

Acer Healthcare Operations Limited

Appletree Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Appletree Court Care Home is a care home that was registered to provide nursing and personal care for up to 77 people. At the time of the inspection 41 people were using the service.

People's experience of using this service:

People told us they felt safe and staff knew how to report concerns. Risks to people's health and care needs were assessed and effectively managed.

There were sufficient numbers of staff to support people. However, we received mixed views from people and relatives about this and agency usage.

People were supported to take their medicines as prescribed. Medicines were stored in a safe way.

Lessons were learnt following incidents. The service was clean and infection control was managed well and in line with the providers policy and procedures.

The design and décor of the service was not always developed and adapted around people's needs. We have made a recommendation about this.

Staff completed an induction and training relevant to their post. Staff received opportunities to review their work and development.

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

People's needs were assessed, and care was reviewed to ensure people's needs were met.

Nationally-recognised best practice assessments were used to help monitor people's health. People had access to healthcare professionals.

People were supported to have food appropriate to their needs.

People were treated with dignity and respect. People were involved in decisions about their care and supported to be as independent as possible.

Relatives and staff all felt the service had improved since the last inspection. They felt positively about the registered manager and felt they could contribute to the running of the service.

Monitoring systems were in place and the provider was proactive in supporting the service and worked in partnership with other organisations and professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

At the last inspection the service was rated Requires Improvement (report published June 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

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 caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Appletree Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of one inspector, a specialist advisor and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

Service and service type:

Appletree Court Care Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. The provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make.

We requested feedback from the commissioners of people's care and the local authority quality monitoring team to find out their views on the quality of the service.

During our inspection, 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 spoke with 14 people who used the service and nine relatives for their feedback on the service. We also spoke with six staff members, the activity coordinator, the clinical lead who was also the deputy manager, the registered manager, the regional director, the clinical standards inspector and the quality compliance inspector. We spoke with one visiting health professional.

We viewed the care records of eight people. We also viewed medicine records and documents relating to the management of the service such as audits, meeting records, action plans, recruitment files and surveys.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not always assessed the risks to service users' health and safety or put in place plans to mitigate risks.

At this inspection, we found improvement had been made. Risks to people were assessed and planned for, such as moving and handling, falls, choking, nutrition and hydration and behaviours that could challenge staff.

- People told us they felt safe. One person said, "I need hoisting. They are very nice when they do it, they explain what they are doing, and they give me the time I need." Another person told us, "I feel safe. Staff are good".
- We observed staff using safe moving and handling techniques and people appeared relaxed whilst being supported to mobilise. Staff members supporting people explained what they were about to do and moved at a pace that suited people's needs.

At the last inspection there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not always ensure the premises and equipment used by the service was safe for such use. We also recommended that the provider satisfied itself that emergency fire safety procedures were understood and actioned by all staff.

At this inspection, we found improvements had been made.

- Health and safety checks were routinely carried out to help reduce risks posed by the environment. This included regular fire drills, and external fire safety checks.
- Equipment was checked to ensure it was in good working order, such as lifts. Other relevant safety checks had taken place, for example, gas safety checks and electricity testing.

Staffing and recruitment

At the last inspection there was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider could not evidence there were sufficient staff to meet the requirements of people living at the service.

At this inspection we found improvements had been made. There were enough staff to meet people's needs, although there was some mixed feedback about staffing levels.

- Some people and relatives told us they felt there was enough staff to meet their needs whilst others felt that there were issues when agency staff were used and not always enough staff available.
- One person said, "They are there to help you if you need it. They are pretty good. They keep me clean." Another person said, "We are well looked after. Could not be better. They are top class. There are enough of them. I choose when to go bed, I go to bed early and get up early."
- A relative told us, "Staff are friendly and welcoming. There are never enough staff, but they seem to manage well enough and they are constantly recruiting. Staff are polite, kind and always got a smile. Nothing is too much trouble." Another relative said, "There are enough staff, they are quite attentive and if you ask for something it happens".
- We discussed staffing levels with the registered manager and the regional director. They explained and provided evidence that they used a dependency tool which takes into account people's needs when deciding the required staffing levels. They also carried out regular spot checks and audits to ensure people's needs were met in a timely manner.
- Our observations confirmed that staff were not rushed and call bells were answered in a timely way. We observed people did not have to wait a long time for support and staff were available in communal areas.
- Staff members we spoke with told us there were sufficient staff available given the reduced occupancy level and were confident this would be reviewed when the number of people increased. One staff member said, "Now we have two nurses during the night on each floor and this is making a big difference." Another staff member said, "We get to take our breaks and we are not overworked." A third staff member told us, "I do not feel rushed. There is plenty of time and enough of us to get things done."
- Staff had appropriate checks to verify their suitability to work with people who used the service, prior to starting work.
- Nurses registration with the National Midwifery Council were checked regularly to ensure nursing staff were registered to practice.

Using medicines safely

At the last inspection there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not always ensure the proper and safe management of medicines.

At this inspection, the service demonstrated improvements made.

- People's medicines were managed safely. People told us they received their medicines on time. A relative told us, "When giving out medicine, the nurses stay there until it is all taken."
- At the last inspection there were 17 people having their medicines administered covertly. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person. At this inspection we found this had been reduced to seven. We found that the provider worked closely with the local GP and had a system in place to review medicines administered covertly. There was clear information for nursing staff to follow. A visiting healthcare professional said, "There have been a significant reduction in covert medicines and these are reviewed periodically."
- We observed staff responsible for administering medicines followed correct procedures for administering medicines.
- Medicines were stored correctly as the temperature was being checked in rooms and refrigerators. We saw stock levels and records matched the medicines we checked.

- Controlled drugs are medicines that require special storage and recording to ensure required standards are met. We found that controlled drugs were stored securely and recorded correctly.
- Medicines that had a short expiry date once opened included the date they were opened to ensure that staff knew how long the medicine could be used for.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse, when concerns had been identified these were reported to the local safeguarding authority, as required.
- People told us they had confidence in the ability of the staff to take action to ensure their safety. One person said, " When I ring from my bed they come quick." A relative told us, "There are carers all around. Mum would say if she did not feel safe."
- Staff understood their safeguarding responsibilities and knew to report their concerns.

Preventing and controlling infection

- The service was clean and hygienic. We saw domestic staff were employed to help maintain this.
- Staff were aware of the prevention and control measures required to manage risks associated with infections and cross contamination. We observed staff wearing personal protective equipment, such as gloves and aprons.
- The service had been given a five-star rating by the food standards agency in July 2018. This means the hygiene standards of the kitchen, at the time of the inspection were considered 'very good'.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. For example, accidents and incidents were reviewed to ensure appropriate action was taken and trends were checked to see if there were any other issues.
- When issues occurred, we found the registered manager responded appropriately and used any incidents as a learning opportunity.

Is the service effective?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was provided across three floors. Each floor was accessible by a lift.
- Some areas of the home were pleasantly decorated and welcoming. The second floor was recently refurbished and nicely decorated.
- However, improvements were required to the first floor which was the designated dementia floor to ensure it was designed and developed around people's needs.
- Communal areas and corridors where some people spent much of their time were not designed to enhance people's experiences. Signage and pictorial aids were not used to help navigate people around the service and were not used to help stimulate and engage people. There were no dementia-friendly memory boxes by people's rooms to make them more personalised and recognisable for people.
- We discussed this with the management team present on the days of the inspection. When we returned on the second day of our inspection, we found bedroom doors still did not have names or photos to indicate whose bedroom it was.

We recommend the provider finds out more about dementia friendly environments, based on current best practice, in relation to supporting the specialist needs of people living with dementia.

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

- People's needs were assessed and included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was consistently recorded.
- Nationally recognised tools were used to help assess people's needs; for example, in relation to pressure areas and nutrition and hydration.
- An assessment of people's needs had been completed and people confirmed they were involved in developing their care record. Care records we looked at showed an assessment of a number of areas including personal care, medical history and dietary needs had been considered when developing these records.

Staff support: induction, training, skills and experience

At the last inspection we recommended that the provider source suitable training to support staff in managing people's behaviours as a priority.

At this inspection we saw that staff had received training in this area and there were future dates booked to

ensure staff received regular refreshers.

- Staff had received training to be effective in their role. One staff member told us, "We have regular training. We can ask for specific training if we need this."
- Staff had received training in areas such as safe moving and handling, fire safety, first aid, infection control, pressure care and falls prevention, to help ensure they understood how to effectively support people who were at risk of harm related to those needs.
- Although staff were given opportunities to review their individual work and development needs, we noted that these were not regular. The registered manager told us they had identified this as part of their audits and were prioritising this. We checked and saw they had future dates booked to meet with staff.

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

At the last inspection we recommended that the provider reviews nutrition options for people who require a soft diet or pureed food.

At this inspection, we observed that people who were on specialist diet had varied and healthy options available.

- People were supported to eat if they required assistance. People were able to eat at their own pace, were not rushed and were supported with a healthy and nutritious diet.
- People enjoyed positive mealtime experiences and were served well presented meals.
- We observed people being offered choices of food and drinks.
- The service was supporting people with their fluid intake effectively. Charts were up to date and staff had received training so understood how to record people's fluid intake accurately.

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 monitored with input from healthcare professionals to promote their health.
- A healthcare professional also visited the home on a weekly basis to review people living at the service. They confirmed that staff contacted them if they had concerns and made appropriate referrals. They told us, "Staff are quite good at seeking advice in a timely manner."
- We found that where some people had recently required referrals to access further healthcare support, this had been effectively monitored to ensure those referrals were timely.
- Staff handovers and daily flash meetings covered relevant information to help monitor people's needs.
- People's weights were monitored monthly and nutritional supplements were prescribed for some people at increased risk of weight loss.
- A visiting healthcare professional told us, "Communication has improved overall. Staff and nurses communicate better with each other and pass on information quickly to ensure people get the right treatment."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 service 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.

- People were protected as staff understood their responsibilities under the MCA and knew when DoLS were required to protect people's rights.
- Each assessment of capacity was individual to the person and demonstrated how the assessor supported the person to retain, use, weigh up and communicate their decision.
- We observed staff asking permission before supporting people and offering choices.
- Appropriate applications had been made for a DoLS in order to protect people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were always kind and caring towards them. Comments included, "I like it here. I like their company and the staff are nice", "It is very nice here" and "Staff are polite, kind and always got a smile. Nothing is too much trouble."
- Relatives also provided positive feedback about the caring nature of staff. One relative told us, "It is perfect here. Lovely family atmosphere."
- Throughout the inspection we observed staff treat people with kindness and engage with people in a warm and compassionate way. One person said, "They chat with me if I want them to. The staff are very nice, kind, helpful".
- Staff knew people well, including their personal history and preferences. Care plans recorded people's preferences and what was important to them.

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

- People were involved in decisions about their care. One person told us, "I choose when to go to bed, they ask me. In the mornings I decide when to get up and what to wear."
- People were supported and helped to express their views, where required support was given by external advocates. An advocate helps people to access information and to be involved in decisions about their lives.
- Regular residents' and relatives' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make suggestions.
- Care plans demonstrated people and their representatives had been involved in developing them and had agreed decisions about their care.
- Relatives could visit people when they wanted to which helped people maintain relationships that were important to them. A relative said, "Staff are friendly and welcoming. I never come at the same time. They have a lovely way with people living with dementia."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. Relatives told us staff were always discreet and respectful.
- People were approached and their consent sought before they were supported. Staff knocked on bedroom doors before entering to support people. This helped promote people's privacy and dignity.
- We observed staff supporting people well and treating them as individuals, ensuring they kept their independence where possible.

- We observed staff encouraging people to maintain their independence such as with their mobility.
- People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as records were viewed by authorised people only.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last inspection we found the service had a variety of care plan formats in place and care records often contained little personalised information regarding people's daily routines and preferences. We also found that the approach that was used to plan people's showers was not person centred. These concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made.

- People received personalised care and support specific to their needs and preferences. Care plans were developed with the involvement of people and their representatives. They reflected people's health and social care needs and demonstrated other health and social care professionals were involved.
- Care plans were personalised and reflective of people's current needs and included their likes, dislikes and preferences. Staff were knowledgeable about people's needs and how best to support them. A relative told us, "I'm very impressed with the staff. They all know my mum's name and often when I arrive they are talking and joking with her, not only with my mum, they do it with all the residents."
- A relative told us, "We have a care plan and its reviewed regularly and we discuss his [family member's] needs."
- Communication systems were in place to share information between staff. Handover meetings took place from one shift to the next to ensure important information was passed from one staff team to the next.
- There were two activities co-ordinators in post. Records showed they supported people to engage in a range of activities. People who chose not to be involved in these activities were offered one to one time to ensure they did not feel isolated.
- People told us, "I listen to the radio. We go to the park for the day sometime, also with my family. I don't have TV in my room. I go to the sitting room to watch it. I like my room to be quiet. Look how quiet it is. I love it", "There's singing, music, TV and games" and "The activities co-ordinator tries different things, scrapbooks for example. She talks about the past. She puts music on and brings in people with singing. [Person] is very good with old songs and they all join in. When weather is better I will go into the garden."

Meeting people's communication needs

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

- People's communication needs were documented in their care plans.
- People had information presented in a way that they found accessible and in a format they could easily understand.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and respond to complaints. We saw that the registered manager had taken appropriate action to investigate each complaint and to provide feedback to the complainant. Lessons learned from complaints were shared with staff.
- People told us they had no complaints and commented, " If I have any problems, I speak to [staff member] but I haven't found anything that doesn't suit me. This place is perfect for me. I'm very happy."
- Comments from relatives included, "If I had a complaint I would go to the person in charge. They have residents' meetings and if you want something changed they will do it" and "The new manager came and said if you have a problem or complaint don't wait for a meeting go to the manager straight away."

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection.
- End of life care plans were in place for people who had consented to have one. They contained person-centred information about what people's wishes were for their end of life care.
- Staff received end of life care training. This helped ensure staff had the skills and knowledge to provide people with compassionate, personalised end of life care when necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

At the last inspection the provider could not evidence that systems and processes were established and operating effectively to ensure the needs of service users were assessed, monitored and the risks mitigated to ensure the service users' health, safety and welfare.

During this inspection, we found improvements had been made.

- Following our last inspection, the provider produced an action plan to drive forward the required improvements as well as review systems to monitor the quality of the service people received.
- People and their relatives told us, "I have seen improvements. Carers are better managed. Manager is friendly and comes around", "[Registered manager] has lots of plans for adding more training. I think it is well led. [Registered manager] goes around and is lovely. Residents always look clean, never see food down their front, never seen anyone unkempt and no smells" and "I think it is definitely well managed. Care plan is updated regularly and I sign off all aspects."
- An external health care professional commented, "I have noticed there has been improvements made in the last couple of months. For example, paperwork has improved, the structure is much clearer now" and "The new manager is very good. They are keen to improve and there have been noticeable changes since they have started."
- The registered manager promoted person-centred care to achieve good outcomes for people. Care records that we sampled demonstrated people and their representatives had been involved in their development. Care records reflected people's needs and were updated regularly with guidance from health professionals such as speech and language therapists, dieticians and doctors. Staff we spoke with were knowledgeable about people's needs, their risks and how to manage them.
- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required, lessons were learned where errors had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quality assurance systems in place and there had been many improvements since the last inspection. There were more structured checks and systems were more effective at identifying and remedying concerns.

- The provider had improved their monitoring arrangements for the service. The registered manager provided them with monthly reports to ensure they were aware of any issues in the service.
- The provider and registered manager carried out regular audits and had put action plans in place when shortfalls were identified.
- Where equipment was put in place to keep people safe, sufficient checks had been completed to ensure it was used effectively.
- Staff we spoke with were clear about their roles and had a good understanding of what was expected of them.

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

- Staff told us the registered manager was approachable and helpful. A plan was in place to ensure staff were kept up to date with training.
- Staff were complimentary about the registered manager and deputy manager. They felt valued, supported and listened to. One staff member said, "New managers are supportive and helpful, they are there to guide and advise when needed."
- The provider implemented daily flash meetings to discuss any updates or changes in people's needs. Staff we spoke with told us communication had greatly improved within the service and that staff were working as a team.
- People's feedback was regularly sought to improve the quality of service they received. We saw meetings for staff, relatives and residents had been scheduled. We looked at the minutes from these meetings and saw ideas raised by staff and relatives had been looked at and acted upon.
- A relative told us, "They [registered manager] consult us, they talk with us. They do it more through my sister. They keep her informed."

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a commitment to continuous improvement. They told us they had a plan in place for on-going service improvement.
- The registered manager analysed information from accidents, incidents, complaints and concerns to drive improvement within the service.
- Staff were confident to report and deal with any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them.
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.
- We received positive feedback from external health and social care professionals working with the service. Comments included, "The service is making progress and working with us" and "I have been working with the manager, nurses and staff. They are keen to learn and improve."