

# West Midlands Residential Care Homes Limited

## Apple Tree Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

At our last inspection on the 23 November 2016, we found the service was rated as 'good' under all the key questions. At this inspection we found there was improvement required under the key questions is the service safe and well led which meant the service is now rated as requires improvement overall.

The unannounced inspection took place on the 09 January 2019. Apple Tree Court provides accommodation and support for up to 26 adults. At the time of our inspection there were 17 people living at the 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were insufficient numbers of staff available to meet people's support needs in a timely way. There were occasions when people were left unattended in communal areas. Staff had not observed one person enter another person's bedroom on at least six occasions because there was no staff available to monitor the corridors. Staff did not have sufficient time to spend with people to engage in meaningful conversation or stimulating activities with some people telling us they were sometimes bored. You can see what action we have told the provider to take at the end of this report.

The home environment required improvement to ensure it was more 'dementia friendly' with appropriate signage and decoration to support people to navigate themselves around the home. The use of adapted cutlery, where appropriate, would enable people to eat independently. We have made a recommendation to the provider.

There were gaps in training that had not seen timely refresher sessions or courses being arranged for the affected staff. Some improvement was required to the monitoring of medicines to ensure the provider had appropriate processes in place to make sure people received their prescribed medication.

Staff understood how to protect people from risk of harm. People's risks were assessed, monitored and managed to reduce risk of avoidable harm. People were protected by safe recruitment procedures to ensure suitable staff were recruited. Staff understood their responsibilities in relation to hygiene and infection control.

People told us they received support from staff they felt had the skills required to support them safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were

encouraged to eat healthily. People had access to healthcare professionals when needed in order to maintain their health and wellbeing.

Staff encouraged people's independence where practicably possible. People received a service that was caring and respected their privacy. People were supported by staff who knew them well.

People received a service that was responsive to their individual needs. Care plans were personalised and contained details about people's preferences. Processes were in place to respond to any issues or complaints. Where people's faith was important to them, they were supported to continue with following their beliefs. This included their end of life (EOL) wishes.

The registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback and their views were acted on to enhance the quality of the service provided to people. People and staff were complimentary about the leadership and management of the home. The provider worked in conjunction with other agencies to provide people with effective care.

Quality assurance systems were in place to identify where improvements could be made. The provider notified us of significant events that occurred within the home.

## 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

People were not consistently supported by sufficient numbers of staff.

People received their medicines from staff but some improvement was required to ensure staff were consistent in their practice when administering medicines to people.

People were protected from the risk of abuse and avoidable harm because staff knew how to report concerns and processes were in place to support safe practice.

People were supported by staff that had been safely recruited.

### Is the service effective?

**Good** 

The service was effective

People told us they felt supported by staff that had the skills and knowledge to deliver effective care.

People's needs and choices were assessed and personalised to meet people's individual requirements and people were supported to maintain a healthy and balanced diet. People were supported to access healthcare services to ensure they received effective care and treatment.

People's consent was sought by staff and people were involved in making decisions about their care. Staff understood when it was appropriate to make best interests decisions that were made in line with the Mental Capacity Act.

### Is the service caring?

**Good** 

The service was caring

Staff treated people with kindness and respect.

People were involved in making decisions about their care and support wherever possible and felt they could express their views.

People were supported to be as independent as much as possible by staff who respected people's privacy.

### Is the service responsive?

**Good** ●

The service was responsive

People were involved in the planning of their care and received personalised support by staff that knew them well.

People knew how to complain and processes were in place to learn and make improvements where required.

People's preferences and choices were discussed to ensure the service supported people at the end of their life.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led

The provider oversight required improvement to ensure the home environment was suitable for people living with dementia.

We recommend that the provider explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly'.

There were quality assurances processes in place to monitor the service although they had not always been effective at identifying the gaps in staff training.

People and relatives were happy with the service.

The provider worked in partnership with local community services and agencies.

# Apple Tree Court

## 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.

This inspection took place on the 09 January 2019. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The comprehensive inspection was scheduled and as part of the inspection process and we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidents that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. There were no additional concerns raised. This helped us to plan the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spoke with seven people, two relatives, six staff members including seniors, care, catering and domestic staff and the registered manager. We also spent time observing the daily life in the home including the care and support being delivered. As there were a number of people living at the service who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observation. (SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.)

We sampled three people's care records to see how their support was planned and delivered and five medication records to see how their medicines were managed. We looked at two recruitment files to check suitable staff were recruited. The provider's training records were also looked at to check staff were

appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service to ensure people received a good quality service.

# Is the service safe?

## Our findings

At the last inspection in November 2016, we rated the service as 'good' under the key question, is the service safe? At this inspection the rating has changed to 'requires improvement.'

At the time of this site visit, staff, people and our observations corroborated that more care staff were required to ensure people's needs were met in a timely and consistent way. Staff we spoke with told us they could do with more staff. Comments included, "Sometimes there's not enough staff and it can be hard as it takes two of us to hoist and there are quite a few (people that require hoisting)." "Mornings are very busy, we could do with more staff. Seniors have to deal with other things which leaves two carers." "Lots of staff have left and we are rushed off our feet. I wish we had more time, I'd like to be able to sit and chat but we don't have the time." One person we spoke with said, "They [staff] come as quickly as they can. Usually I have to wait 10 minutes. I don't know how long I wait when they are busy. They are short staffed at times." Another person told us, "My teeth have not been brushed today, when they got me up they [staff] didn't have time." Our observations found alarm activations were promptly attended to and people that requested assistance received support. However, we found staff were rushed, they did not have time to sit and chat to people and were task led. One person told us, "It is difficult but you have to get used to the regimentalisation here." We saw one person was left waiting 19 minutes to be transferred from their wheelchair to a lounge chair following their lunch. This meant the person became anxious and was calling out, which prompted one resident to tell the person to be quiet. On six occasions, there were no staff around to witness one person entering another person's bedroom, (on three of the occasions the person's whose bedroom it was, was in bed) which we brought to the attention of the registered manager. The geographical layout of the building and need for two staff to support some people meant communal areas were not always monitored and people were left unattended for periods of time.

At lunch time two people were left waiting 18 minutes before they received support to eat. One staff member supported both people and there was limited encouragement or interaction, demonstrating a task led approach. The lunch time choices of food had been brought to the dining area on a non-heated trolley. Although the food was stored within metal containers to retain heat, the 18 minute wait would have impacted on the temperature of the food being offered to the two people.

Staff members also explained to us they were expected to complete some cleaning and laundry tasks when the domestic staff were not on duty. One staff member told us, "We could do with not having to do laundry, it takes us away from what we should be doing." Staffing was reduced further at the weekends because there was no domestic support with cleaning or laundry that meant care staff completed these duties.

We discussed our observations with the registered manager. They told us they felt there were enough staff and that, "Today (the day of the site visit) wasn't typical," and had been, "Busier than usual." The registered manager explained they felt staffing levels was in line with people's assessed needs and was appropriate. The registered manager continued to explain since they had worked for the provider, the staffing levels and domestic duties to be completed by care staff, had always been the same.



There were insufficient numbers of care staff to meet people's individual needs in a timely way and this was a breach of Regulation 18(1) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014 Staffing.

People we spoke with told us they received their medicines when they needed them. One person said, "They [staff] give me my medicine." A relative told us, "There are no problems with [person] getting their medicine. They [staff] are very good with that." We saw staff administering medicines wore a red, 'do not disturb' tabard. However, we noted the staff member was constantly disturbed with phone calls, tending to people that required assistance or answering questions posed to them by care staff. Interruptions during medicine rounds can lead to medication errors. We conducted an audit of five people's medicines and found for three people there had been medication errors within the previous three days. The medicine administration records (MAR) had been completed by the staff members to say the people had received their medicines, although the audits evidenced they had not. The missed medicines related to calcium supplements and anti-acid tablets. We saw the people had not come to any harm. The registered manager, post inspection, conducted a full audit of all medicines, addressed the issues of the missed medicines with the staff members concerned and reassessed their competencies to administer medicines to people. We saw the registered manager conducted regular medicine audits and we were confident the errors would have been identified. We could see from the completed audits, the registered manager had identified previous issues with medication and had taken appropriate and prompt action.

Medicines that were to be administered on an 'as required' basis had clear and detailed protocols in place that informed staff when people who may not always be able to tell staff if they were in pain. Medicines that required refrigeration were stored safely and temperatures checked daily. The medicine trolley was clean and securely fastened to a wall when not in use. There were effective stock rotation processes in place and medicines that were no longer required were promptly and safely returned to the pharmacist. Where there were medicines in use that required additional checks, we found these were conducted regularly and records we audited balanced with the stock levels.

Staff had access to personal protection equipment (PPE) as required. The provider had systems and processes in place for ongoing maintenance and routine repairs to the building. We noted in one downstairs bathroom, the extractor fan did not work when switched on and noticed the vents were congested with dirt. We brought this to the attention of the registered manager and the fan was immediately replaced by the maintenance staff member. We saw records to indicate regular safety checks were carried out at the home for example, on beds and mattresses, hoists and bathing equipment. The provider may want to consider adding the monitoring of extractor fans to the environmental checks.

We saw that people received support to keep them safe from risk of injury. People that required to be moved with a hoist were supported safely. We reviewed the incidents and accidents that had occurred since the last inspection and we could see there had been appropriate action taken. We saw detailed risk assessments had been completed for people that were at risk, for example, of sore skin, falls and diabetes. Staff spoken with were knowledgeable of the people under their care. We saw that people had the correct pressure relieving equipment in place and were checked by staff and repositioned in line with their risk assessment.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two professional references with additional character references sought, where appropriate and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

Everyone we spoke with told us they felt safe living at Apple Tree Court. One person said, "I am safe." Another person said, "It's alright here. I am safe. They [staff] leave you alone to do your own thing." Staff we spoke with were able to explain what they would do if they suspected anyone was at risk of being abused and were knowledgeable on the signs to look out for. For example one staff member said, "We [staff] tell the manager and if we aren't happy and we can call the local authority, their number is in the staff room." We saw that the provider had worked with the local safeguarding teams; where appropriate investigations had taken place and action plans were introduced to reduce risk of any reoccurrence. The provider had systems in place to safeguard people from the risk of abuse and avoidable harm.

# Is the service effective?

## Our findings

At the last inspection in November 2016, we rated the service as 'good' under the key question, is the service effective? At this inspection the rating has remained 'good.'

People appeared happy with the support they received and were comfortable in the company staff who supported them. One person said, "The staff do everything for me. I can ask them for anything and they would do it. They are very good like that." We saw the registered manager completed pre-admission assessments to ensure the service would be able to meet people's needs. Care plans we looked at showed as much as possible, people's choices were supported and contained information about people's likes and dislikes and religious beliefs. One staff member confirmed, "Equal opportunities for residents would be offered, we have double rooms which could be for married couples including same sex couples." Staff were knowledgeable about the people they supported and explained in detail to us people's routines. One staff member said, "You can find information quickly in the care plan summary."

People and relatives we spoke with told us they thought the staff were sufficiently skilled to support them. One person said, "They [staff] do their jobs well." Another person told us, "They [staff] look after you very well." The staff we spoke with said the training was good and felt it gave them enough information to carry out their duties safely. Staff were also supported to complete their NVQ 2. One staff member told us, "The training is good, you can ask if you don't understand something or want more training." New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff we spoke with all confirmed they received one to one supervision on a regular basis. One staff member said, "I have supervision, it's helpful because they ask if I am happy and I get feedback about how I am doing." We asked how care staff were kept up to date when they came on duty. The registered manager explained the senior staff member would brief care staff following a hand over from the senior going off duty. However, on questioning some of the care staff we found this had not happened on the day of our site visit. Therefore, we could not be assured all relevant information concerning people's health needs was consistently passed onto to care staff when there was a change in shift. The registered manager said they would take this up with the seniors concerned.

People we spoke with were generally satisfied with the quality of the food they received. One person said, "We get good meals. I am a big eater." Another person told us, "The quality of food is good. You can eat what you want." We saw people were offered a choice of meals and drinks. A staff member asked each person on the day what they would like to eat and this was checked again nearer to lunchtime in case the person had changed their mind. We did not see the use of flash cards, however, the registered manager told us they were currently planning to put some pictures together to show people different pictures of food. People did have access to drinks and snacks during the day and people with specific cultural needs received appropriate meal choices. We saw people received food which met their dietary requirements. The use of adapted cutlery could help to improve some people's independence. Records we looked at showed appropriate referrals had been made to Speech and Language Therapists (SALT) and people's weights were

regularly monitored. The service had a current food hygiene rating of five received in November 2018 which is the highest that can be achieved.

People we spoke with confirmed they received care and support from healthcare professionals. One person said, "The doctor has been in to see other people and the nurse comes in to look at my legs and put cream on them." We saw people's care plans had documented visits from professionals such as district and community nurses, tissue viability nurses, doctor, opticians and podiatrist. Where people's needs had changed referrals and support to access additional health care services were made promptly. This meant people were supported to access services to receive ongoing support to ensure their healthcare needs were being met.

People told us staff would seek their consent before supporting them with their care needs. One person said, "They [staff] always ask permission. You can hear them saying can we do this for you, can we do that." Throughout the time we were on site, we saw most staff sought consent from people before supporting them. We saw that people who chose to remain in their room, whilst encouraged to join other people in the lounge or dining areas, had their choice respected by staff. We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. We found that comprehensive, decision specific, mental capacity assessments had been carried out for those people that lacked the mental capacity to make specific decisions about their healthcare and support needs. Where these assessments had been appropriately completed, we could see a clear best interests process had been followed.

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been submitted and at the time of our inspection the provider had acted in accordance with the law.

# Is the service caring?

## Our findings

At the last inspection in November 2016, we rated the service as 'good' under the key question, is the service caring? At this inspection the rating remained unchanged.

People we spoke with told us that staff were kind to them. One person said "They [staff] are golden to me." Another person told us, "They [staff] are all kind and respectful." A relative told us, "The staff are all very calm. They are very nice to people." A staff member explained, "We (staff) make sure that everyone is spoken to with respect and in a kind way, we go out of our way to make sure we meet peoples' needs." We saw some lovely examples where staff would come down to the level of the person they were speaking with. Staff we spoke with told us they enjoyed working at the home and spending time with the people who lived there. One staff member said, "[Registered manager's name] wants it to be their [people living at the home] home and relaxed and have dignity and respect and we [staff] all want that."

People that could, told us they felt involved in day to day decisions about how and where they spent their time. Care plans we looked at stated where some people had requested an female or male staff member only, this had been adhered to as much as possible. Some people chose to remain and relax in their bedroom. There was a bright conservatory where some people chose to sit and look out into the garden. All of the people living in the home resided in individual bedrooms which gave them privacy. Everyone we spoke with told us they could contact friends and family when they wished. People we spoke with confirmed they were supported to be independent. People that were independently able walked around the home and, where appropriate, had their walking frames close by to support them to walk.

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. People told us that staff treated them with dignity and were respectful of people's cultural and spiritual needs. One staff member told us, "I encourage people to wash their intimate areas to maintain their dignity." Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and respected people's individuality and diversity. We were told representatives from a local church would visit and people prayed in the privacy of their own room. The registered manager explained how they created an inclusive environment and people encouraged to be open and comfortable within a safe and supportive environment. We found that people were given choices and were asked whether they had any special dietary requirements relating to their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations.

# Is the service responsive?

## Our findings

At the last inspection in November 2016, we rated the service as 'good' under the key question, is the service responsive? At this inspection the rating remained unchanged

People who could, told us they and their family members had been involved in the planning and review of their care and felt the support they received met their individual needs. One person told us, "My sister does all the paper work. They often speak about that to her." Another person said, "My son does all the paperwork." The care plans we looked at contained detailed information about people's support needs, their likes, dislikes, preferences, social history and family relationships. The care plans were regularly reviewed and any changes in support needs were updated to the plans. Staff we spoke with were knowledgeable about people and knew how to support them.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager explained that people's communication needs were assessed and if there was a requirement for large print, Braille, specific colours or easy read documents, these would be provided.

There were mixed responses from people and relatives concerning meaningful activities within the home. The staff member that supported people with their interests, hobbies and activities had left the service and the registered manager explained the difficulties the provider had experienced when trying to recruit a replacement. Staff tried their best to continue with activities and for the interim, the provider had allocated 20 hours per week for activity based interests that the current care staff could do after they had finished their shifts. However, this was reliant on whether the care staff could remain at the service once their shift was over. Therefore, it was not clear how many or how often individualised activities there were for people which reflected the interests and hobbies identified in their care plans, particularly for those people that were cared for in bed or chose to remain in their rooms. We saw that people appeared to be relaxed, watching the television. During the morning, there was a sing along to music that some people joined in with. One person we spoke with said, "I like talking to people and the social life here." Another person said, "I am bored sometimes. I sit here and watch TV. Another person told us, "I like to have a nice walk around here [the home]. A relative told us, "[Person] reads their book when they want to, they join in on the activities they have here. [Person] has their word search if they want to do it. They are just happy sitting here and watching the birds." A staff member told us, "I stay on for activities, we try armchair exercises I will do today."

People we spoke with told us that the registered manager and staff were approachable and they felt confident to speak with them if they had any concerns or issues. Two people we spoke with told us, "I can't condemn anything. It is very good." "I have no complaints at all." One relative we spoke with told us, "I have no complaints and I know [person] doesn't." We saw the provider had processes in place that recorded and

investigated concerns and monitored trends. Concerns that were raised verbally by people were not recorded on the 'formal' written complaints system. We were told the registered manager dealt promptly with issues but because the outcomes were not being recorded this meant potential opportunities to identify trends were being missed. We discussed with the registered manager the need for a system to record all expressions of dissatisfaction and they agreed a 'grumbles' book would be introduced to ensure all issues raised as a dissatisfaction verbally or written were properly recorded.

We saw from people's care plans discussions had taken place about their personal preferences in the event of their health deteriorating. This included their end of life (EOL) wishes. Where people were identified as EOL, the provider had ensured the correct medicines were in stock to support the person with a comfortable, dignified and pain free death.

## Is the service well-led?

### Our findings

At the last inspection in November 2016, we rated the service as 'good' under the key question, is the service well-led? At this inspection we found there was some improvement to be made.

Provider oversight of the service to ensure best practice to deliver and maintain a service for older people living with dementia, required improvement. The home environment was in need of some repair and re-decoration. There were carpets that required replacing, skirting boards and corridor walls were marked. The handrail was a similar colour to the wall which could be confusing to people living with dementia. There was some 'dementia friendly' signage around the home. All bedroom doors were the same colour and on six separate occasions, we saw one person enter another person's bedroom that was occupied on three of those six occasions. On the walls in the dining area there was an attempt by the provider to have an interaction wall. The items included a pair of rubber gloves encased in a cabinet, two kitchen cleaning sponges and kitchen utensils. The items were not practical or meaningful and we requested the sharp, bladed article for opening cans be removed as this was unsafe. The registered manager shared with us their ideas on what they would like to introduce. for example, different coloured bedroom doors. The provider confirmed the person who kept entering other people's bedrooms would have their bedroom door painted a different colour. This may help the person to identify their door. The provider informed us other bedroom doors may be changed if this intervention was successful and if people required their bedroom door to be changed in order for them to identify their bedrooms. The registered manager also told us the provider had plans to replace some of the carpets.

We recommend that the provider explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly'.

There had been a lack of management oversight to ensure all staff had kept up to date with their training and new staff had completed the Care Certificate. Three care staff that joined the service between July and August 2018 had not completed all of the modules for the Care Certificate within the expected 12 weeks. The registered manager, who had just taken over the responsibility of monitoring training, had identified the gaps and told us, post inspection, they had already taken steps to ensure these staff and newer staff members completed the Care Certificate.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

People, relatives and staff were happy with the way the service was led and managed by the provider and



registered manager. Comments from people we spoke with included, "I'm glad I'm here, I don't want anything else," "It is a good home. It is in a nice area," and "It [the home] is pretty good actually, they [staff] are nice people." The registered manager explained the provider had introduced a new way of working that meant Apple Tree no longer shared its care staff with the provider's other care home. This meant there had been some recent changes in staff and some of the processes the registered manager was trying to introduce were yet to be embedded. However, the feedback received from staff about the registered manager was positive. Comments included, "Brilliant manager, you can talk about anything and she makes you feel comfortable." "She is great, very approachable, acts on things. Puts you at ease."

People, their relatives and visitors to the home, told us they were given opportunities to share feedback with the provider. We saw there were 'resident and relative' meetings. One relative told us, "They [the provider] do have family meetings. There was one a few weeks ago but not many people turn up, sometimes it is cancelled. They do put up notices if there is anything that we need to know. There was a tea dance and they put posters up for that." We saw there were feedback surveys left in the main entrance area for visitors and family members to complete.

We saw there were a range of detailed and comprehensive audits conducted by the registered manager. We could clearly see any gaps with information and issues were identified promptly and addressed with individual staff members where appropriate and learning shared at staff meetings. These audits included checks on risk assessments, medication, care plans, infection control, health and safety of the home which were all completed regularly and overseen by the provider. Records showed that action was taken as a result of these audits when required.

The registered manager explained how they worked closely with partner organisations to develop the service they provided. Care records we looked at confirmed this.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager explained how they operated in an open and transparent way and we saw evidence of how they reflected this within their practice. Registered providers are also required by law to display the ratings awarded to their service. We saw that the rating for Apple Tree Court was clearly on display.

The registered manager had been open in their approach to the inspection. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.

This section is primarily information for the provider

## 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 18 HSCA RA Regulations 2014 Staffing  There were insufficient numbers of care staff to meet people's individual needs in a timely way