

## West Midlands Residential Care Homes Limited

# Apple Tree Court

### Inspection report

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West Midlands  
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#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



#### Overall summary

Our inspection took place on 9 and 10 September 2015 and was unannounced. We last inspected the service on 25 April 2014 and found that the provider was not meeting the law in respect of ensuring people's privacy, dignity and privacy were always considered when offered care. In addition the provider did not have suitable arrangements in place for obtaining or acting in accordance with people's consent. After the inspection,

the provider wrote to us and told us how they were going to make improvements to ensure these matters were addressed. During this inspection we found the provider had made improvements to the service in these areas.

Apple Tree Court is a care home that provides care and accommodation for up to 26 older people who may have dementia. There were 16 people living at the service at the time of our inspection.

The service had a registered manager at the time of our inspection. A registered manager is a person who has

# Summary of findings

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.

People told us they felt safe when supported by staff but two people said they felt temporarily unsafe on one occasion due to a specific occurrence. The registered manager has committed to addressing the reasons for this and did listen to people's views. Staff, were however knowledgeable as to how to escalate any allegations of abuse and any incidents were escalated in accordance with local safeguarding procedures.

People told us they received their medicines when needed although systems for the management of medicines were not always robust enough to identify where people may not have received their medicines as prescribed, or that medicine records were always accurate. Other risks to people's individual health and safety were assessed and we saw action was taken by staff to minimise risks.

People told us that they were sufficient staff available to meet their needs. People told us, and we saw care and support was provided in a way that showed staff were caring. Staff were knowledgeable about people's care and support needs, and were supported with appropriate training.

People told us there were supported by staff to make decisions about their day to day care and staff understood how to promote people's rights and work in their best interests. People's healthcare needs were promoted and regular appointments with healthcare professionals were maintained.

People told us they enjoyed the choice of foods that were available and had enough to drink.

People told us that they felt well cared for and said staff understood what was important to them. They told us the way care and support was provided reflected their individual wishes. Staff had a good knowledge of what was important for people.

People had access to some planned activities and we saw staff tried to engage with and stimulate people. Some people however felt they could be better supported with meaningful pastimes and stimulation.

People knew who to speak with if they had any concerns and felt staff listened to them.

The provider had systems for gaining people's views and monitoring the quality of the service. However, there was still scope to improve the service that was recognised by the provider and registered manager, and they told us they were committed to developing systems to ensure there was improvement. People told us they were happy with the quality of the service they received and told us were able to share their views about the service with staff.

# 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 not always safe

People told us they did not always feel safe as they were not always able to alert staff.

People's medicines were not always managed in a way that was safe.

People were protected by systems to manage other potential risks to their individual health and welfare. People were supported by a sufficient number of staff.

Requires improvement



### Is the service effective?

The service was effective

People had a choice of food and drink and we saw they enjoyed these.

People were comfortable with staff who demonstrated they had the skills and knowledge to provide people with effective care.

People's rights were promoted, and any decisions considered in their best interests.

People's health care needs were promoted.

Good



### Is the service caring?

The service was caring

People told us that staff were consistently kind and caring and we saw staff respected people's privacy and dignity.

People's choices were explained to them at the point they received support from staff.

People received care in a way that showed staff knew what their individual preferences were. People's independence was promoted.

Good



### Is the service responsive?

The service was not consistently responsive

People were not consistently supported to follow their chosen pastimes and people living with dementia did not always have stimulation.

People were involved in planning their care and were given information about the service. Staff were knowledgeable about people's needs and preferences.

People told us they were able to talk to staff and staff listened to them.

Requires improvement



### Is the service well-led?

The service was well led

Good



# Summary of findings

People told us they were happy with the quality of the service they received.

People told us that they were able to share their views and we saw that these did influence changes the provider was making. The provider recognised there was still scope to improve the service and we heard they were committed to developing systems to ensure there was improvement.

# Apple Tree Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 9 and 10 September and was unannounced. The inspection team consisted of two inspectors 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.

As part of the inspection we reviewed the information we held about the service. We looked at all the information received from other stakeholders and notifications of incidents that the provider had sent us since the last

inspection. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur, like serious injuries to people who live at the service. We considered this information when we planned our inspection.

We spoke with six people who used the service, six relatives and one visitor. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, the deputy manager, the maintenance manager, two senior carers and four care staff. We observed how staff interacted with the people who used the service throughout the inspection. We looked at seven people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at three staff recruitment files, service quality audits, management action plans, training records and minutes of meetings with people and staff.

# Is the service safe?

## Our findings

People told us they felt safe and staff treated them well. Two people however told us of one incident where another person living at the home had made what they saw to be a threatening gesture towards one of them the previous evening, although this was not something they said had happened before or since. This incident had made these people feel a little unsafe at this time, although no harm occurred, and the incident was discussed with these people by the deputy when we raised this matter. These two people said that they would have felt safe if they had been able to summon staff promptly, but they were not able to access the staff call button which was on the wall of the top lounge out of people's reach. Staff we spoke with told us they checked this lounge every 30 minutes as they were unable to hear what was happening from the other lounge where most people choose to sit. One person confirmed staff carried out these checks and said, "The number of staff around is ok it's getting hold of them that's the problem". We discussed the lack of an accessible call button in this lounge with the registered manager and they said that they would take action to ensure the staff call button was in people's reach.

Other people and relatives told us that they thought there was sufficient staff available to provide them with care and support in a timely way, and ensure they were safe. We saw during the inspection when people needed assistance staff responded promptly to what was requested from them, or when they observed someone in need of assistance. We spoke with staff and most felt there was sufficient staff available to ensure people were safe. We spoke with the registered manager who told us that they would keep staffing levels under review as they had more people come to live at the home recently, and would increase staffing if needed.

People we spoke with told us they received their oral medicines when needed and they had no concerns about how these were given to them. One person told us staff, "Bring medicines round and watch you have them, I'm ok with that". One person we spoke with said, "I have asked to keep my inhaler". We saw from this person's records that a risk assessment had been completed that identified the person was able to self-medicate safely but did not have their inhaler at the time we spoke with them. We discussed

this with the registered manager who said the person should have their inhaler. They ensured the person was then given their inhaler, this confirmed by the person later in the inspection.

We observed the administration of medicines on a number of occasions and saw that staff took time to check medicines so they were given to the right person and as prescribed. We checked the medicine administration records (MARs) for three people and found that the amounts in stock did not always reflect what was recorded in people's MARs. We found some people's medicines were signed by staff as administered but the number of medicines in stock did not always reflect that the correct amount had been administered. While the provider had audited medicines these discrepancies had not been identified by the provider. We saw that there had been a recent medicine error and appropriate action had been taken by the registered manager to ensure the person was monitored for any side effects, with advice gained from their G.P. The registered manager was able to explain how they had taken steps to minimise the risk of reoccurrence. We spoke with the registered manager who told us they checked staff competence with medicines and had taken steps to review the competency of staff following the medicine error.

People told us how they were confident with the safety of the support they received for example when assisted to transfer with the use of a hoist. One person told us they had been concerned about some equipment fitted to their bed, and had mentioned this to staff on the day of our inspection. We saw that the staff had made the changes the person requested that they told us would make them feel safer. The registered manager and staff were able to describe what potential abuse may look like and were confident in describing how they would escalate their concerns to ensure people were kept safe.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision.

We found the provider had systems for the assessment of individual risks to people, and where risks were identified

## Is the service safe?

action had been taken to promote people's safety. Staff were well informed about managing risks to people and what they needed to look for to identify changes in people's health and whether this presented an increased risk. For example, staff were aware that they needed to be observant for changes in people's health that may lead to

any increased risk of falls. We saw incidents and accidents were recorded and monitored for trends and patterns. These identified for the registered manager how risks should be managed and they took action on these. For example we saw that steps had been taken to minimise the risks to people from falls and weight loss.

# Is the service effective?

## Our findings

At our previous inspection on 25 April 2014 we found that the provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people who used the service. We found staff had a poor understanding of how people's rights should have been promoted in accordance with the Mental Capacity Act 2005 (MCA). In addition the provider had not assessed people's capacity so they could plan how people would be supported to make decisions.

The provider sent us an action plan after our previous inspection and told us how they would make improvements. At this inspection we found the provider had made improvements. The registered manager and staff were able to demonstrate they now had a good working knowledge of the requirements of the Mental Capacity Act 2005, and this reflected the training they had received. Staff we spoke with understood how they should ensure a person consented before they offered any care or support. We saw these methods were put into practice so as to ensure people's human and legal rights were respected.

We did not see any person subject to restrictions of their liberty and one person told us, "Yes you have your freedom here". The registered manager told us there was no Deprivation of Liberty Safeguards (DoLS) in place but was aware that when restrictions may be necessary to promote the safety of people without capacity they should make an application to the local authority for authorisation. We saw that staff routinely offered people choices and respected the decisions people made about their day to day care. Some people we saw were assessed as not having capacity by the provider and in these cases we saw staff still offered these people choices and would only offer support if the person seemed comfortable receiving this. Staff told us that where people were not able to speak they would observe their reactions to choices and if they gave indication that suggested they did not consent they would respect this choice.

People and their relatives told us that staff provided them with a good standard of care and support. One person told us they received, "Very, very good care". A relative told us, "[The person] hasn't been here for long but I am sure they are looking after [them]". We saw staff provided people with care and support on a number of occasions in a way that they were comfortable with and showed that staff knew

how to provide effective and appropriate care. We spoke to a range of staff and they showed they had a good understanding of people's needs. Staff told us that they were well supported with the training they needed. Further training was planned, for example some staff said they were to have medicines training. One member of staff said, "Recently quite regular training, all up to date". We saw that the provider had a system for monitoring the training staff received and this showed that the staff had, or were receiving input in areas of knowledge and skill that were important.

People told us staff ensured that any concerns about their health were referred to appropriate external healthcare professionals. One person told us, "I was referred to here by my GP and a good thing to. I feel so much better. I did not know this place existed before. It is very good". One person told us that they were in pain and staff had made contact with their GP, who had referred them for further tests. People and relatives told us that if there were concerns about their health staff made prompt contact with health professionals. Staff we spoke with were aware of how to monitor people's wellbeing for changes that may need referring to an external healthcare professionals.

People told us that the food they received was good and they had a choice of the foods or drinks to have. One person told us, "[the food] It's alright" and they said they enjoyed what they ate. We saw people were offered a choice of meals at breakfast and dinnertime. Staff were attentive during mealtimes, ensuring people received their meals promptly and had the support they needed with their meals. We saw that meal times were enjoyable with lots of discussion between people and staff. We saw that people who needed assistance to help them eat were provided with this promptly by staff, who assisted them at the person's pace and took note of what people said to them. We saw one person did not want their meal at dinner time. Staff respected their choice but we saw that they offered them their meal later in the afternoon and we saw they were happy to eat it at this time. We saw people were offered drinks by staff frequently and encouraged to drink, with assistance provided as and where needed.

The registered manager showed us written confirmation that local nutrition and dietetic services had assessed the service in respect of how the provider supported people's

## Is the service effective?

nutritional needs recently. This confirmed the provider was able to cater for the dietary needs of people living at the home and that systems were in place that would identify people at risk of malnutrition.

# Is the service caring?

## Our findings

At our previous inspection on 25 April 2014 we found that the provider did not have suitable arrangements in place for ensuring people's privacy, dignity and privacy were considered when offered care. We saw occasions where people's privacy and dignity had been compromised for example people's privacy and dignity was not promoted when staff transferred them with hoists.

The provider sent us an action plan after our previous inspection and told us how they would make improvements. At this inspection we found that the provider had made improvements. We saw staff using hoists to lift and transfer people on a number of occasions and this was done in a way that showed respect for the person and ensured their dignity. Staff took time to explain what they were doing and made sure the person was relaxed and comfortable throughout any transfer from chair to wheelchair. We heard staff talk through what they were doing so that the person knew what to expect, and blankets were used to preserve people's dignity. We saw people looked calm and relaxed when staff supported them in this way. We spoke with one person who staff helped to transfer with use of equipment and they said they were satisfied with how staff helped them.

We saw staff were caring in their approach to people, talking kindly to people, offering choices and spending time listening to what people were saying. For example, we saw a member of staff encouraging people to eat their meals, chatting with them while assisting them.

We saw people were relaxed with staff. We saw that staff encouraged positive relationships when spending time with people, with people responding to what staff said to them with smiles and laughter on many occasions. We also saw that people were comforted by appropriate physical contact, such as holding hands that we saw from people's responses to be well received. People we spoke with told us the staff were caring one person saying, "I cannot fault the care" another saying staff were very caring. Relatives we spoke with also told us staff were caring one saying staff were, "Extremely caring, very, very good". Another relative said, "[the person] is always in their own clothes, clean and well fed, [they] are treated well and is happy here". A third relative said, "Staff cheerful and always friendly".

We saw people were offered choices, for example people were asked about their choices before staff offered them support. People were able to choose their routines, one person saying, "I can do what wanted when I want for example get up when I want to". We spoke to staff who were able to describe how they showed respect to people and promoted their dignity, for example they said they would involve people in their care by asking them their views in respect of what clothing they wanted to wear.

People we spoke with told us they were happy with how their privacy was promoted and we saw people were able to use their bedrooms when they wished. One person told us they liked to have private time in their room and they told us staff respected this. They said, "Have time in room to be on my own, the rooms just nice". We saw when one person had a visit from a health professional staff discreetly explained to the person that they may wish to go to their bedroom for privacy and supported them to their room. We did see however that privacy locks had been removed from toilets and some bedrooms. The maintenance manager told us this had been done after one person locked themselves in a toilet and was unable to unlock the door. They told us that the locks that had been fitted were difficult to open from the outside. We did not see any person's privacy compromised while using the toilets or bathrooms, and when we spoke with some people they had no concerns about the lack of locks. Staff were also aware of the need to be observant to ensure people had privacy during personal care. We discussed this with the registered manager to consider what steps should be taken in the event a person did wish to lock their bedroom, or toilet door.

We saw that staff promoted people's independence. For example we saw people had freedom of movement and we saw people were encouraged to complete tasks for themselves. People we spoke with said they were able to and encouraged to carry out their own personal care where able, for example in respect of personal grooming. Where there were risks to people, for example, of falling we saw steps were taken to minimise the risks without restricting people's independence or choice.

We saw a number of visitors during our inspection and they told us they were able to visit at any time. We saw that

## Is the service caring?

visitors were made welcome by staff. We saw that relatives were supported to take an active part in the care of people they visited so as to maintain relationships and support people's emotional well-being.

# Is the service responsive?

## Our findings

Some people told us there was not a lot of stimulation, one person told us, “Nothing to do in here”; another person told us activities didn’t happen every day. We saw an ‘activities plan’ on display in the home, but we did not see planned activities take place during the inspection. We saw one person sitting without any interaction or stimulation for over 30 minutes during the morning of the inspection, although they did not indicate they wished to be involved in any activity during this time. One person told us they enjoyed discussion with their peers and we saw on a number of occasions staff engaged with people by talking with them. On one occasion we saw a staff member encourage and join a person in a sing song which the person enjoyed. One person told us how staff would, “Have a bit of a natter” with them and they enjoyed this and one person said they had enjoyed going out in the community with a member of staff. A number of people also had visitors throughout the day and spent time with them.

The registered manager told us how they were introducing set entertainment events with posters displayed advertising these. We spoke with the registered manager and they acknowledged the emphasis on people’s individual hobbies and interests could be improved. We saw that there had been discussion about people’s needs in meetings and some had said they were satisfied with current arrangements. We saw there were memory boxes outside people’s rooms, only one containing a photograph of a person, with others not holding any items at all. The registered manager said they were looking to obtain items of interest that people living with dementia may find interesting, for example household items that they may have used in during their life.

We saw people were involved with an assessment of their needs and preferences prior to admission to the service. We spoke with one person who had recently moved in and they told us how they were involved in the process so they were able to make decisions. They told us the registered manager and deputy visited them on a few occasions to assess their needs and tell them about Apple Tree Court. They also told us they then visited the service and that, “I had enough information”. A visitor we spoke with also told us that their relative had involvement in an assessment prior to their admission, telling us how the registered manager visited them, told them about the service and

listened to the views of the person and the relatives. We saw that the registered manager or other staff had completed a record of these pre admission assessments so that information was available to other staff at the service.

We looked at seven people’s care plans and saw that these in most instances reflected the care people told us they received, or the care we saw people were provided with. These care plans included information about people’s preferences and choices. We saw that staff reviewed people’s care at least monthly to ensure that any significant changes were identified and appropriate action taken. For example, staff told us when people who may have difficulty communicating felt unwell they would be observant for changes that may indicate a change in their health such as behaviour or loss of appetite. People’s records showed us that any risks to people’s health was assessed, monitored and reviewed and contact made with appropriate health professionals where needed in response to any concerns staff identified. Relatives we spoke with told us they were involved and kept informed of people’s progress. One relative said, “They [staff] will always talk to you and tell you what is going on” another saying, “Sometimes they will telephone us at home, when there is a change in [the person’s] medication or care plan, they always keep us up to date”.

The provider used a range of ways for people to feedback their experience of the care they received and raise any issues or concerns they may have. We saw that there were meetings with people and their relatives, where various issues related to the running of the service were raised. We saw that satisfaction questionnaires had also been used to gain people’s views. We saw completed survey forms showed positive comments about the service people received none of these containing any comments in respect of areas for improvement.

We saw information about how to make a complaint was available and accessible within the service. People and relatives we spoke with said they would be confident that they could complain if there was reason to do so. We saw that the registered manager had received some complaints in the last year and there was a record of these and the responses to the complainant following an investigation. We saw that the registered manager had responded in writing to complainants in some detail and explained what the outcome of their investigation was, and any outcomes from these.

# Is the service well-led?

## Our findings

There is now a manager at Apple Tree Court who was recently assessed by us prior to their registration for the management of the service. Our registration process checked that the person had the knowledge and awareness of their legal responsibilities as a registered manager. In discussion with the registered manager they were able to demonstrate that they understood their responsibilities and were supported by the provider in meeting these. They did tell us that there had been issues in terms of funding some improvements due to past under occupancy but the provider was supportive of the changes the registered manager had proposed, for example in improving the physical environment through redecoration and maintenance. We saw that the maintenance manager had drawn up a programme for this work that was agreed by the provider.

At our previous inspection on 25 April 2014 we found that the provider needed to make improvements as staff had a poor understanding of how people's rights were not ensuring people's privacy, dignity and privacy were considered when offering care. At this inspection we found that the provider with the support of the registered manager had made the necessary improvements to address these breaches in the law. Discussion with the registered manager showed they accepted there was a need to continue improvements and were able to tell us what actions they were taking to address some issues, for example shortcomings in auditing of medicines where they were changing to another pharmacist for support with medicines. They acknowledged feedback we raised, for example in respect of the potential need for appropriate privacy locks if people wanted them and said these would be provided where and when needed. The registered manager was open that there were areas where the service still needed to improve and they told us they were committed to this improvement. They also told us how they looked for support from stakeholders to develop for example they were looking to introduce a new screening tool for identifying nutritional risks to people and we saw confirmation that staff were to receive training from the local NHS trust.

When we spoke with staff they were aware of the provider's and registered manager's improvement agenda. One member of staff said since the registered manager had

taken over the service they, "Had given it a right turn around". Examples staff gave were in relation to their training which they said had improved since the time the registered manager had taken over the day to day running of Apple Tree Court.

Three people we spoke with and their relatives had only recently had involvement with the service and were not always aware of some of the methods the provider used to gain feedback. They did tell us they were able to share their views however and had met and spoke with the registered manager through their or their relative's introduction to the service. People said they were confident in raising their views with staff or the management. They also told us that they felt staff were approachable. We saw that minutes of the last meeting with people and relatives included discussion about who was managing the home and who people could talk to about their views. We saw people whose relatives had been living at the home for some time had been approached about their views of the service and had made positive comments about the care people received. One relative had commented, "[The Person] has certainly been well looked after in [Apple Tree Court]". We saw that some changes suggested by people and relatives at the last meeting were being introduced by the registered manager, for example people thought staff having name badges would be a positive improvement, and we saw these had been ordered for staff.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them, one saying, "Could go to [registered manager] with anything and know it will be sorted and confidential". Another member of staff said the registered manager, "Asks our opinion as well" and they were able to contact them for advice and they, "Were supportive". The staff we spoke with told us they received regular one to one meetings with the registered manager or deputy where they were able to reflect on their work and discuss any issues of concern which they felt was useful. Staff told us staff meetings were held to ensure any changes needed at the home were communicated to them and they viewed these as a positive exercise. We discussed with staff how they communicated information that they needed to be aware of and they were able to tell us about systems that they felt were effective, and kept them informed of changes in people's needs and requirements.

## Is the service well-led?

Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and ‘whistle blow’ if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public. One member of staff told us they would not hesitate to whistle blow on poor practice and told us, “Anything that you see or want to ask about anything at all. It used to be called whistle blowing but now I have the confidence to raise anything”.

We had found that the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. The provider was aware that they were required to notify ourselves and the local authority of certain significant events by law, and had done so based on information they have sent us about any incidents that have happened at the service.