An entry in the staff's 'communication book' confirmed this.

We were concerned the anomalies in staffs understanding and inaccuracies in written assessments meant staff did not have the information they needed to keep people safe. We discussed this with the registered manager who took immediate action to review and update risk assessments and care records.

We looked at how the provider managed risks associated with the home's environment.

Prior to our visit we were made aware of concerns about the security of some doors in people's bedrooms which opened into the garden. We saw the registered manager had taken action to address these concerns. However, we could not be assured from our discussion with staff and the management team if these doors were classed as fire exits. This was important because the changes made to improve security meant the doors could not open easily. We asked the registered manager to clarify this.

In response, a fire safety officer visited the home. They looked at the specific doors and confirmed they were not fire exits and there were no 'fire safety' concerns. They also told us they had reviewed fire safety at the home, the day before our visit to establish if the improvements they had asked the home to make in November 2017 had been completed. They confirmed these had been made.

During our visit we saw staff's response to an unplanned fire alarm. Staff reacted quickly and followed the home's fire procedure. However, one staff member was hindered in their response because they had to pass through two gates positioned at the top and bottom of the stairs to reach the fire assembly point.

The registered manager and staff told us the gates were to prevent people from having an accident on the stairs. One member of staff told us the stairs were safe because staff were with people at all times. However, night staff told us some people did not sleep well and would walk unsupervised along the hallway past the top of the stairs. This meant there was a possibility people may attempt to use the stairs independently. We were concerned the height and flexibility of the gates meant if a person leant on them there was a significant risk of falling on, or down the stairs and injuring themselves.

We looked at the provider's 'Stairs And Lift Risk Assessment'. We found the assessment lacked detail and did not provide staff with clear information about managing and reducing risk in this area of the home.

We were concerned the gates created a potential risk to people and fire safety. We discussed this with the registered manager. They acknowledge our concerns and told us these would be addressed as a priority. Following our visit we contacted the provider's regional manager to share our concerns and seek assurance these were being addressed. Since our visit the provider has confirmed specialist advice has been sought and action was being taken to mitigate these risks.

Records showed the provider commissioned specialist suppliers to service and maintain essential supplies and equipment. These included checks on electrical appliances, and the water and gas supply.

We looked at the arrangements for managing medicines in the home. People told us they received their medicine as prescribed. One person said, "The girls are very good they bring my tablets to me." Another person told us, "If it wasn't for the staff I would probably forget to take my tablets." A team leader told us staff completed training before they were assessed as 'competent' to administer medicines and regular checks took place to ensure they remained competent to do so.

Systems were in place to ensure medicines were ordered, received, stored, administered and disposed of in accordance with good practice. However, when we looked at medicine administration records (MARs) we found the provider's systems had not been consistently followed by staff. For example, one person's MAR

showed three tablets had been in stock and three tablets were recorded as administered to the person. This meant there should be no tablets in stock. We found a stock of three tablets.

Another person was prescribed eye drops. The MAR showed these were administered as prescribed but staff had failed to notice the bottle in use had passed the date for disposal. The dispensing label stated the drops should be discarded one month after the date of opening which staff confirmed was 11 January 2018. We brought this to the attention of the senior team leader who immediately removed the item from use. Following our visit the registered manager informed us they had spoken with the practice nurse from the GP surgery who confirmed the error had not caused harm to the person.

MARs detailed known risks associated with particular medicines, along with clear directions for staff on how best to administer them. This included medicine prescribed 'as required' such as medicines for pain relief, and the application of prescribed creams. Medicines which required lower temperatures were safely stored in a medicine fridge.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

People told us they felt safe living at the home. One person said this was because they knew the staff and no strangers could get into the home. Another person told us, "Getting the help I need makes me feel safe." A staff member told us, "They [people] are definitely safe. We look after them very well and meet all their needs."

Staff knew how to safeguard people from abuse. They told us they would report any safeguarding concerns to the management team. One staff member commented, "The manager would investigate. They would protect the residents." Staff knew about the provider 'whistleblowing' procedure which they felt confident to use. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Discussion with the registered manager demonstrated they understood their responsibilities to inform the local authority safeguarding team and the Care Quality Commission if there were any concerns about people's safety. Records confirmed the registered manager managed safeguarding concerns in accordance with their policies and procedures which helped to keep people safe.

People told us there was enough staff to support people at the times they needed. One person commented, "The staff work very hard and they are always busy but you don't have to wait." Staff described staffing levels as good. One explained the registered manager had recently increased staffing levels because occupancy at the home had increased.

Records showed the registered manager used a dependency tool to assess how many staff were needed to deliver care safely. The registered manager described how they reviewed people's needs each month or sooner if there needs changed and 'flexed' staffing levels to reflect this. We saw there were adequate numbers of staff available to meet people's needs promptly.

The provider's recruitment practice minimised the risks of recruiting unsafe staff. For example, prior to staff working at the home, the provider checked they were of good character by contacting their previous employers to obtain references, and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.. Staff confirmed they were not able to start working at Applegarth Residential Care Home until the checks had been received.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

Requires Improvement

Our findings

This key question was rated 'good' at our last inspection. However, at this inspection we found the home required improvements.

The provider's procedures to monitor the safety and quality the service provided were not always effective. For example, the medicine audit did not cover all aspects of medicine management, and where checks had been made, they had not identified the errors we did when we undertook the same checks. Care record audits did not ensure risk assessments were up to date, and environmental audits had not looked in detail at potential environmental risks such as the stairway.

Other audits which had been completed demonstrated areas requiring improvement had been identified and action taken to address these. Records showed following an infection control audit in March 2018 staff had been reminded they were not allowed to work with acrylic nails or whilst wearing nail varnish because this could pose an infection risk.

The home had a registered manager who had been in post since 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider's, 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 clear management structure within the home to support staff. The registered manager was supported by a management team which included a deputy manager and a senior team leader. The registered manager told us they were was also supported by the provider's regional manager through daily telephone contacts and regular visits to the home.

People told us they were satisfied with the service provided and the way the home was managed.
One person said, "I have no complaints." Another person told us, "It's great. I am fine living here."

The provider invited people and relatives to share their views about the quality of the service and any areas where improvement could be made. These were through regular meetings and an annual satisfaction survey. The latest survey from 2017 showed people and relatives were satisfied with the service provided. We saw the provider had analysed the outcome of the survey and used the feedback received to make improvements to the service. For example, a new cook had been recruited in response to people's comments about the quality of meals.

Staff enjoyed working at Applegarth Residential Care Home. One staff member said, "This is the best place I've worked." They told us they felt this was because of the relationships they had developed with people, staff and the registered manager. Another told us, "We all work together as a team to do the best we can for the residents. That's how it should be."

Staff told us they also received regular support through individual and team meetings. One staff member described individual meetings as 'helpful' because they had the opportunity to talk about training and any important updates. Another staff member told us, "Our manager welcomes any ideas to improve quality of care." They added, "The manager is very approachable and always listens."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all provider's to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us they were working with the provider to identify how best to ensure information was available in people's chosen format.

There were processes to enable the registered manager to monitor accidents and incidents. This helped ensure that any patterns or trends could be identified and actioned. It also meant that any potential learning from such incidents could be identified and shared with staff. The registered manager told us following a recent incident they had met individually with staff to share learning. They told us they were also seeking specialist advice about how to make further improvements within the home's environment. They added, "We are open and transparent and work closely with all professionals to improve."

The registered manager demonstrated they understood their responsibilities and the requirements of their registration. For example, they had notified us about important events and incidents that had occurred. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations into concerns.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe Care and Treatment. 12 (1) The provider had not ensure care and was provided in a safe way for service users. 12 (2) (a) (b) The provider had not ensured risk was effectively managed and mitigated. 12 (2) (d) The provider had not ensured the safety of the premises in some areas of the home. 12 (2) (g) The provider had not ensured staff followed policies and procedures about medicines management.