

HC-One Limited

Appleton Manor

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?

Good ●

Summary of findings

Overall summary

About the service

Appleton Manor is a residential care home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service is registered to support up to 59 people.

Appleton Manor provides care across two floors. The ground floor unit provides general nursing care, and the first floor residential care to people living with dementia. All rooms are en-suite and there are shared communal areas including lounge and dining areas and a secure garden.

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

People told us they felt, as areas of risk were assessed, and steps taken to reduce these risks. Safe recruitment processes were being followed and there was ongoing work to improve the levels of staffing within the service. We have made a recommendation about staffing levels and ensuring these are in line with people's assessed needs. People were being supported to take their medicines safely. The service was clean and tidy and there were systems in place to ensure that lessons were learnt when things went wrong.

Staff had completed a variety of training and told us they felt well supported. People's needs were assessed prior to admission and they were supported to access health care and other services as needed. People told us the food was good and we noted specific dietary needs were being met.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice and involved relevant individuals in these discussions.

People told us that staff were kind and caring and we saw positive interactions between people and staff. Independence was promoted and people were often encouraged to do as much for themselves as possible. We saw that people were given choice in areas such as meals, but it was not always clear that people had choice in all areas of their daily lives.

Care plans contained information about people's care and support needs and work was ongoing to make these more person-centred. People knew how to complain, and complaints were investigated, and responses provided. There were systems in place to assess people's end of life preferences and families were appreciative of when this support had been given and often sent thankyou cards to staff.

People spoke positively about the registered manager and there was ongoing work to improve staff culture and team working across the different job roles. There were various ways for people, relatives, and staff to feedback and become involved in service development. The service worked closely with external organisations to deliver good care to people living at Appleton Manor.

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 good (published 8 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Appleton Manor

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.

Inspection team

The inspection was undertaken by one inspector and a nurse specialist advisor. An Expert by Experience was also present on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Appleton Manor 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 12 people who used the service and six relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, deputy manager, area manager, senior care workers, care workers, kitchen and domestic staff and the activity co-ordinator. We 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. We reviewed the services staffing levels and walked around the building to ensure it was clean and a safe place for people to live.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 training records, audits and other updates provided by the registered manager.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. People and relatives told us they felt the service was safe and one person commented, "I do feel safe with the staff... most of the staff are lovely and helpful."
- Staff had completed safeguarding training and knew their responsibilities in keeping people safe. The service had policies and procedures to underpin this.

Assessing risk, safety monitoring and management

- The registered manager had assessed risks. There were generic risk assessments in place which focused on the environment and equipment. We noted the management of some risk was still to be embedded in staff practice, as we found that on two occasions thickening powder was not stored in line with best practice guidance and was accessible to the people living in at Appleton Manor. This was an area that had been identified previously and there were notices around the units reminding staff to securely store thickening powder.
- Risk assessments were in place for people's individual needs, in areas such as, choking, malnutrition, pressure care and falls. Staff generally understood the action to take to minimise these risks. For example, staff would walk with someone who was a falls risk. However, there were occasions where communal areas were left unattended and people would mobilise without assistance or support equipment.

Staffing and recruitment

- There was not always enough staff to meet people's needs. We observed there were times when people were left unattended in communal areas and the feedback we received was that there was not always enough staff to respond to support needs in a timely way. One person said, "The day and night staff are pretty quick at coming when I use the buzzer, but they could do with a few more staff, especially at night." We spoke to the management team who advised us this had been identified through internal processes and additional staffing levels had recently been agreed but were not yet in place.

We recommend the provider reviews staffing levels in accordance with people's assessed needs to ensure they are kept safe and support is provided as required

- Safe recruitment processes were being followed. Offers of employment were subject to disclosure and barring service and reference checks. Risk assessments were in place for staff who might need additional support. We spoke to the registered manager about ensuring documentation for all references checks is in place including any actions by the provider.

Using medicines safely

- Staff supported people to take their medicines safely. Medication administration records were accurate and guidance for staff was available about 'as and when required' medicines. People were supported to take their medicine by staff who had completed training and had been assessed as competent to provide this type of support.
- People's medicines were securely stored and there were appropriate checks of temperature, storage arrangements and cleanliness.

Preventing and controlling infection

- The service was clean and tidy. People and relatives commented on how clean the service was and enough domestic staff were employed. People's bedrooms were deep cleaned on a regular basis as part of the 'resident of the day' scheme. Each day the service selects a resident and reviews all aspects of this person's care and support.
- A recent infection control audit by the local authority had found that overall the service had good infection control practices. Some areas for improvement had been identified, which included the cleaning of communal areas and the clinical room. Action had been taken prior to the inspection.

Learning lessons when things go wrong

- Systems for learning when things go wrong were in place. There were systems to analyse accidents and incidents and there was evidence that action had been taken to reduce the risk of future reoccurrence. This included meetings where people's needs were discussed, and learning was shared.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to admission. Assessments provided the basis for care plans and helped to ensure staff could meet the individual's needs. One relative told us, "Staff made an appointment straight away to assess [family member]. It was a really positive experience and we visited the home before making a decision."
- People's needs were regularly reviewed by staff. People's changing needs were assessed and care plans updated which included recommendations from other healthcare providers.

Staff support: induction, training, skills and experience

- Staff completed an induction and had regular training and updates from the provider. One member of staff commented, "The induction was really clear. I like the training and it has covered everything so far. I enjoyed the shadowing." Other staff told us they had regular training updates and one said, "Training has covered everything, but I would like more hands-on training."
- Staff received regular support and supervision from their line manager. One member of staff told us, "You get all the support you need. You get a few more supervisions when you start to ensure you understand everything and there is lots of support from the [registered manager]." The registered manager had oversight to ensure people had regular support and told us they had an open-door policy for staff to access support.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided people with the support needed to ensure a balanced diet. Staff were aware of people who had modified diets or required additional support to eat and drink and provided this support patiently. Some relatives commented more could be done to improve the appearance and taste of food for those people on a pureed diet.
- People had choice of meals and food looked and smelt good. People told us the food was good and one person said, "It depends on the menu but usually there is something on there that I like." There was a menu of meal options across the provider locations and the chef told us this could be adapted to meet the needs and preferences of those living at Appleton Manor.

Adapting service, design, decoration to meet people's needs

- The building had been adapted and equipment was available to meet people's needs, including those with limited mobility. Dementia friendly signs were in place to help people find their way around.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People and families were confident any healthcare needs would be met. One relative told us, "Staff take the lead when they need to. My [family member] looks better now than when they came in. They are the right weight, their sores have improved and so has their mobility. I can't praise them enough."
- Staff supported people to access healthcare services as needed. Nurses completed short term physical health care plans for times when people needed short term interventions, for example when treating a urinary tract infection.
- Staff were not consistently providing people with support with oral health care. We observed in some people's bedrooms that their toothbrushes appeared unused. Daily records did not robustly document how people were being supported with oral care although people had oral healthcare assessments and care plans in place. We spoke to the registered manager about this and they took immediate action to improve documentation and monitoring of people's oral healthcare.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Appropriate authorisation had been sought for people who were subject to restrictions. The registered manager had oversight of where DoLS authorisation had been granted and when there were conditions on these. Staff completed training in MCA and DoLS.
- Staff assessed people's mental capacity. Where people lacked capacity, best interest meetings that were decision specific and involved relevant people were held.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. People spoke positively about staff and one said, "I find the staff are lovely." We observed that staff were pleasant and warm with the people they were supporting.
- People were treated fairly by staff. The registered manager understood how to support people, families and staff with diverse needs and staff had completed training in this area. People's cultural, religious and other preferences were incorporated into their care plan and staff respected and followed these.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices around their daily lives. We saw that people were encouraged to make decisions around what they wanted to eat and drink, and where they wanted to sit. Not everyone felt they had choice around their daily lives and in some cases this had been included in their care plan. We spoke to the registered manager about ensuring that people understood their right to refuse interventions.
- People and families were involved in making decisions regarding care. One relative told us, "They keep us informed and [family member] can do what they want." Records were not always clear about how people had been involved and we spoke to the registered manager about how they could involve people who had capacity in the care planning process.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Through the inspection we observed staff knocking on doors prior to entering people's rooms and talking discreetly to people when offering support with personal care. We noted there were times when people's bedroom doors had been left ajar whilst people were sleeping, but these were quickly addressed by staff as they offered care and support to people throughout the day.
- Staff encouraged people to remain independent. People were encouraged to be mobile and equipment was in place to promote independence, including walking frames and adapted utensils for eating and drinking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place to guide staff on how to meet people's needs and preferences. We spoke with the registered manager about ensuring these were person-centred and evidencing that people were involved in developing these.
- People were supported by a long standing staff team, who knew them well and understood their care needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider could adapt information to ensure it was accessible according to people's needs. The registered manager understood how to meet people's communication needs and could provide information in a variety of formats, including different languages and large print. The registered manager gave us examples of how people's communication needs and preferences were assessed and care planned.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage in a variety of activities within Appleton Manor. The activity coordinator was passionate about offering group and one to one activities with people and we observed a range of activities were offered to people throughout the inspection.
- People and families spoke positively about the activities on offer. One person said, "The activity coordinator is good. I do keep fit and music and I've been out on a couple of trips with them. They are open to suggestions too. I made a suggestion and they are looking in to it." A relative told us, "My [family member] is in bed now but the [activity co-ordinator] comes in and sits with them and sings and chats. They are lovely with my [family member]."

Improving care quality in response to complaints or concerns

- People knew how to complain and felt able to do so. One person told us, "The registered manager has popped in to see me a few times. I haven't had any complaints, but I would be comfortable in telling them if anything was wrong."
- Complaints were investigated, and action taken to address any areas of concern identified. The registered manager maintained a record of all complaints and investigated and responded to these to prevent future

concerns.

End of life care and support

- People had support plans in place when they approached end of life. Families had been involved in discussions regarding the care people would want as they reached the end of their life. Documentation was in place for those who had advanced care plans or Do not attempt cardio-pulmonary resuscitation orders. Staff arranged for anticipatory medication to ensure people had appropriate support to manage pain.
- The registered manager understood good practice in end of life care. The registered manager spoke about how they supported people and their families at the end of life, and we saw thankyou cards about the support staff had provided to people who had died.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

- Accidents, incidents, safeguarding concerns and complaints were investigated. Investigations were undertaken and the provider worked with external agencies such as the local authority where there were safeguarding concerns. Action was taken to reduce further risk and to ensure lessons were learnt through supervisions and team meetings. One relative told us., "Since we have had [registered manager] everything has been fine, any slight problem and they address it."
- The registered manager completed a variety of assessments and audits to ensure the service was of good quality. Records were audited including medicines and care records, and action was taken to address any short falls.
- The home had been involved in a 'steps to wellness' project which focused on reducing falls, improving activities and improving nutrition for the people living at Appleton Manor. The analysis of results demonstrated that this had a positive impact on people's mental wellbeing, improved mobility, and collaborative working across services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility for all management and staff. From our discussions with staff we noted some conflicts between staff in different roles, which meant that staff were not always working effectively together to provide good quality care. The registered manager had identified this following staff surveys and work was ongoing to improve team working and shared responsibilities.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They were submitting statutory notifications to CQC as required. A statutory notification is information about important events which the service is required to send us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to contribute to service development. There were various ways people could become involved which included resident and relative meetings and annual surveys of care. Records from meetings demonstrated people were updated about things happening in the service and encouraged to contribute ideas for improvements at Appleton Manor.

- Staff were encouraged to share their views in meetings and through surveys. Staff had different views of the impact of these. Some staff told us they felt engaged and able to contribute ideas to improve service whilst other staff made comments such as, "We have regular staff meetings but staff say 'what is the point', nothing gets done."

Working in partnership with others

- Staff worked closely with a variety of organisations to provide good quality care. Staff worked closely with a variety of health care professionals, community organisations, and religious organisations to provide care and support.