

B & L Property Investments Limited

# Applecroft Residential Care Home

## Inspection report

48-50 Brunswick Street  
Congleton  
Cheshire  
CW12 1QF

Tel: 01260280336

Date of inspection visit:  
12 December 2016  
13 December 2016

Date of publication:  
08 March 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 12 and 13 December 2016.

Applecroft is a privately owned care home located near to Congleton town centre and close to local shops. It is a three-storey building and people can be accommodated on all floors. Access between floors is via a passenger lift or stairs. There are 22 single bedrooms in the home; 16 of them have en-suite facilities.

The service was last inspected in July 2014 when we found two breaches in the regulations. The provider was in breach of the regulations in relation to consent as the provider was not acting within the principles of the Mental Capacity Act 2005. They were also in breach of the regulations around premises as there were a number of outstanding repairs.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there were 21 people living in the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach in the Care Quality Commission (Registration) Regulations 2009. You can see what action we have asked the provider to take at the back of this report.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that whilst applications had been made appropriately, consent to care had not been recorded on any of the care files and the latest guidance for covert medication had not been followed.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns, however we did find one instance where a safeguarding incident had not been reported. The registered manager had not submitted the necessary notifications to CQC where incidents of safeguarding had occurred.

We saw that whilst there was now a system in place for reporting maintenance issues, we found some maintenance issues which were addressed during the course of our inspection.

People had care plans which were personalised to their needs and wishes. Most care plans contained information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences', however we found some where little information

had been recorded about the person's history and preferences.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. The areas for improvement that had been picked up by these systems had not been acted upon.

The home was clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. However other checks on the fire doors and emergency escape routes had not been completed regularly.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. The home was managed and staffed by a consistent team of care assistants who were well supported.

We found that there were sufficient staff deployed to meet the needs of the people living in the home. Everyone we spoke to confirmed that there were enough staff and staff were observed to be carrying out their duties in a timely manner.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively. The registered manager had recently introduced a training matrix in order to keep track of people's training.

People living in the home told us that the standard of care they received was good. Comments included, "I'm so glad I chose this", "They are exceptional staff" and "They look after me extremely well". Relatives spoken with praised the staff team for the quality of care provided and the friendliness of the staff. They told us that they were confident that their relatives were safe and well cared for.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and they had a wide variety of food choices as well as where they could eat their meal.

Staff members, relatives and people living in the home were positive about how the home was being managed and felt that the manager was supportive and approachable.

## 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.

We found that safeguarding procedures were in place, however we found an instance where safeguarding procedures were not followed and CQC were not being notified of safeguarding incidents.

Some repairs to the building had not been picked up but were resolved during the course of our inspection.

The provider had sufficient staff to meet the needs of the people living in the home. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Managers and staff were not always acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making as they did not record any consent to care and were not acting in accordance with current guidelines around covert medication.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed an induction and shadowing on commencement with the service but training was completed as and when. The manager acknowledged that this could be improved and they were transferring to a new training provider in the new year.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good and they had a variety of food choices.

**Requires Improvement** ●

**Is the service caring?**

The service was caring.

People living at Applecroft said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people in order to ensure that they received the care and support they needed.

**Is the service responsive?**

The service was not always responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that most plans were personalised but there were some inconsistencies. We saw that care plans were not always reviewed on a regular basis.

The arrangements for social activities were adequate. There was an activity co-ordinator who provided some group activities which were the same each week. There was no provision in place for people who did not want to join in the group activities and not much variety in the activities.

The provider had a complaints policy and process. They had not received any complaints in the last twelve months but everyone we spoke to knew who they could complain to.

**Requires Improvement** **Is the service well-led?**

The service was not always well-led.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. However we saw where audits had been completed, the areas for improvement that had been picked up had not been acted upon and they had not followed up on this. We also saw checks that were supposed to be carried out on the property had not been completed recently.

**Requires Improvement** 

The service was not submitting notifications of incidents to the CQC.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback from everyone on a continuous basis in order to improve the service. Staff said that they could raise any issues and discuss them openly with the registered manager.

# Applecroft Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 12 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was aware of our visit on 13 December 2016 to conclude the inspection. This was carried out by one adult social care inspector.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law. We invited the local authority to provide us with any information they held about Applecroft. They advised us that Applecroft were subject to an improvement action plan in relation to training and induction, supervision and recruitment practices. We viewed the most recent Healthwatch enter and view report which mentioned health and safety issues that needed to be addressed. We also spoke with the Fire Service as the home had been subject to an Enforcement Notice earlier in the year. The fire service confirmed that there were now in line with the regulations surrounding fire safety.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of ten people living there, two visiting relatives and friends and five staff members

including the registered manager, deputy manager and three care staff. We also spoke with a visiting advocate and we contacted a district nurse by telephone after our inspection.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of three care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Applecroft was a safe environment and all family members said that they were happy that their relative was safely cared for. Comments included, "I feel very safe here. If I ask for help they jump, they don't hang on a minute", "I feel we are all quite safe here" and "I feel quite safe here, very comfortable". One relative told us, "I would say I feel [name] is very safe here".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "This feels like it's my home now. This is the next best thing...they treat me like a Queen" and "The staff treat you well here, I haven't come across anyone that doesn't know what to do". All the relatives and friends we spoke with stated that their relative was well cared for, comments included, "She is always well looked after. If I had to come in anywhere I'd come in here".

At our last inspection in May 2014, we found the provider to be in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 as parts of the building required repair and maintenance and there was no clear system in place for recording maintenance issues. The repairs identified at the last inspection had been resolved. Whilst we found the provider was no longer in breach of the regulations, there was still room for further improvement. There was now a maintenance book which clearly recorded when staff had reported repairs. It logged what work had been completed to address any issues as well as recording routine work that had been carried out to the building. We conducted an inspection of the building and found that a five bedrooms doors as well as the laundry door were not closing properly. We spoke to the registered manager in relation to this. There was a fire safety specialist present in the home at the time of our inspection attending to a fault in the fire system. He confirmed that at least two of the doors were not closing properly due to this fault. The maintenance man repaired two of the doors during the first day of our inspection and ordered a hinge for another door which needed replacing. When we checked the fire book, we could see that weekly checks should have been completed on all fire doors within the premises and these had not been completed since August 2016.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. Staff we spoke to understood the need to report to the manager any concerns. However, we did find one incident of safeguarding between two service users that had not been raised with the registered manager and subsequently had not been reported to the local authority. Whilst this has been dealt with appropriately internally at the time, they had not followed the correct procedures. We raised this with the registered manager to address. We noted that other safeguarding incidents had been correctly reported to the local authority, however we noted that the majority of these had not been notified to the CQC. We spoke with the registered manager and deputy manager and they were not aware that they needed to notify all safeguarding concerns to the CQC. Providers such as Applecroft are required to notify the CQC and the local authority of any safeguarding incidents that arise.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was

being updated later that week as everyone's training was out of date. We saw posters in the staff area noting who was attending the training on which days. We noted from the training records that three staff members had not had safeguarding training in the last three years. The staff members we spoke with told us were able to give examples of what constitutes a safeguarding incident and advised that they would speak with a member of the management team if a safeguarding incident occurred. We saw that the provider had a whistleblowing policy in place and staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the owner. All staff we spoke with confirmed that they were aware of the need to escalate concerns in relation to protecting vulnerable adults.

We saw the provider had a policy for the administration of medicines, which included the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made of the fridge. We did note that temperatures of the storage rooms were not kept. We raised this with the registered manager who has since confirmed that these are now being kept daily. It was clearly recorded on creams and other ointments when they had been opened, ensuring that they would be disposed of when necessary. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked three MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe without unnecessary restriction. Relevant risk assessments, regarding for instance medication, skin integrity and behaviour were kept within the care plans.

Staff members were kept up to date with any changes during handovers that took place at every staff change. This helped to ensure staff were aware of any issues and could provide safe care. We were able to view the notes from previous handovers and could see that they provided an overview of how each person living in the home had been for the duration of the shift. The provider also had a daily diary and communications book which contained daily appointments, any referrals that needed completing and any visitors to the home that day.

We looked at the files for three staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

On the day of our visit, there were 21 people living in the home. There were four carers between the hours of 8am and 10pm and two carers between 10pm and 8am. The registered manager and deputy manager were usually in addition to these numbers. We looked at the rota and could see that this was the consistent pattern across the week. We spoke to the manager about staffing and she advised that she did not use a dependency tool, but she regularly completed shifts as a carer and spoke to staff regularly about whether there were enough staff.

In addition to the above there were separate ancillary staff including a cook, a housekeeper and 1 domestic staff member as well as a maintenance staff member and activities co-ordinator. On the days of our inspection, the deputy manager, who was trained in food hygiene, was acting as the cook as they were waiting for a new cook to commence work.

People living in the home told us, "There is enough staff, I have not been here very long but there is always someone here. Never been told to wait", "I do feel there is enough staff here" and "If I want the toilet the staff are in here like a shot". Relatives told us, "When [name] presses the emergency button by accident, the staff all charge in". Staff themselves told us, "There is enough staff" and "Staffing numbers are fine".

On the days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. Staff were busy and purposeful and they seemed well organised and efficient.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgeably about the people living in the home, about their likes and dislikes as well as the care that they needed. People living in the home felt that staff knew them well. They told us, "I feel very comfortable here" and "They look after me extremely well".

Both managers provided an on call system in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a four star rating in food hygiene from Environmental Health on 13 January 2016. Five stars is the highest rating for food hygiene, therefore they were mainly observing the correct procedures and practices in this area and needed to make some minor improvements.

We conducted a tour of the home and our observations were, in general, of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. The home conducted regular fire drills and staff we spoke to were clear on evacuation procedures.

## Is the service effective?

### Our findings

All the people living at the home who we spoke to and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "I did go through a care plan", "I did go through what food I like and dislike, what support I need" and "They are well trained staff, they don't stop a minute". Comments from family members included, "The food looks alright, they feed [name] well".

At our last inspection in May 2014, we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as they did not have adequate arrangements for assessing the capacity of some people under the provision of the Mental Capacity Act. At this inspection, we found that the provider remained in breach of the revised regulation.

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that recent applications had been completed appropriately. We saw that three applications had been granted and an additional seven applications had been submitted but no outcomes had been received from the local authority.

We saw on one care plan that a person was receiving their medication covertly, however there was no record of a mental capacity assessment in relation to this or a best interests decision. The MAR sheet had been signed by the GP and the medication was being prescribed to be given covertly, however there were no instructions on any of the documentation on how this should be given covertly. We spoke to the manager in relation to this, who advised that they had recorded the conversation with the GP and a subsequent best interest meeting had discussed this alongside other issues, but a meeting had not taken place in relation to this specific decision and she had no paperwork from the GP. The manager has since provided confirmation from the GP that this decision was taken by her, but it does not fully explain how the best interest decision was reached and did not include other professionals. Recent court of protection guidance makes it clear that documentation in relation to any decisions should be readily available on the person's care file, it should document what other options have been explored, how the medication will be administered and when the decision will be reviewed.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS and they were able to tell us who was subject to DoLS within the home. We noted that whilst mental capacity assessments and DoLS applications had been completed and were kept in the office, it was not recorded on any of the care files that we looked at that someone lacked capacity or was subject to DoLS.

We asked the people living at the home about their care plans and everyone felt that they had choices in terms of their care. We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that people's consent to care had not been recorded on any of the files. We spoke to the registered manager in relation to this and she advised that they gained consent verbally but did not record that someone had consented to the care outlined in the care plan.

These issues constitute a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not gaining consent to treatment and they were not following current guidelines in relation to covert medication.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. The registered manager told us that this usually took place on the first day and then they were supernumerary and shadowed for at least a week. We looked at the induction programme for the newest member of staff and this included introduction to the workplace, fire safety, confidentiality, care planning and going through the provider's policies and procedures including safeguarding and whistleblowing. Staff were then expected to complete core training as this was arranged and there was no set time in which this needed to be completed. Staff worked alongside another member of staff shadowing and when senior staff were satisfied they were competent, they were able to carry out tasks alone. These observations were not recorded. We spoke to the registered manager in relation to this and she acknowledged that they had not had anyone new to care who had come to work in the home, therefore these arrangements had been sufficient as they had been able to verify people's training in previous jobs. However she advised that they had a replacement training programme starting in January, which included revised induction training and any staff new to care would be asked to complete the Care Certificate. The Care Certificate is a nationally recognised and accredited system for inducting new staff.

We asked the manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date with the exception of safeguarding which was being completed two days after our inspection. The manager advised that she had now introduced a training matrix, which she could monitor in order that she would know if someone's training was about to go out of date. We checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, health and safety, infection control and fire training. Staff were also able to take other courses and we could see that staff had undertaken additional training in relation end of life care. The registered manager advised that with the new training provider, they were moving from six annual mandatory training courses to twelve which would incorporate more areas for staff learning.

Staff members we spoke with told us that they received on-going support, supervision and appraisals. They received an appraisal annually and two additional supervisions. We checked records which confirmed that supervision sessions for each member of staff had been held regularly.

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked permission rather than assuming consent. Comments included, "They

always tell you 'do you mind if I do something for you'; before they actually do it" and "They do treat me with respect". All our observations of care and staff interactions were dignified and respectful. We observed staff always knocked on any doors before entering a room.

Visits from other health care professionals such as GPs, district nurses, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to people living in the service about whether they had access to health services. We spoke with a district nurse and a visiting advocate to the service. Comments included, "I have no concerns about the care here" and "Things have improved recently and they are now following advice and reporting concerns".

The provider employed a cook who prepared the food, however they had left the service the day before our inspection and the deputy manager was preparing the food until the new cook was in post. Menus were supplied the day before and these were read out to people so that they could select their preferences. There was one main meal option at lunchtime and a hot light meal in the evening. The menu provided a good variety of food to the people using the service. The home followed a three week flexible menu. We saw that the meal each day was displayed in the dining rooms. The deputy manager confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. People we spoke to also confirmed that they could ask for an alternative and choose where to have their meal. The people using the service told us, "The food is really good", "Food is good, couldn't better the food that is cooked here" and "You can ask for something else, like beans on toast".

We undertook a SOFI observation in the dining room over lunch and saw that the food looked tasty and appetising and was well prepared. The tables were set with table cloths and cutlery so the meal times were distinguished from other times of the day. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room checking whether people wanted assistance where appropriate and prompting people and offering encouragement.

We saw that staff monitored people's weights monthly and this was recorded. Where any significant changes were noted, we saw that they had liaised with health professionals such as the GP and dietician and accessed additional support for people. We saw in care plans that where someone was identified at being at high risk additional monitoring of fluid and food intake was undertaken. We viewed these records and they were up to date and had the right amount of detail.

The home was clean and homely and provided calm, relaxing environment that met the needs of the people living there. There were lounge and dining areas on the ground and first floors, however people told us they did not use the first floor lounge as they preferred to be downstairs. There was an enclosed garden which was accessible to people living in the home.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames to help maintain independence.

The laundry within the service was well equipped and had the necessary guidance for staff completing these tasks.

## Is the service caring?

### Our findings

We asked people living in and visiting Applecroft about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "The staff are brilliant, marvellous, they can't do enough for you", "The cleaner treats me like an adopted daughter" and "The staff really care for me, they are exceptional staff...very friendly". Visiting relatives told us, "The staff are very friendly".

It was evident that family members were encouraged to visit the home when they wished.

We viewed recent thank you cards that had been sent into the home. One person's relatives wrote, "We just wanted to say thank you for the great care you gave our Mum over the last two years. We have a lot of peace of mind knowing you were looking after her". Another person's relative wrote, "Thank you for all the love and care [name] has received during her stay".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Applecroft and had very positive relationships with the people living there. Comments included, "I look after them as if it was my gran or grandad. I like to chat to everyone" and "I enjoy working here" and "I love my job".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items and photographs belonging to the person. There was art done by the people living in the home and photographs of activities displayed in the dining room as well as photos from the summer fair which takes place annually.

The provider had a range of information available for people living in the home available in the reception area. There was service user guide which outlined the services provided in the home as well as the

complaints policy. The complaints policy was displayed in the reception area along with the most recent CQC inspection report. In the dining room, there was a photo display of all the staff currently working in the home.

We noted that two people living in the home had access to advocates who visited regularly.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was kept in a locked office to maintain people's confidentiality.

## Is the service responsive?

### Our findings

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "I can choose what time to get up", "They ask you when you first come here when you get up, whether you like company or not" and "We play board games, have singsongs, quizzes and even play bingo".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork on the three care plans that we viewed and could see that assessments had been completed.

We looked at the care plans to see what support people needed and how this was recorded. We saw that most plans contained personalised information and captured the needs of the individual. They used "This is me" profile which was developed by the Royal College of Nursing and the Alzheimer's Society. This provides staff with background information on people that is gathered from relatives and the person about their preferences and history. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them. We noted on two of the care files that we looked at, that they did not contain this information and therefore the care files were less personalised. We saw that the plans were written in a style that would enable a staff member reading it to have a general idea of what help and assistance someone needed at a particular time, however there was scope to provide more information about people's preferences. We spoke with staff about people's individual likes and dislikes and the staff we spoke with were very knowledgeable about the people they were caring for. They had worked with them over a period of time and had been able to build up significant knowledge of each person.

We could see that where there had been any changes, prompt action was taken and the relevant professionals were consulted for advice appropriately. However we noted on two care plans that they had not been reviewed regularly although a risk assessment had been put in place for one area of care. We could see that the deputy manager had carried out an audit and identified the areas for improvement, for instance the 'This is me' profile needed completing and all the care plans needed to be reviewed, however these had not been acted upon and the actions remained outstanding.

The provider employed a part-time activity co-ordinator who worked 16 hours a week. Their job was to help plan and organise social events for people, however they were not in work at the time of our inspection, so staff were conducting some activities. The people using the service were asked what kinds of activities they liked to do during the assessment process. On the first day of our inspection, there was little activity in the home, however on the second day, we were able to observe armchair exercises in the morning and a game of carpet bowls in the afternoon. It was clear that everyone was enjoying the activities as there was lots of laughter and smiles from the people doing the exercises and even people who declined to take part were observing and appeared to enjoy watching the activity. We spoke with one person who had been involved in

doing lots of work in the garden and they spoke of their plans once the weather improved again.

We could see that the service arranged a number of fairs throughout the year and saw photographs displayed from the summer fair and posters advertising the upcoming Christmas fair. There was a poster in the reception area and dining room advertising the weekly activities which varied from arts and crafts activities to memory time and music sing a longs and games. This was the same each week. The registered manager advised that where possible, staff accompanied people into Congleton to visit the library or garden centre. They were looking to make links with a local knitting group for people interested in this and the manager was assisting someone to get involved in a local walking group. We spoke to someone's advocate and they confirmed that the person had been accompanied on one to one visits into the town centre which the person enjoyed.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Copies of the complaints policy were displayed in the reception area of the home. They had not received any complaints in the last twelve months, however everyone we spoke with during the inspection told us that they were able to raise any concerns with the manager. Comments included, "I know the manager, I would go through them" and "I would complain to the manager".

## Is the service well-led?

### Our findings

There was a registered manager in place and they had been registered since January 2016. There was also an assistant manager, who worked alongside the manager providing support to all care staff. The manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. The manager also told us that she got involved in delivering care and she regularly worked a shift on the rota as a staff member. The manager conducted spot checks for each of the shifts annually. We asked the people living in the home how it was managed and run. Comments included, "Georgina is very approachable and always listens to you", "I can talk to the manager, I could go and ask to speak to them if I didn't know where they were" and "The manager is approachable".

As part of the inspection, all the folders and documentation that were requested were produced quickly but did not always contain all the information that we expected for instance information about consent and induction processes. The managers were open and honest throughout the inspection process and were available to respond to our queries.

The provider had a quality assurance system and carried out three monthly audits on care files, accidents and incidents as well as medication. However we noted on two of the care file audits that actions had been identified in October and November respectively and the actions had not been completed and the files had not been checked. We spoke to the registered manager in relation to this. She advised that this system had recently been introduced and they had not checked that the work had been completed. The quality assurance processes that were in place were not effective as areas for improvement that had been identified had not been completed. Audits were also completed in the kitchen and environmental audits on infection control and health and safety every three months.

There were a number of maintenance checks being carried out weekly and monthly. These included the water temperature, safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations and portable electrical appliances. We did note that the fire doors and fire escape routes checks were meant to be carried out weekly but these had not been done since August. We did find that a number of the bedroom doors did not close properly which had not been picked up prior to the inspection. We raised this with the registered manager to look into.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

Providers are required to notify CQC of events or changes that affect the service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We found three instances of safeguarding where the registered manager had not notified CQC. We noted that these had been reported to the local authority. We spoke to the registered manager in relation to this and she advised that she had not been clear when safeguarding incidents needed to be notified to CQC.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the provider was not submitting the relevant notifications. We have written to the provider separately about this matter.

At our previous inspection, we noted that the statement of purpose contained out of date information related to regulations which had been superseded. We noted during our inspection that whilst the statement of purpose had been updated, it still contained details of the previous regulations and regulator. We raised this with the registered manager and she has since submitted a revised statement of purpose with the correct details.

People living in the home and families told us residents' meetings were held regularly by the registered manager. We were able to view the minutes from the last meeting held on 3 November 2016. Issues discussed included activities in the home, menus and snacks.

The registered manager also sought feedback from families and professionals via an annual questionnaire. We were able to view the questionnaires completed in April 2016. This asked about activities in the home, the cleanliness of the home, whether staff were helpful and courteous and about the quality of food. All the responses were positive. Comments included, "Staff are always friendly", "Visitors are always welcome anytime" and "[name] seems to have the affection of the staff caring for her". There was one negative comment from a professional about the décor and activities in the home. We spoke to the registered manager who informed us that the activities co-ordinator was appointed after these questionnaires were completed and the home had undergone a series of refurbishments which we could see had happened.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "The managers are very helpful and good. You can talk to them about any issues", "I can speak to them, they are very approachable" and "Georgina is a brilliant manager".

Staff meetings were held every few months and we were able to view the minutes of the last meeting held on 29 September 2016. Staff had the opportunity to discuss a variety of subjects including the laundry, daily notes, communication and risk assessments.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and they told us that the service remained subject to an improvement plan, but they had made improvements from when this was implemented. Furthermore, we contacted the fire service as the service had been subject to a fire Enforcement Notice earlier in the year. The fire service confirmed that Applecroft was now in line with the fire regulations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Managers and staff were not always acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making as they did not record any consent to care and were not acting in accordance with current guidelines around covert medication. |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. However we saw where audits had been completed, the areas for improvement that had been picked up had not been acted upon and they had not followed up on this. We also saw checks that were supposed to be carried out on the property had not been completed recently.</p> |

### **The enforcement action we took:**

We served a warning notice under Section 29 of the Health and Social Care Act 2008. We told the provider that they were required to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 April 2017.