

Appledown Care Home Limited

Appledown

Inspection report

15 Heather Lane Canonstown, Hayle, TR27 6NG
Tel: 01736 740552
Website:

Date of inspection visit: 9th October 2015
Date of publication: 24/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This announced comprehensive inspection took place on 9 September 2015. The people who lived at this service were out during the day on activities. We announced this inspection to ensure there would be someone available at the service when we arrived to allow us access, and to ensure we could meet people who lived there.

The last inspection took place on 20 July 2014. We had no concerns at this inspection.

Appledown is a care home which offers care and support for up to six people who have a learning disability. At the time of the inspection there were four people living at the service. One person was away on holiday with family.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service uses a detached house which provides accommodation for people over two floors. We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. People were relaxed and happy being supported by the service.

Summary of findings

We looked at how medicines were managed and administered. Although we found two gaps in the medicine administration records, we found it was possible to establish that people had received their medicine as prescribed. Regular medicines audits were carried out to help identify any errors.

The service had identified the numbers of staff required to meet people's needs and these were being met. The staff team were supportive of each other.

Staff were supported by a system of induction training, supervision and appraisals. Staff training was regularly updated. Staff meetings were held regularly which the staff said were useful. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

People's bedrooms were well furnished with personal items belonging to the person to give it a familiar feel.

Meals were often prepared by the people living at the service, with staff support. People were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Support plans were well organised and contained accurate and up to date information. These plans were reviewed regularly and people's changing needs recorded. People were included in their care reviews and relatives were provided with copies of support plans, if appropriate and agreed by the person.

People attended work placements and social activities of their choice every day. Some people went out independently to meet friends.

The registered manager was supported by a stable team of staff and had regular contact with the provider. People found the registered manager was approachable and supportive.

Summary of findings

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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005. Management ensured people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected.

Good



Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated people.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Good



Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to develop the quality of the service provided.

People were asked for their views on the service. Staff were supported by the management team

Good



Appledown

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 inspection took place on the 9 September 2015. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager and three people living at the service. People were able to give us their views of the care and support they received and these were positive. We looked around the premises and observed care practices.

We looked at care documentation for two people living at Appledown, medicines records for three people, two staff files, training records and other records relating to the management of the service.

Following the inspection we received the views and experiences from two families of people living at the service, two healthcare professionals, and one further member of staff

Is the service safe?

Our findings

People and their families told us they felt it was safe at Appledown. Comments included; “I feel very safe here” and “I get help from staff when I do the cooking.” Families confirmed they were confident their family members were safe at the service and when supported to go out in to the community. One healthcare professional told us; “I do consider this a safe and caring service for the clients that live there, it is very personal focused and this shows when talking to staff or looking at the care plans.”

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on Safeguarding Adults and were aware of how to raise any concerns. There were “Say no to abuse” leaflets held at the service containing the phone number for the multi agency response unit at Cornwall Council. The service policy regarding Safeguarding Adults required to be updated to reflect recent changes to the process in the County.

The service held the personal money safely for people who lived at the service. People held their own keys to their money and were able to easily access this money to use for items they may wish to purchase. The money was managed by the people themselves and monitored by the staff at the service. The registered manager audited money regularly to ensure the records tallied with the amount of money held for each person.

Accidents and incidents that took place in the service were recorded by staff in people’s records. The registered manager told us they were not formally audited. We were told as there were only four people living at the service, staff knew about any incidents that occurred and action was taken as required. We saw one person, who had been assessed as being at high risk of falling due to their gait and their tendency to rush, was often falling when attempting a specific activity. This had been recognised and equipment had been provided to help ensure the risk of them falling was reduced. Further adaptations had been made elsewhere in the service to support this person.

People told us they received their medicines when required. During the inspection people were aware of the time and told staff when they were due their medicines. We

checked the medicine administration records (MAR) and saw that there were two gaps on one person’s record for the day before this inspection. The registered manager told us they would raise this with the staff member at supervision to help ensure the error would not be repeated. We checked the person’s tablet packs and saw they had received other medicines as prescribed. The service was not holding any medicines that required stricter controls. Homely remedies such as Paracetamol and cough medicine were available for people should they be needed. The GP had signed in agreement with people receiving homely remedies and if the person needed them for more than 48 hours the item would be specifically prescribed for them.

The service was storing one item of medicine that required cold storage. This item was a short course medicine and was held in the food refrigerator for the period of time it was needed. There were records that showed refrigerator temperatures were monitored daily to ensure any faults would be noticed in a timely manner. The registered manager assured us that if the service was required to store regular long term medicines, which required cold storage in the future, a medicine refrigerator would be purchased. An audit trail was kept of medicines received into the service and those returned to the pharmacy for disposal.

Support plans contained risk assessments for a range of circumstances including supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately. This ensured risk was minimised and people were safe, whilst maintaining as much independence as possible. For example, one person, who was at risk from falls, had been referred to the falls clinic and offered equipment to use in an attempt to lessen the risk. One of these pieces of equipment had been found to be useful in enabling the person to be more involved in food preparation in the kitchen.

Some people were at risk of becoming distressed or anxious which could lead to behaviour which might challenge staff and cause anxiety to other people. Support records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example staff were guided to carry out certain specific actions which helped to calm one person when they became anxious.

Is the service safe?

There was information held at the service which identified the action to be taken for people living at the service, in the event of an emergency evacuation of the home. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were met quickly. During weekdays all of the people living at the

service went out in to the community on work placements or social activities of their choosing. There was always one member of staff on duty at all times when people were in the service, with an on-call person available in case of emergencies. At night a member of staff slept in the service and was available if needed during the night. There were no staff vacancies at the time of this inspection and the registered manager told us they had a stable staff team, some of whom had worked for the service for some time. Staff told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

People told us they found the staff to be helpful and supportive of their wishes. One person told us; “Staff here are lovely, they look after us well.” Following the inspection we received feedback from two people’s families who told us; “The staff are very good” and “We are very happy with the support they receive at Appledown, I would not consider moving (the person) as although they are a long way away from us, they are happy.” Families told us they were confident staff knew how to support their family members well and “knew what they wanted.” Visiting healthcare professionals who told us; “The staff communicate well with the service users” and “To my knowledge the staff appear to be well trained, I have not had any concerns to think otherwise”

The service used a detached house which provided accommodation over two floors. There was outside space for people to enjoy. The premises were in good order. People’s bedrooms were personalised to reflect their individual tastes.

Staff demonstrated a good knowledge of people’s needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; “We have been encouraged to take extra courses, its good.” Training records showed staff were supported to have regular updates when needed.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

The registered manager was clear on the legislation regarding the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in

place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had not been required to be made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements. All the people living at the service, at the time of this inspection, were considered to have the capacity to make most decisions for themselves with appropriate support. The service did not have a clear policy for MCA and DoLS, however, the registered manager assured us this would be rectified immediately.

People were encouraged to be involved in all decisions relating to their own support plans and any decisions about the running of the service. There was evidence of their signatures on all the support plans we saw. Their families were also involved, if appropriate and agreed by the person, in support plans and decision making about people’s future support.

Staff demonstrated an understanding of the importance of upholding people’s human rights including the right to make risk assessed decisions for themselves. Staff told us; “We are very lucky to be able to spend lots of time with people, we have complete freedom to support them with whatever they wish to do.”

People were encouraged to help in the preparation of meals which were chosen and planned by them. Shopping lists were created and ordered online with the support of staff. The meals were planned for each day, but if people changed their minds there was a variety of their favourite foods available to them. On the day of this inspection one of the people living at the service was very much enjoying preparing the evening meal for people and staff to enjoy. Staff were vigilant throughout and supported them if needed.

Support plans indicated when people needed additional support maintaining a healthy diet. Food and fluid charts were kept when this had been deemed necessary for

Is the service effective?

people's well-being. For example one person had lost weight during a recent illness, so for a short period of time staff monitored their intake and their weight till they had recovered to their original weight. This person no longer required to be monitored in this way.

People had access to health and social care professionals including GP's, opticians, specialist nurses and social

workers. Care records contained records of any multi-disciplinary notes. Regular health checks were recorded and the next appointment clearly scheduled to help ensure the person had good notice of the appointment and any transport arrangements were made.

Is the service caring?

Our findings

There was a relaxed and friendly atmosphere at the service. We saw people were relaxed and felt able to move about freely interacting with staff in a confident manner. During this inspection one person remained at the service during the day as they had been unwell. The other two people returned at the end of the afternoon from their day's activities. One person was away on holiday with a family member. We saw they all had a good relationship with each other, joking and chatting happily with staff.

People told us; "Staff are lovely" and "I really like it here." One family member told us "(the person) comes to us every weekend but is very happy to return to Appledown and likes her friends and the staff there."

None of the people who lived at the service, or the staff we spoke with, raised any concerns about the quality of the care. People's dignity and privacy was respected. People were treated with kindness, compassion and respect. One person was concerned about being late to make a planned call to their family.. The staff responded patiently and calmly to frequent requests to make the call earlier than had been planned. People received a high level of individualised support which allowed them to develop their confidence and live as independent individuals within the confines of a safe and supported structure.

We saw positive interactions between staff and people which were respectful, warm and encouraging of people's autonomy. For example, one person asked for a hot drink

on their return from being out in the community. Staff responded by asking if would they like to come and assist with the making of the drink. The person was encouraged to ask if anyone else would like a drink and a biscuit. This encouraged the person to be involved in the drink preparation. Staff understood their roles were to support people's choice and encourage their autonomy as much as possible and we saw this happened.

Bedrooms were decorated and furnished to reflect people's personal tastes. One family had been very involved in supporting the person to have things in their bedroom that were particularly important to them and which were reminiscent of their past. We saw pictures of past pets and young family members were much enjoyed by people.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their support plans. The registered manager invited them to attend any care plan review meeting and also provided a copy of the support plan if requested.

We looked at people's support plans, they were clear and detailed including the person's preferences and wishes. The service was planning a holiday away for all four of the people who lived at the service together with all the staff. We were told; "Its going to be a girlie holiday for all of us." We are currently discussing where we might all like to go, somewhere warm, so we can travel by plane, but not too far as for some it will be their first experience of flying."

Is the service responsive?

Our findings

People told us; “I love to do the cooking” and “I like to go to ‘work’ I miss it when I cant go.”

Relatives told us they were regularly contacted by the service when support plans were reviewed and when any changes or incidents occurred. They told us the staff and registered manager was very good a communicating with them.

One visiting healthcare professional told us; “I have worked with Appledown for the past year, they are very open and honest with me. They listen and take on board my professional suggestions and have altered their care plans accordingly. I feel that they communicate well with me. Within the house all staff are aware of my involvement and any changes I have made.”

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people’s needs. Two people shared a room at Appledown. This arrangement had been regularly reviewed to ensure it continued to be what they both wished. There was an empty room for one of them should they wish to change to their own room. One person was away on holiday with family at the time of this inspection. The person who shared their room told us they ‘missed’ them. There were vacancies at the service for other people to live there. The registered manager told us they would always consider the needs of the existing people who lived at the service before accepting a new person and would involve them in the decision to help ensure they would all ‘get on’.

People were supported to maintain relationships with family and friends. People kept in touch with family via Skype, email, a secure Facebook page and telephone. One person went home each weekend to stay with family. All four people who lived at the service were planning to spend Christmas with family at their homes. One person was planning to take a flight to spend time with family later this year. Families told us they felt the service supported people well to maintain relationships.

People’s support plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people’s support needs including mobility,

communication, activities, nutrition and health. The information was well organised and easy for staff to find. The support plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members were given the opportunity to sign in agreement with the content of the plans if agreed by the person. One person had decided to stop attending one activity as they told us it had become ‘boring’ and their friends had stopped going. This was supported and the person had chosen to do something else instead.

Daily notes were consistently completed in each person’s diary which travelled with them when they went out and attended activities and social gatherings. Everyone involved in the person’s support used the diaries as this enabled good communication to pass to and from the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people’s backgrounds and life history from information gathered from families and friends. This helped ensure there was a consistent approach between different staff and this meant that people’s needs were met in an agreed way each time.

People had access to a range of activities both within the home and outside. People enjoyed a varied programme from dancing classes to animal care. Inside the service there was access to ipads, and computers. Each person had a mobile phone for when they needed anything when they were out in the community. One person liked to independently walk down the lane to meet their friends and be picked up by car. Another person became easily tired when out on trips in the community with their friends. This was limiting their independence, so the service had purchased a wheelchair to be used on these occasions. This meant the service was supporting people to be as independent as possible whilst managing any risks.

The service had a policy and procedure in place for dealing with complaints. People told us they were aware of how to make a complaint and would feel comfortable doing so.

One person commented, “I am happy to speak to the staff or manager if I have any complaints.” We spoke with the manager about the complaints procedure and were told they had not received any concerns or complaints.

Is the service responsive?

The service used the regular 'house meetings' as a way of learning from people's experiences and concerns. People were invited to sign the minutes of the 'house meetings' in

agreement with what was recorded. This feedback resulted in an improvement to the quality of the service. For example, the meals planner had been refreshed and changed with new meals added.

Is the service well-led?

Our findings

The culture of the service was open and friendly. People told us they were happy living at the service and had no concerns. Relatives told us the registered manager was approachable and friendly. Comments included; “They always let me know if anything changes or happens” and “Very good and keeping in touch. There was a bit of a personality clash at one point and I was told about it but reassured there was nothing to worry about. I was confident it was being dealt with well.”

Visiting healthcare professionals told us; “I consider the service to be well managed and can say this by the way the clients are supported and the implementation of changes and promoting clients skills” and “yes the service is well-led.”

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager told us they were well supported by the provider who visited regularly and was near enough to respond if needed. The registered manager was supported by a stable team of care staff and a deputy manager.

Staff told us they felt well supported through supervision and regular staff meetings. One staff member commented; “I feel well supported and can speak with them if I need anything”

There were systems in place to support staff. Staff meetings took place regularly. Minutes demonstrated the regular frequency of meetings. These were an opportunity to keep staff informed of any forthcoming events. For example, the plans for the forthcoming Halloween party, and what each person was doing for the Christmas holidays. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager regularly worked in the service providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handover from the communications book provided each shift with a clear picture of each person at the service. This encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual and any appointments or arrangements that had been made for them.

There were systems in place to monitor the quality of the service provided. People and their families were provided with surveys regularly to seek their views and experiences of the service provided at Appledown. We were told that few were formally returned to the service, but the staff and registered manager collected verbal feedback from the many discussions they had with them on a regular basis. Some of the policies and procedures held by the service required updating, for example there was a procedure for the Common Induction Standards which were replaced by the Care Certificate in April 2015. We were assured by the registered manager this would be done.

Audits were carried out over a range of areas, for example the condition of the building both internally and externally. There was some redecoration and flooring planned for the next few weeks and the kitchen cupboards were going to be painted to ‘brighten up the kitchen’ People who lived at the service had been involved in choosing the colour scheme. Security checks were carried out each day to ensure the building was secure. There were cleaning schedules for all areas of the service.