

Apple Blossom Lodge Ltd

Apple Blossom Court

Inspection report

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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

Apple Blossom Court is a residential care home providing accommodation and personal care for up to 17 people in one adapted building over three floors. At the time of our inspection 10 people were living at the home.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to their community that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Within the areas looked at during this focused inspection; the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The design of people's accommodation, the use of the building and the delivery of people's support did not promote people's dignity, people developing or using their skills, maximising choice and being as independent as possible; or promoting them enjoying their home in an ordinary and everyday manner.

Some people's needs, choices and preferences did not fit in with or clashed with others when using the communal areas of the home. This had led to some people having negative experiences, being isolated from others or choosing to spend their time in their bedroom.

We made a recommendation regarding the application of the principles of right support, right care, right culture.

When we inspected there were not enough staff available to meet people's identified support needs and complete necessary tasks.

We made a recommendation regarding the deployment of staff.

The registered manager had responded to the COVID-19 pandemic, the home was clean, and steps had been taken to prevent any spread of infection. However, PPE and other clinical waste were not always being stored appropriately.

We made a recommendation regarding the storage of waste at the home.

Staff were kind and respectful in their approach towards people and were knowledgeable about their day to day preferences. People were comfortable with staff members; one person told us, "The staff are nice".

A series of checks and audits took place to help ensure people received safe care and support. Medication

was stored and administered safely, new staff members had been recruited safely and checks took place on the home's environment and equipment used.

The home now had a manager who was registered with the CQC. There had been a series of improvements at the home under the registered manager. People's family members, staff and some health and social care professionals praised their approach.

The registered manager undertook a series of audits to ensure safety and manage risk. There had been some improvements and refurbishments made within the home and outdoor areas.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 October 2019). The service remains rated requires improvement. This is the second consecutive inspection where the service has been rated requires improvement.

Why we inspected

We received concerns in relation to the quality and safety of the care and support people received. As a result, we undertook a focused inspection to review the key questions of "Is the service safe?" and "Is the service well-led?".

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the, safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apple Blossom Court on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Apple Blossom Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, a senior care worker, care workers and domestic staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at some people's care plans and risk assessments, some safety audits and checks made when staff were recruited.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not enough staff available to meet people's identified support needs and complete necessary tasks. The staffing rota showed this shortfall in planned staffing levels on some other future occasions.

We recommend the provider review planned staffing levels and the deployment of staff on the rota.

- New staff members had been recruited safely. The registered manager had ensured that appropriate checks had been made to ensure candidates were suitable for the role; this included exploring their work history and obtaining appropriate references.
- The registered manager told us that they were in the process of hiring a cook. Cooking people's meals was being done by the available care staff. This had an impact on staff being available to meet people's needs. Since our visit the registered manager has told us that they have now recruited a cook.

Preventing and controlling infection

- PPE and other clinical waste were not always being stored appropriately. The home was not using pedal operated bins that staff didn't have to touch, and some outside storage bins were missing lids or had ill-fitting lids. The registered manager informed us that following our inspection appropriate bins had been sourced.

We recommend the registered manager review the storage of clinical waste at the home.

- The home was clean. Since our previous inspection the provider had employed dedicated domestic staff to help ensure cleaning and laundry duties were completed. The registered manager completed environmental cleanliness audits.
- The registered manager had responded to the COVID-19 pandemic and had completed a COVID-19 policy including accessible easy read guidance, risk assessment and business continuity plan using appropriate guidance; the risk assessment had been reviewed monthly. Risk assessments assessed the additional risks for people supported and staff in higher risk categories. The registered manager was participating in a pilot on COVID safety.
- The registered manager told us that regular testing of staff was taking place. However clear records of regular staff testing were not being kept. Since our visit the registered manager has showed us that this is now taking place.

- There was a COVID-19 risk assessment in place for each person living at the home and each person had an individualised visiting plan.
- The registered manager had produced updates for staff as learning took place regarding COVID-19. They also completed weekly hand hygiene audits and staff completed hygiene questionnaires to help ensure safe practices took place.
- There were good supplies of PPE at the home and staff made appropriate use of PPE.

Using medicines safely

- People's medication was administered safely by trained staff members. Accurate records were kept of medication administered, along with stocks held and this system was regularly checked by the registered manager.
- Some people's medication had been reduced in partnership with their GPs. The registered manager told us that this was in line with the principles of STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines.)
- The use of as and when required (PRN) medication was recorded and monitored. People's medication records did not contain information for staff regarding the reason PRN medication had been prescribed, when the use of PRN medication is appropriate and what support people need. This information was in people's care files. The registered manager told us they would put this into people's medication records.

Systems and processes to safeguard people from the risk of abuse

- There was a system and processes in place for safeguarding people from the risk of abuse. The registered manager recorded any potential safeguarding concerns and had shared these concerns with the local authority.
- Staff received training in and were knowledgeable regarding safeguarding people at risk of abuse. They knew what actions they would take if they thought a person was at risk of abuse.

Assessing risk, safety monitoring and management

- Regular checks took place on the safety of the home's environment. These included checks on the electrical and gas services to the home and fire safety. There was a series of regular safety checks and audits that took place on the environment and equipment used.
- The risks present in supporting each person had been assessed and a risk management plan gave guidance for staff on how to support people to reduce these risks. These assessments were regularly reviewed
- The top floor of the building was in need of remedial repairs and was not in a fit condition to be used for accommodation. Although nobody was living on this floor of the building; it was registered to provide accommodation for people. If the provider considers using this floor as accommodation these works would need to be completed.

Learning lessons when things go wrong

- Learning took place when things had gone wrong. The registered manager kept a record of any accident or incidents that happened at the home. The registered manager showed us examples of when learning had taken place and people's support and accommodation had been changed or adapted in response to an incident.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided for people was not meeting the principles of right support, right care, right culture. The design of people's accommodation, the use of the building and the delivery of people's support did not promote people's dignity, developing or using their skills, maximising choice and being as independent as possible; or promoting them enjoying their home in an ordinary and everyday manner.
- An example of this is that the main lounge area that people used for relaxation for long periods of the day was cramped with no natural light, did not contain enough seating and was used as a busy thoroughfare by staff members. There was evidence that the hustle and bustle and noise in the communal areas was not meeting some people's needs or preference and at times had a negative impact on them.
- Some people's needs, choices and preferences did not fit in with or clashed with others when using the communal areas of the home. This had led to some people having negative experiences, being isolated from others or choosing to spend their time in their bedroom.
- Some people had commissioned one to one support time. These had not always been planned or used effectively.

We recommend the provider assess each person's needs and preferences and consider how the design, use and layout of the building, along with the delivery of people's support can best reflect their needs and preferences. We recommend that the provider assess the service they are providing against the principles of Right Support, Right Care, Right Culture.

- Staff were kind and respectful in their approach towards people and were knowledgeable about their day to day preferences. People were comfortable with staff members; one person told us, "The staff are nice".
- Before recent COVID-19 restrictions people had been supported to go to places they enjoyed and socialise within their community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities with relation to their duty of candour and had shared information appropriately if they had any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- The home now had a manager who was registered with the CQC. The registered manager told us that they had been supported by the provider and there were monthly meetings with the provider during which the safety and quality of the service was discussed, and actions planned.
- The registered manager undertook a series of audits to ensure safety and mitigate risk. There had been some improvements and refurbishments made within the home and outdoor areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Some health and social care professionals told us that there can be a delay or difficulty in obtaining information. Others had praised the work of the registered manager and how they engaged with them.
- Senior staff had taken steps to obtain people's views about the support they received. There had been some questionnaires in accessible formats used.
- Family members told us that there had been an improvement in communication since the current registered manager had been in post.

Continuous learning and improving care

- There had been a series of improvements at the home under the registered manager. The registered manager told us they were keen to develop the service provided for people. People's family members and staff spoke positively about the registered manager, they were approachable and had made positive changes at the home that people had benefitted from.
- The registered manager was open to feedback during the inspection process.