

Applewood Support Limited

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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?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

We inspected this service on 10 and 11 May 2017. This was an announced inspection and we telephoned three days' prior to our inspection in order to arrange telephone interviews with people. The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in Tamworth and Nuneaton. There were 47 people using the service at the time of our inspection. This was the first inspection of this service.

The service had a registered manager. 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.

Quality assurance systems were in place to review how people received the care and to ensure quality. However, people generally received the support visit on time but some people did not receive their support for the agreed length of time. There were processes to monitor the quality of the service provided although these systems had not identified concerns receiving the correct length of support time.

People were treated with care and kindness and they were supported to be as independent as possible. People received support that was individualised to their personal preferences and needs. Positive and caring relationships had been developed between staff and people who used the service. Where risks had been identified, measures were taken to reduce or prevent potential risks. People felt safe and staff were trained in safeguarding adults and understood how to protect them from abuse.

Staff sought people's consent before they provided care and support and they were involved in the planning and reviewing of their care. People were treated with dignity and respect by staff who understood the importance of this. Staff gained information about what was important so that they could provide care which met their preferences. People had support to take their medicines at the right time and staff knew how to act if medicines were missed. Where assistance was required, people received support to prepare and eat their meals and had access to food and drink between support visits.

People had capacity to make decisions about their own care and their consent was sought before staff provided any care and support. The provider was flexible and responsive to changes for support times. New staff had been recruited and checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Due to the recruitment of new staff, there were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

People received kind and compassionate care and were supported to maintain their dignity, independence and privacy. Staff had access to training to improve their knowledge of care and enhance their skills. People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work and supported by senior staff.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

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 were kept safe by staff who knew how to safeguard people and protect them from harm. Staff understood how to recognise potential abuse and were confident reporting any concerns. Risks associated with people's care were assessed and staff knew how to support people. There were enough staff to meet people's needs and the provider had recruitment processes to check the staff's suitability to work with people. Medicines managed to reduce any risks associated with them.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing care and staff knew how to support people to make best interest decisions if they no longer had capacity. Staff had the knowledge to provide effective care to people, and they received training to develop their skills. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were caring and respectful and knew them well. People's rights to dignity and privacy were respected and they were supported to be as independent as possible and to choose how they wanted to be supported.

Is the service responsive?

Requires Improvement ●

The service was responsive.

People did not always receive the agreed length of their call and felt their times of the calls were changed. People were involved with the assessment and planning of their care, and the provider was responsive to people's changing needs. Where people's support needs changed, this was recognised and care was reviewed. People knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

The service was well-led.

The provider had systems in place to monitor how the service was delivered. New systems had been developed to evaluate how care was being delivered. Staff felt supported by the registered manager and given help to do their job well. People were given opportunities to comment on the quality of the service and felt their views were listened to.

Good ●

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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.

This inspection visit took place on 10 and 11 May 2017 and was announced. The provider was given three days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal knowledge of this type of service.

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 our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We used a range of different methods to help us understand people's experience. We visited four people in their home and made telephone calls to 11 people and their relatives. We sent out questionnaires to people who used the service and staff and received 24 completed forms. We spoke with four care staff, the registered manager, care manager, two administrators and received feedback from commissioners of the service. We used this information to make a judgement about the service.

We looked at seven people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Risks to people's safety had been assessed and the staff ensured people's safety was maintained when they supported them. One person told us, "The occupational therapist came and visited to make sure I had everything I needed. The staff were very clear that they needed everything here for me so they could help me in the right way so I wouldn't get hurt. As soon as it arrived, we went through everything and I'm happy that the staff know what they are doing and feel quite safe." A relative told us, "They are safe with the staff and I feel I can place my trust in them." We saw there were risk assessments in place to direct staff on how to minimise risks to people including any equipment needed to support people to move and checks were carried out on this equipment to ensure it was maintained. This showed us staff had the information available to manage risks to people.

Environmental risks assessments were undertaken within people's homes to ensure people and staff were safe. This considered the effects of narrow corridors, the flooring and any hazards. Some visits were completed early or late in the day and the assessment included guidance on external lighting and car parking so staff knew any risks and how to minimise these.

People felt safe when they received care and were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. One person told us, "People can't get into my home unless they know the security arrangements. I'm happy about how it's managed and feel safe." Where codes and information was recorded, staff knew the importance of keeping this information confidential.

Staff knew people well and described how they may recognise possible abuse or neglect and knew what to do if they had any concerns. One member of staff told us, "We covered the different types of abuse and what to do if we were worried, not just if we saw bruises but what to do if people's moods' changed and what this could mean. We have the number to call if we have concerns and can escalate through the office or make the referral ourselves. Where concerns had been identified as being at risk, the registered manager had informed appropriate agencies to make sure people were protected and informed us of incidents that had taken place.

People were able to retain responsibility for managing their medicines and where needed, were supported to take their medicines and had creams applied. One person told us, "I don't have any worries about my tablets. I'd know if any weren't given and I'm happy with how it's all managed." Where people needed support with their medicines, a medicine administration record was completed electronically after medicines had been given and recorded in the daily notes. Where concerns were identified that people may not have taken their medicine, office staff would be alerted to ensure this was investigated. The new electronic system meant that they could access these records quickly from the office to support any investigation. A medicines audit was completed during any review to ensure that no changes had been made and that the records matched the medicines that were prescribed. Information about the support people needed with medicines was recorded in people's care records and matched what people had told us.

When new staff started working in the service, the staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We spoke with one member of staff who had recently started working in the service. They told us the provider had taken out appropriate references and had confirmed their identity. Other checks included, requesting and checking references of the staffs' characters and completing a police check to ensure they were suitable to work with people.

There were sufficient staff to provide people with the agreed level of support. Where people wanted their support visit at a different time, we saw this was arranged. One person told us, "I sometimes have to have hospital appointments; they are very good, I just let them know when I have to go and they change the times of the visits for me so I can get ready to go. It works very well." There was an on call system for people to ring in the event of an emergency out of office hours. One person told us, "I've never had to call it, but it's nice to know it's there if I need to."

Is the service effective?

Our findings

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 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 for people living in their own homes is through the Court of Protection [CoP].

We checked whether the provider was working within the principles of the MCA. We saw people were asked about the support they wanted and where possible, signed to record their agreement with the plan. People felt their consent was sought before any care was given and one person told us, "It doesn't matter what they are doing, they always ask me again, even if it's the same as the day before. I never feel like I've lost control." Where concerns were identified that a person may lack capacity, the registered manager recorded this on the initial referral form and an assessment was available to demonstrate how capacity was assessed. Where concerns were identified, we saw this had been referred to a social care professional, who was reviewing how to ensure best interests decisions were to be made and whether there were any restrictions placed on them. Staff had received training to understand MCA within their induction and knew that when people no longer had capacity, decisions could be made in their best interests.

New staff received an induction into the service and this included training to meet the specific support people would need. New staff who did not have a care qualification completed the care certificate and one member of staff told us, "It's helped as I'm new to this job. Applewood have been great as I've been given a lot of opportunities to get the experience I need so I can complete it." The care certificate sets out common induction standards for social care staff. It has been introduced to help new staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. One member of staff told us, "We have competency checks and spot checks. If it's a spot check, we never know when they are coming to come out and see what we are doing. They check everything; what we look like how we are doing our job and using any equipment. We have regular supervision sessions too so we can talk about how it went and if there is anything we need to improve on." This meant staff were supported to carry out their role and care for people.

People retained responsibility for managing their health care. One person told us, "I have care from Applewood to help me with my independence. Everything else is up to me, so if I need a doctor, I call them." Another person told us, "The staff would help me ring the doctor or get help if I needed it. It's nice that they come here as they are often the first people to spot if I'm not feeling to well."

Some people needed support to prepare their meals and they told us staff offered them a choice of food

and prepared their meal in accordance with how they wanted this. The care records included information about people's preferences and how they like their meals to be prepared. One person told us, "I eat really well, but the staff check I have what I need and I don't go without." Where food and drink was given to people, a record of this was completed to ensure staff on the next support visit could check what had been drunk and eaten in between visits. One member of staff told us, "For some people, it's important we check what they've had so they keep well or don't get dehydrated. If it's not the same staff coming next time, unless we write it down, they wouldn't know what to check."

Is the service caring?

Our findings

People were happy with the way staff supported them and told us the staff were kind and compassionate. One person told us, "They are reliable and so friendly and kind hearted towards us. We can rely on Applewood to look after [Person who used the service] and they have a good rapport with all the staff who come here." Another person told us, "I mostly have the same staff but any new staff shadow the others and then are introduced to me so I can get to know them." We were also told, "The girls themselves are brilliant, as is the care. The staff know me really well; off by heart actually. I know the staff mostly but if there are any new staff they are introduced to me."

People commented that staff were polite and respected their privacy and dignity and when they needed to offer personal care, they enabled people to retain their independence. One person told us, "They always make time for a chat and they are respectful of my privacy." One relative told us, "The staff appear to be trained to a high standard. They give the care and will help them to choose their outfits and even take time to style their hair. These things are important for someone of their age. They always ask for their consent and seem to have got to know them well." Another relative told us, "They get on well with the staff and maintain their dignity very well, which we are pleased about as it is important. They are comfortable with [Person who used the service] and I like the fact that they always greet them courteously. They always consider their feelings." And "The carers are fine. There is no rudeness and they are respectful to his privacy and dignity. Some staff do little extras that they don't need to which is nice, such as make me a drink too."

Staff treated people with respect and kindness. One person told us, "The staff are very caring and compassionate towards me and I look forward to them coming to me." A relative told us, "I hear them chatting away with the staff. It works incredibly well and they definitely have the right care. Since they had carers, they have been very happy. They always make time to listen and to have a chat."

People saw the staff enjoyed their job and felt that they understood how important it was to them that they made a difference to their lives. One person told us, "I love them all. They treat me well and they are all fine and brilliant. They are good to me and they aren't rushed. They are never rude. To be honest I would be lost without them." Another person told us, "The staff are all okay. I have become friends with them and they are nice. They always have a laugh with me and a joke. It's nice and I am happy with them." A relative told us, "The Applewood care team have been excellent with the care of my relative. They are appropriate and professional. I would recommend them as a care agency."

People's preferences for how they received their care were reflected in their support plans and one relative said, "We are happy with how we see things are being done. We were asked about the care and I am pleased to see they carry it out."

Is the service responsive?

Our findings

People felt they did not always receive their care at the times expected and staff did not always stay the agreed length of time. One person told us, "The times change a lot and they don't always keep me informed. They said the time suits their care rota better but it doesn't suit me." Another person told us, "There have been a lot of changes with the time staff come and visit me and they do leave early; I don't mind if everything is done but it is earlier than they should." People were not provided with a copy of their rota and did not always know who was coming to visit them. One person told us, "I ask the staff who will be coming next as I like to know. If they know they will tell me, but often I just have to wait and see." The system to monitor and identify whether people received their support on time and ensure that people received the agreed support time was not effective. The electronic system used by the provider identified when staff arrived and left each visit but the length of support people should receive was not monitored by the provider. We saw for some people this meant they did not always receive the agreed length of their support visit. When this was identified the provider agreed to introduce new systems to monitor this.

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. A new electronic system had been introduced into the service and one person told us, "They came out and explained everything about it. I had my photo taken for my records and it seems to be working alright up to now. The staff have said it's alright but with any new system you are bound to get a few teething problems. I hope it all works out for everyone." We saw where people's support needs changed; the support plan had been updated. One person told us, "I do look at my plan now and again. It's not that important to me as I tend to have the same staff come and visit me so they know what to do and that's the main thing. If it wasn't right I'd say something." Another person told us, "We were involved in completing a care plan but they have gone to a paperless system now, which so far seems to be working well. The manager came out to do a review and we have developed a close relationship which has been very good." We saw the care records included relevant information about how people wanted to be supported, their likes and dislikes and any particular preferences. One member of staff told us, "What I like is how we record some of the little things, like how many sugars people have; these things are just as important as what sling to use, as people want to have the care they way they like it."

People knew how to raise concerns and complaints and were confident that they would be responded to and would be taken seriously. One person told us, "We work together to resolve any problems and although I have no complaints, I would feel comfortable in raising any issues." People had a copy of the service's complaints policy which provided information on how to make a complaint. Where concerns had been raised, we saw the registered manager had considered the information and responded to them, identifying any outcome or improvement to be made.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

Quality assurance checks were completed to review how care was provided and how people received their service. Staff kept records of the care provided during each visit. A new electronic system had been introduced and staff told us they hoped this would enable them to see any changes and receive updates to care planning. This system had been in operation for a month and was being kept under review to ensure people's care was not affected and staff could complete all support as required. The electronic care plan system meant records, including whether people had received their medicines, could be reviewed on a daily basis and office staff did not have to wait for paper records to be sent to the office. One member of staff told us, "Its early days and we are going to have some issues to iron out, but the system is looking really good and will allow us to make sure everything is right in real time. There won't be delays in reviewing how people are supported."

People were asked for their views and opinions about the service during reviews and telephone calls. A quality assurance survey was also completed and people were provided with an opportunity to comment about the quality of the service. We saw the last survey reported people were happy with the support they received. Some people expressed a concern that staff would sometimes provide the support visit later than planned, although they told us they understood why this happened and would get a call from staff to alert them to the changes. The registered manager agreed to provide people with an analysis of any survey to ensure they were informed of the results and any developments.

The staff felt supported by the registered manager and staff in the office and told us there were effective systems in place to make sure senior staff were always available. Staff were provided with opportunities to meet with them through staff supervision and within staff meetings. One member of staff told us, "We meet quite a lot and there's a choice of which staff meeting we can attend so it fits around our work. I know that someone is there if I need them." Staff were aware of the whistle blowing policy that was in place. This is a policy that protects staff if they want to raise concerns, and enables them to do this anonymously if they chose to. One staff member told us, "We all know it's our responsibility to report any concerns. If there was anything wrong, I'm confident that something would be done about it."

People felt there was an open culture and were able to share their views with staff and the registered manager. One person said "I wouldn't hesitate to contact them but it's also important to recognise what's good and let them know that too." Another person told us, "It must be a good company to work for because the staff always seem to be happy and it's lovely to be greeted with a smile."