

Apple Blossom Lodge Ltd

Apple Blossom Court

Inspection report

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Wallasey
Merseyside
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 08 November 2017. Apple Blossom Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide accommodation and personal care for a maximum of 16 adults with a learning disability. The home is a three storey, detached property located in a residential area of Wallasey, Wirral. It is close to local shops and transport links to all parts of Wirral, Chester and Liverpool. At the time of our visit the service was providing support to 15 people.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. However, we saw that people with learning disabilities and autism using the service were able to live as ordinary a life as any citizen.

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.

During our inspection, we identified a breach of the Health and Social Care Act 2008 in respect of Regulation 17 good governance. You can see what action we told the provider to take at the back of the full version of the report.

The service did not have effective quality assurance systems such as audits in place and other checks did not operate effectively to ensure people received a safe, effective, caring, responsive and well led service.

Monitoring information was not clear in regards to maintenance, people's weights and daily checks that were meant to be carried out by the staff.

A formal, fully completed application process and checks in relation to criminal convictions and previous employment had been completed when new staff were employed. However we did not see evidence of any risk assessments being carried out on staff whose DBS checks identified past convictions.

We saw that monthly or weekly checks such as fire alarms, fire extinguishers, emergency lighting and water temperatures had not been regularly completed.

We looked at safety certificates that demonstrated that utilities and services, such as gas, electric had been tested and were safe. Fire evacuation plans had been reviewed and updated. Personal emergency

evacuation plans (PEEPS) had been completed for all of the people who lived in the service

Staff said they felt supported and that they could approach the registered manager with any concerns, however there was no evidence of a formal supervision and appraisal process.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the home. The registered manager told us about people in the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

The people living in the home were able to express themselves and were able to choose the way they spent their day and were taken to activities outside the home. Each of the people's bedrooms had been personalised by them and those who were able to choose who entered their rooms and go in and out of the front door freely.

People had access to nutritious food and drink throughout the day and were given menu choices at each mealtime. These options had been chosen by the people who lived at Apple Blossom Court.

Care records and risk assessments were well-kept and up-to-date. Each person living at the home had a personalised care plan and risk assessment.

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 always safe.

Monthly or weekly checks that were to be completed by the staff had not been regularly completed such as fire alarms, fire extinguishers, emergency lighting and water temperatures.

Parts of the home appeared shabby and some areas in the home looked dirty.

Safeguarding procedures were in place and staff knew what to do in the event of an allegation. People told us that they felt safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The manager had not carried out any formal supervisions with staff.

It was unclear which of the people who lived at the home needed their weight monitored.

Staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The manager had made appropriate referrals to the local authority.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Is the service caring?

Good ●

The service was caring.

Staff showed that they had a good relationship with the people they supported.

Confidentiality of people's information was maintained.

People living in the home were consulted regularly and their opinions were valued.

Is the service responsive?

Good 

The service was responsive.

The complaints procedure was displayed in pictorial form and was service specific.

People who lived in the home had a support plan which appropriately reviewed and reflected their needs.

People had prompt access to healthcare professionals when required and this was fully documented.

Is the service well-led?

Requires Improvement 

The service was not always well-led

The home did not have effective audits in place.

Daily checks were not completed appropriately.

The service had a manager who was registered with the Care Quality Commission.

The registered manager was a visible presence and staff said communication was encouraged.

Apple Blossom 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 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.

The local authority had made CQC aware of issues pertaining to medication prior to this inspection.

This inspection took place on 8 and 16 November 2017 and was unannounced. The inspection was carried out by one adult social care inspector. We asked for information from the local authority quality assurance team before the inspection. We also looked at our own records, to see if the manager had submitted statutory notifications and to see if other people had sent us feedback on the 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.

During the inspection we spoke with four people who lived in the home and observed the support provided by staff. We talked with the three staff members on duty. We also talked with the registered manager.

We reviewed a range of documentation including four care plans, risk assessments, medication records, records for four staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We spoke with three people living in the home and we asked if they all felt safe. All replied that they did. One person commented "I'm very safe here". People we spoke to who used the service said they felt safe when supported by the staff. One person told us, "Yes definitely".

We looked at how the premises were maintained and we saw evidence that maintenance sheets were in use to report any issues identified, however we saw that these documents were not clear about what actions has been carried out. An example of this was a reported leak in a bedroom; we were only able to see what had happened by chance on looking through other meeting minutes. This was brought to the manager attention who assured us that this would be actioned

We looked at staff personnel files and all of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. However we did not see evidence of any risk assessments being carried out on staff whose DBS checks identified past convictions. When we spoke to the registered manager regarding this we were able to see that they had actually carried out a risk assessment but had not documented it appropriately. Following the inspection the manager was able to send evidence that this had been rectified.

We saw evidence that the manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

As we walked round the home we identified that some doors were wedged open, this is a fire risk. However we were able to see that other doors had self-release door guards installed. We discussed with the manager who assured us that they would action this and install additional door guards.

We looked at safety certificates that demonstrated that utilities and services, including gas, electrics and fire fighting equipment had been had been tested and maintained by external contractors. The home had an up to date Legionella water test at the time of inspection. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection but it can only survive at certain temperatures. Under the Health and Safety 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. However we saw that other monthly or weekly checks, such as fire alarms, fire extinguishers, emergency lighting and water temperatures that were to be completed by the staff had not been regularly completed. This was highlighted to the registered manager who assured us that this would be actioned.

During our tour of the building we saw that some parts of the home appeared shabby and some areas in the home looked dirty. The registered manager informed us that they were currently recruiting staff for a domestic role.

During our last inspection we identified issues with medication that included lack of oversight and medications not being signed for. At this inspection we saw that stringent measures had been put into place

following an incident that had been highlighted by the local authority. The medicine room cupboard was secure. We looked at medicines administration records and medications for three of the people living in the home. We identified that there was an over stock of a painkiller and this was brought to the manager's attention who actioned it immediately. We saw that the staff had received medication training so that there was always a competent staff member on shift if medication needed to be given on an as and when required basis.

Policies and procedures were in place for safeguarding vulnerable people from abuse. We saw that staff had received training in safeguarding adults and they were able to tell us what to do to both prevent abuse and to report it should it occur. The induction training for staff included training in safeguarding and staff received regular updates. People who lived in the home had regular meetings and safeguarding was an item on the agenda. People were asked if they felt safe and if they knew who to tell if they did not.

We looked at the risk assessments in the care files of three people who lived in the home. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to weight management, falls, behaviour and vulnerability to types of abuse including self-harm. These were up to date and gave information on management strategies, descriptions of behaviours and any potential triggers. This meant staff had the relevant information to support people living in the home.

Is the service effective?

Our findings

It was not clear from looking at staff files if staff had received a comprehensive induction when first employed by the home. We discussed this with the manager who was able to demonstrate that each staff member had completed the home's own comprehensive induction programme. The manager assured us that the documentation would be revised to reflect this. Staff we spoke to confirmed that they had attended an induction.

Staff we spoke with told us that they felt supported and that they were able to approach the registered manager. However, we saw that the manager had not carried out any formal supervision with all staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. We discussed the importance of formal supervision with the registered manager. The manager assured us that this would be rectified.

People who lived at the home that we spoke with considered that the staff were well trained. We looked at the training matrix and this showed the training that had been received included infection control, first aid, food hygiene and fire safety. We saw that seven staff had completed Health and Social Care Diplomas. One staff member we spoke to told us they were looking forward to starting their diploma and that the manager was supporting them to do it. Another staff member told us "I get a lot out of the training".

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 in care homes and hospitals are 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 were being met. It was clear that the registered manager had a full and detailed understanding of the MCA and its application and people had MCA assessments. We spoke with staff who were able to tell us those living in the home who were being deprived of their liberty and why. One staff member told us how they had listened to an independent mental capacity advocate and that the home was putting their suggestions into place regarding activities.

We asked people if they were asked for their consent regarding their care and everyone said yes. One person told us "I choose what I want to do".

We looked at care plans for four people living in the home and we were able to see that each person's needs had been assessed and that intended outcomes had been identified. We were also able to see the person's progression. We saw evidence of one person who had come from another service and that their behaviours had improved with different ways of working. We also saw how the person had been assessed to see if they

would be able to live with the people already in the home. We were able to see that people had 'intended outcomes' that included daily living, health and well-being. We also saw how 'learning outcomes' had been achieved by a person regarding computer skills.

We observed that people participated in preparing meals and were able to access the kitchen for snacks whenever they wanted. The manager had involved the people who lived at the service in the planning of the menus. One person we spoke to told us "Yes, I like the food".

We saw referrals to dietetic services when the need was identified such as weight loss. We also saw how the home followed the advice of the specialist services and monitored the people closely. However there were people who lived at Apple Blossom Court who did not need their weight monitored and this was unclear in people's records. In some cases the information for people was unclear if people were meant to be weighed weekly or monthly or why people had stopped being monitored. We discussed this with the manager who was able to show us that those who were supposed to have their weight monitored were, and that those people who did not need this would have their files reviewed.

With people's permission we were able to see their bedrooms and noted that everyone who lived at the home had been able to personalise their rooms. Each person we spoke with was able to tell us about how their rooms were their own and that they were able to decorate them how they pleased.

Is the service caring?

Our findings

We asked people if staff were kind and respectful and all said yes. One person told us "The staff are good", another person told us "You can go to anyone". We spoke with four people who lived in the home and they all said that the staff were caring. We were told by one person "I love living here" and "The reactions from staff are outstanding".

We observed staff supporting people who lived at the home throughout the day. We saw that interactions between staff and the people they supported were positive. Staff had a good knowledge of the people they were supporting and people told us that in their opinion the staff helped them in any way possible. One person said "Moving in here was good".

We observed that people made choices and decisions about their lives and we saw that staff respected these decisions. For example people were able to choose when they wanted to go out and where. One person told us "You can come and go as you please". We saw how people's independence was supported as people were able to go to local shops when they wished. During our visit we saw that people moved about the house freely.

We saw that staff communicated with people and met their needs in the way each person wanted. We saw the registered manager and staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and staff were seen to have a good knowledge of each person and how to meet their needs. Staff used communication strategies appropriate for individuals, for example use of language and mannerisms. We saw in one person's care file that they had their own version of a type of sign language called 'Makaton'. When we spoke to staff they were able to tell us about it and how it was used.

The manager held regular 'residents meetings'. This gave the people living in the home an opportunity to have input into the service and also this was an opportunity for the manager to provide information and explanations about the service. We observed people living in the home having a discussion with the registered manager on what they wanted to be put on the agenda for the next meeting.

We saw through residents meeting minutes that the people living in the home were asked for their opinions about the content of the 'service user guide'. We saw that people's opinions had been taken on board by the manager and were being incorporated into the document.

We saw information in people's care plans about advocates who were to be contacted if there was a need. This included independent mental capacity advocates as well as people who had the person's best interest at heart. On our tour of the building we saw information on a notice board for people informing them of other independent advocacy services.

Confidential information was kept secure in lockable cupboards within a locked office. This information included care plans and risk assessments, staff information and other information pertaining to the running

of the home.

Is the service responsive?

Our findings

People we spoke with said that they considered that the support provided was personalised. People told us they were able to choose what time they went to bed at night and when to go out. One person told us they went swimming and that the staff were supporting them in a healthy lifestyle. People told us about the holidays that had been organised and enjoyed. An example of this was when one person told us of their trip to Southport and how they had had a lovely time. We saw that suggestions were asked for by staff regarding activities and events in the residents meeting minutes. This was supported by the people we spoke with.

On speaking to people living in the home and through our observations we identified that the service provided planned activities. The people we spoke with did not always participate but knew the activities were available if they wished and their choice to not participate was respected. The manager encouraged external activities and regularly promoted classes and courses that were made available by other organisations. These were regularly attended by people living in the home.

The care plans we looked at contained information about the support people needed. This included information and guidance relating to the management of issues that affected people's personal hygiene, physical health, mood and behaviour. The care plans provided staff with clear guidance to follow when giving support and care and they were regularly updated when changes in a person's health and wellbeing occurred. The care plans contained information about people's likes and dislikes. This meant that the staff had the information needed to appropriately support a person in their daily living.

The house was located in a residential area and we were able to see how the people living in the home interacted with the local community. This meant they were able to live as ordinary a life as any citizen.

Care plans contained "About Me" information that identified those things that were important to the person and strategies to be employed by staff to ensure these were supported. We observed people during our visit and saw that each care plan was reflective of the person it was written about. We also saw how there was a keyworker system in place.

There had been no complaints recorded by the manager since the last inspection. The provider had a comprehensive complaints policy and procedure in place. There was an 'easy read' complaints procedure that had been developed by the manager to help people with communication difficulties to understand how to make a complaint. We asked the people who lived in the home if they knew who to complain to and if they were comfortable to do this. All said that they would be happy to approach the staff and the manager. One person told us "I can speak to [manager]".

The manager held regular residents meetings. We asked the people who lived at the home if they felt listened to and we were told "Yes".

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, psychiatry, G.P, dentist, dietician and chiropody

appointments. This showed us that people's health needs were catered for in a timely manner. People said their health needs were being met and that they were happy with the service.

Is the service well-led?

Our findings

The service had manager in post who had been registered with the Care Quality Commission since March 2011. The registered manager was supported by senior staff including a care manager and administrative staff. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Apple Blossom Court were displaying their ratings appropriately in a clear and accessible format, at the entrance to the home.

We saw evidence of medication audits that had been implemented following issues that had been identified by the local authority. However, the provider did not have any other effective audits in place. The senior staff had a checklist in place that had not been completed appropriately and in discussion with the registered manager we identified that the document had become a tick list that was completed with little insight. An example of this was that senior staff were supposed to be checking to make sure daily logs had been completed for each person living in the home. We saw evidence that this had not always happened. This meant that staff were not carrying out their monitoring roles fully. Monitoring information was not clear in regards to maintenance and people's weights. As the registered manager did not have effective audits in place this meant systems had not been monitored and this had continued for a period of time.

Systems and processes did not operate effectively to enable the service to assess, monitor and improve the quality and safety of the services provided. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We spoke with the registered manager and they were open and honest and told us that they recognised that the home needed to improve and that they were committed to the work required.

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. We also saw that there were regular residents meeting that were well attended and all attendees participated fully. This meant that people living in the home felt listened to and comfortable to voice their opinions.

During our previous inspection we identified that some policies were in need of updating. At this inspection we found that this had been carried out. The policies in place were current and included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. This ensured the staff had up to date guidance surrounding their practice.

We saw from the documentation in the care plans and other records that there was good communication with other professionals.

We spoke with the registered manager and we found them to be receptive to our feedback. This was demonstrated by the formalising of DBS risk assessments following inspector's feedback at the end of the inspection. However the issues noted should not have needed the inspector to raise the concerns. The service should have had processes in place to recognise where they needed to improve.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes did not operate effectively to enable the service to assess, monitor and improve the quality and safety of the services provided.