

Appletree House Care Home

# Appletree House Residential Care Home

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

- Appletree House Residential Care Home is situated in Lancing, West Sussex. It is a residential 'care home' registered for up to 15 older people, some of whom are living with dementia or frailty and other associated health conditions. At the time of the inspection there were 12 people living in the home.

People's experience of using this service:

- People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and procedures in the home did not support this practice. Staff continued to lack understanding about mental capacity so made decisions for people rather than with them.
- Although improvements had been made, for example, people now had the equipment they needed, there were continued concerns about the oversight of the systems and processes within the home to ensure people received high-quality care.
- Shortfalls found at the inspection had not always been identified by the registered manager.
- Potential risks to people had not always been considered or lessened.
- Staff recruitment practices did not always comply with guidance or the provider's policy to help ensure staff were suitable to work with people.
- Staff did not always have access to learning and development that the provider considered essential for their roles.
- People told us they were happy living at the home and there was a relaxed, friendly and homely atmosphere.
- People were treated with dignity and respect. They told us staff were kind, caring and compassionate. One person told us, "They're lovely, they normally give me cuddles."
- People could plan for their end of life care.
- There were sufficient staff to meet people's needs.
- People had access to healthcare services and had their medicines when they needed them.
- Infection prevention and control was maintained and the home was clean.
- People told us that they were happy with the food. One person told us, "We are lucky with the food, it is beautiful, such a treat. The food is lovely, very nicely prepared."
- People had their own rooms and access to communal spaces so that they could spend time alone or with others.
- People received care that met their physical, social and emotional needs.
- People told us that they enjoyed the interaction with staff as well as the activities that took place.

Rating at last inspection:

- At the last inspection the home was rated as Requires Improvement. (Published on 11 December 2018). This home has now been rated as Requires Improvement in the last three consecutive inspections.

Why we inspected:

- This was an unannounced comprehensive inspection. At our last inspection, on 27 September 2018, the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action against the provider and gave them a date to meet the Regulations by. This inspection took place to check that improvements had been made and that they were now meeting the Regulations.

Enforcement:

- The provider had met the Warning notices that had been issued following the previous inspection on 27 September 2018.
- Although improvements in some areas had been made since the last inspection, which included the provision of equipment and the oversight of the service, we continued to have concerns.
- Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

- We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated as Requires Improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Appletree House Residential Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

- The inspection took place on 4 March 2019. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was undertaken by two inspectors.

Service and service type:

- Appletree House Residential Care Home is a care home providing accommodation and personal care for older people, some of whom are living with dementia or frailty with associated healthcare conditions.
- 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 home is registered for 15 people. There were 12 people accommodated in one adapted building, over two floors. People had their own bedrooms and access to communal bathroom facilities, a lounge and dining room.
- The home had a manager who was registered with the Care Quality Commission. A registered manager 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. The management team consisted of the registered manager and a deputy manager.

Notice of inspection:

- The inspection was unannounced.

What we did:

- The registered manager completed a Provider Information Return as part of the Provider Information Collection. Providers are required to send us information about their service, what they do well and improvements they plan to make. This information helps support our inspections.
- We looked at information we held about the home including notifications they had made to us about important events.
- We reviewed information sent to us from the local authority and members of the public.

During the inspection:

- We spoke with five people, two relatives, three members of staff, the deputy manager and the registered manager.
- We reviewed a range of records about people's care and how the service was managed. These included:
  - The individual care records and medicine administration records for five people.
  - Two staff records.
  - Quality assurance audits.
  - Incident reports.
  - Records relating to the management of the home.
- 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 observed the care and support people received as well as the lunchtime experience and the administration of medicines.

# 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 on 27 September 2018, we asked the provider to take action to make improvements. This was because there were continued concerns that had not been improved upon since the last inspection on 14 November 2017.
- Following the last inspection, we asked the registered manager to complete an action plan to show what they would do and by when to improve the key question of Safe to at least good in relation to the breach of Regulation 19, recruitment checks. A Warning Notice was also served and the provider was required to meet Regulation 12, the need to provide safe care and treatment, by 21 December 2018.
- This was because risks to people's safety were not well-managed. Recruitment processes had not always been followed and staffing levels did not ensure people's needs were met in a timely way. Medicines were not managed safely and infection prevention and control was not maintained.
- At this inspection, some improvements had been made and the provider was no longer in breach of Regulations 12 and 19.
- Some aspects however, were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- Although some improvements to staff recruitment had been made, we continued to have concerns.
- The registered manager had not always followed guidance or the provider's own policies to ensure that all suitable checks and precautions were followed before staff started work. For example, One member of staff had started work without the registered manager ensuring that they had a valid Disclosure and Barring Service (DBS) check.
- Staffing levels had improved and there was now sufficient staff to meet people's needs. Changes had been made to staffing and people told us that there were enough staff and our observations confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Most risks to people had been considered and staff acted to ensure that these were lessened, including the risk of falling and not having enough to eat and drink.
- Risk assessments and guidance was in place if people accessed the kitchen to take part in preparing food. A potential risk, however, had not been considered. Staff had not always considered the potential risk of people accessing the kitchen when this was left unoccupied. One person entered the kitchen as they wanted a drink and something to eat. Sauce pans and a kettle, both containing boiling liquids, had been left unattended. Although a member of staff noticed the person entering the kitchen and immediately supported them to leave the area, there was a potential that the person could have come to harm. Following this, the kitchen was again observed to be left unoccupied when food was being cooked. These risks were fed back to the registered manager who told us they would speak to staff to ensure that this did not occur again.
- Staff had learned from accidents and incidents and changes had been made to people's care plans, risk assessments and guidance to help prevent reoccurrence. For example, a pharmacy audit had identified

concerns about the management of controlled drugs. Recommendations had been made to make improvements to the oversight and management of them. These had been implemented and lessons had been learned.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager had reported alleged abuse to the local safeguarding team when it was identified.
- Staff knew how to recognise abuse and how to protect people from the risk of abuse.
- People knew how to raise concerns if abuse occurred.

Using medicines safely:

- People were receiving their medicines when they should.
- Medicines systems were organised and staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff knew how to administer people's medicines safely. They explained their actions and supported people to take their medicines in their preferred way. People told us that they were confident in staff's abilities to administer their medicines when they needed them.

Preventing and controlling infection:

- Infection prevention and control had improved and the home was clean.
- Staff understood the importance of infection control. They used personal protective equipment and disposed of waste appropriately. This minimised the spread of infection and cross-contamination.



# 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 on 27 September 2018, staff did not always have sufficient skills or knowledge to meet people's needs. Staff did not understand about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The suitability of the home and equipment did not always meet people's needs.
- At this inspection, some improvements had been made. For example, the suitability of the equipment provided now met people's needs. The effectiveness of people's care, treatment and support however, did not always achieve good outcomes or was inconsistent.
- Staff continued to lack understanding about MCA and DoLS and were not working in accordance with the Mental Capacity Act 2005. Staff did not always have access to learning and development to meet people's needs.

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.
- Staff had not always considered or assessed people's own ability to consent to decisions about their care. The MCA requires staff to presume and maximise capacity so that people can be as involved as much as possible in making decisions. This was not happening, for example, when people had their medicines hidden in their food or drink, when they used bed rails to prevent them falling from bed, had the flu injection or when CCTV was being proposed. Instead, some people's relatives or staff, who did not have the legal authority to be the sole decision-maker, had made decisions on people's behalves.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The oversight and management of DoLS was not effective. Staff did not know who had a DoLS in place or what this meant and there was a potential risk that people were being deprived of their liberty unlawfully.
- Despite people having a health condition that had the potential to affect their decision-making, the registered manager had not always considered people's capacity to consent to living at the home. They had not considered if DoLS applications should be made to the local authority. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience:

- Although some staff had worked within health and social care before, they had sometimes started work

without receiving a thorough induction or access to training. They had not always undertaken training that the provider considered essential for their roles. Staff had not always received formal supervision in accordance with the provider's policy.

- Despite this, staff showed that they had the skills, experience and competence to meet people's needs. They supported people confidently. Some staff held qualifications in health and social care.
- People and relatives told us that they had confidence in staff's abilities.
- Staff told us that they felt well-supported by the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- People's needs were assessed and they received appropriate care.
- People were supported to maintain their health and external healthcare professionals were contacted when people were unwell.
- There was a coordinated approach to people's healthcare. Staff liaised with other external healthcare professionals when there were concerns about people's health.
- People told us that they were supported to attend healthcare appointments to maintain their health and that they were confident that staff would contact a GP should they become unwell.

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

- People had enough to eat and drink to meet their needs and preferences.
- People told us that they enjoyed the food. One person told us, "The staff offer me a choice of food and they make what I like. I like bacon and eggs in the morning and they make that for me. I only have to say and I get it."
- People were supported with sensitivity and dignity if they needed assistance to eat or drink.

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

- People's needs were met by the design and layout of the home.
- People had their own rooms that they could use if they wanted to have their own space or wanted privacy to receive visitors.
- A communal lounge and dining room enabled people to spend time with others to meet their social needs.

# Is the service caring?

## Our findings

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

- At the last inspection on 27 September 2018, people were not always provided with choice and their independence was not promoted.
- At this inspection, some improvements had been made. People's independence was now promoted and they had choice about how they spent their time. People could take part in pastimes that they enjoyed and that enabled them to develop their skills. For example, some people enjoyed preparing food in the kitchen.
- However, people did not always feel well-supported, cared for or treated with dignity and respect. They had not always been involved in decisions that affected their care.

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

- Some measures, such as resident's meetings and annual surveys enabled people to be involved in some decisions that affected their lives. However, some decisions were in the process of being made without first consulting people for their views. For example, CCTV was about to be installed to provide improved monitoring of people's and staff's movements. There had been no consideration of people's views about this or the potential impact of this on people's privacy.
- Annual surveys had been sent to people. They provided feedback about the service they received. People confirmed that their suggestions had been listened to and acted upon. For example, people had asked if they could have cooked breakfasts. Records showed and people confirmed that this was now provided.
- People were provided with choice and told us staff respected their preferences. Staff asked people what they would like to eat and drink as well as what activities they would like to participate in and these were provided.

Respecting and promoting people's privacy, dignity and independence:

- Since the last inspection, there had been changes in staffing and there was now an emphasis on ensuring people were supported with dignity and respect.
- People were treated with kindness and respect. Staff were caring and attentive. One person told us how fond they were of the staff and how much they felt cared-for.
- Staff treated people in a dignified way if they were anxious or distressed. One person was asked if they would like to spend time in their room when they were showing signs of apparent anxiety. This appeared to calm the person and they were later seen relaxed and content.
- Staff supported people with sensitivity when they needed assistance with their personal care. Staff were discreet and tactful and ensured that people were supported appropriately.
- People's independence was supported. For example, some people helped with preparing food to maintain their skills and independence.

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

- People were treated as individuals. Staff adapted how they supported people to ensure all people's needs were met. Person-centred information was gathered about people's lives, what was important to them and

how they wanted to be supported.

- Staff were respectful of people's cultural and spiritual needs. Information about people's life style preferences and their religion had been gathered and was respected.
- People told us that staff supported them in a way that met their needs and preferences. One person told us, "The staff are very kind to me, couldn't wish for any better. They help me with what I need, like doing my hair nicely. That is important to me."
- People and their relatives praised staff's caring and compassionate approach. One person told us, They're lovely, all of them, so kind."
- People enjoyed visits from family or friends and told us they were welcomed at any time.

# Is the service responsive?

## Our findings

Responsive – this means that the service met people's needs.

- At the last inspection on 27 September 2018, we asked the provider to take action to make improvements. This was because there were continued concerns that people were not receiving care that met their needs. External healthcare guidance had not always been acted upon and care records did not always reflect people's current needs. People did not always have access to stimulation and interaction. The management of complaints was not effective.
- At this inspection, some improvements had been made. Care records had been updated and reflected people's needs and preferences. Staff supported people in accordance with their expressed needs. People had access to stimulation and interaction with others to meet their social and emotional needs. The management of complaints had improved.
- However, people's needs were not always met. For example, healthcare guidance for one person had not been listened to or acted upon.

Personalised care; accessible information; choices, preferences and relationships:

- The registered manager understood people's information and communication needs. These were identified, recorded and highlighted in care plans and shared appropriately with other professionals involved in people's care. However, people's needs were not always being met. An external healthcare professional had made recommendations for one person. They had suggested how the person's communication and understanding when making food choices could be improved, however, this had not been listened to or complied with.
- Most people's care was tailored to meet their individual needs. People told us that they were involved in their day-to-day care and their preferences were respected and our observations confirmed this. For example, people were asked how they would like to spend the time and what they would like to eat and drink.
- People's life histories, interests and preferences provided staff with information about the person's life before they moved into the home. Staff were knowledgeable about people's lives and interests and this encouraged conversation and helped develop relationships.
- People could take part in activities and pastimes that they enjoyed.
- One person told us, "There are lots of things going on. I like the activities and bingo. I like spending time in the countryside, it is nice to go in the garden in the summer and see the birds and trees. The staff know I like to look out of the window and save the chair for me."

Improving care quality in response to complaints and concerns:

- People and their relatives were aware of how to raise concerns and complaints.
- The registered manager had introduced a system to enable them to manage and monitor complaints.
- Concerns and complaints that had been raised had been dealt with appropriately and according to the provider's policy.

End of life care and support:

- People could discuss and make appropriate plans for care at the end of their lives.
- Staff had respected people's preferences when people had chosen not to discuss their end of life care.
- People received kind and compassionate care at the end of their lives to help ensure their comfort.

# 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, we asked the registered manager to take action to make improvements. This was because there were continued concerns that had not been addressed since the previous inspection. The provider's quality assurance processes had not identified the concerns found at the inspection on 27 September 2018. The home had been rated as Requires Improvement on two consecutive occasions.
- A Warning Notice was issued stating that the provider was required to meet the Regulations by 21 December 2018.
- At this inspection, some improvements had been made. However, service management and leadership was inconsistent. Leaders and the culture they created did not assure the delivery of high-quality, person-centred care. Some Regulations have not been met.

Planning and promoting person-centred, high-quality care and support; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The home had a manager who was registered with the Care Quality Commission. The management team consisted of the registered manager and a deputy manager.
- Since the last inspection, the registered manager had introduced audits of the systems and processes within the home to ensure better oversight.
- Despite this, the audits had not always identified the shortfalls that were found at this inspection. For example. Audits had not identified that external professional guidance had not always been implemented. There was not always sufficient guidance for staff about how to support people with managing their healthcare conditions, such as diabetes or epilepsy. Recruitment procedures did not always comply with the provider's policy. Staff had not always been supported to undertake training which the provider considered essential for their roles. There was a lack of understanding about MCA and DoLS and staff were not working in accordance with the legislation.
- The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. The provider had not always lessened risks relating to the health safety and welfare of people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Regular residents' and relatives' meetings gave people the opportunity to air their views and discuss any ideas or suggestions. Suggestions that people had made had been listened to and acted upon. For example, changes had been made to the menu following people's suggestions.
- There was good partnership working with external healthcare professionals and local authorities. The registered manager was working with the local authority's Care and Business Support Team (CABS) to

further improve the care people received and improve the running of the home.

- Staff told us that they were involved and encouraged to make suggestions. They were complimentary about the management. One member of staff told us, "The manager makes me feel valued. She is a good manager, she is kind and listens to the staff and does her best to accommodate everyone's wishes. There is a lovely friendly atmosphere and feeling in the home. We get on as a team and that is led by her."

Understanding and acting on their duty of candour responsibility:

- The provider had complied with the CQC registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.
- People and their relatives told us and records confirmed, that the provider had informed them when there had been changes in people's care.
- People and relatives were complimentary about the registered manager. A relative told us, "The manager has been here a couple of years and has done really well. There used to be a high-turnover of staff but not now."



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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11(1) (2) (3) (4) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.</p> <p>The registered person had not ensured that the principles of the Mental Capacity Act 2005 were followed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated</p>

activity.