

Appletree Court Care Limited

Appletree Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 16th January and was unannounced. At our last inspection in December 2013 the service had met all the regulations we looked at. Appletree Court Care Home provides accommodation, nursing and personal care for up to 77 older people, the majority of whom have dementia. The third floor supports people with residential care needs and the first floor and second floor supports people who also have nursing needs. On the day of our visit there were 70 people living in the home.

There was 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 and associated Regulations about how the service is run.

We found that there were insufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home, staff told us they felt rushed and we observed a number of people waiting to be attended to during our visit.

You can see what action we told the provider to take at the back of the full version of this report.

People were mostly positive about the service and the staff who supported them. One person told us, "staff are

Summary of findings

very kind, patient and friendly.” We saw people being treated with warmth and kindness. Staff were aware of people’s individual needs and how they were to meet these needs. Relatives we spoke with were also positive about the service, staff and management. One relative told us, “The nurses are amazing, excellent, the staff are so caring and gentle and there when you need them.”

The care staff we spoke with demonstrated a good knowledge of people’s care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider’s safeguarding procedures and could explain how they would protect people if they had any concerns.

The registered manager had been in place since April 2007. She provided good leadership and people using the service, relatives and staff told us the manager promoted very high standards of care. One person told us “She does an amazing job in a very demanding workplace; she’s always here beyond her hours, she has the residents’ interests at heart.”

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely and that care workers and nursing staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective to meet their needs

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There had only one application for Deprivation of Liberty Safeguards (DoLS) for people using the service at the time of our inspection, the manager had recently attended training, however there were a number of people at the service who may be unlawfully deprived of their liberty. We have asked the provider to take immediate action to refer them for an assessment to the local authority

The service had an open and transparent culture and encouraged people to provide feedback. Staff and the managers checked the service regularly and took action to make improvements.

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 that there were not enough staff to meet their needs.

People and their relatives told us they felt safe. Staff knew how to recognise abuse and what action to take. Risk assessments were carried out to monitor and reduce risks to people.

Appropriate recruitment checks were made on staff.

Medicines were administered safely

Requires Improvement



Is the service effective?

The service was not always effective. There had only one application for Deprivation of Liberty Safeguards (DoLS) for people using the service at the time of our inspection and we identified a number of people at the service who may be unlawfully deprived of their liberty.

There were systems in place to provide staff with training and supervision.

People were supported to attend routine health checks, and there was evidence of attention to people's healthcare and nutritional needs.

Requires Improvement



Is the service caring?

The service was caring. People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with the registered manager.

We observed staff treating people with dignity and Respect.

Good



Is the service responsive?

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There were a range of activities available during the day based on consultation with people using the service.

Complaints were recorded and responded to promptly and the service took action to learn from these

Good



Is the service well-led?

The service was not always well led.

Requires Improvement



Summary of findings

The manager had not ensured that there were enough staff available to meet the needs of all the residents.

Staff were motivated and caring. They told us the manager was visible and approachable

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

Appletree 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 16 January 2015 and was unannounced. The membership of the inspection team comprised of two inspectors, a specialist advisor in nursing 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.

Prior to the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority.

During the visit, we spoke with six people using the service, seven relatives of people using the service, one of the nursing staff, nine care staff, an activities organiser, a maintenance person, chef, and the Registered Manager. We observed how the staff interacted with people who used the service. We looked around the building. We looked at ten records of people who used the service and five staff records. We also looked at records related to the management of the service. This included a range of audits, the complaints log, minutes for various meetings, safeguarding records, the health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People told us there were not enough staff on duty. One person told us “There are not enough staff, staff are overworked.” Another person who used the service stated “two staff came to me at 2.30 pm, and they had not yet had time to have their lunch.”, One person told us “it always takes a while to get our lunch, there is not enough staff to help us.”. A relative said “staffing levels are an issue, and they have got worse in the last few months. there isn’t enough care at night.”

People spoke about the low level staff especially at night. One of the relatives said that “it is very hard for the carers when they are short, they need more staff.”.

Staff rotas showed us that the home was divided into three areas. Each area had a nurse and four care support staff on duty throughout the day. We saw that the provider had a system in place to ensure that staff numbers reflected the needs of the people who use this service. However all the care staff we spoke with told us that they felt during busy times such as meal times there were not enough staff on duty. This was confirmed by people who used the service and by family members. A staff member told us that “the dementia unit needs more staff to deal with people’s needs”. One of the nurses also said that “we need more staff.....I think they are working on it.”

During our observations at lunch time, we saw a number of people who were waiting over 20 minutes once they had been seated to be served lunch.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People who lived at the home told us that they felt safe. One person told us that staff would always listen if any person at the home had concerns. The person stated “the manager regularly comes and asks how we all are.” Another told us “I have never seen anything to give cause for concern, no shouting, no hurtful things said.”.

We received notifications from the manager when they had referred safeguarding concerns and allegations of abuse to the local authority for their consideration and investigation. We saw there had been two safeguarding alerts in the past 12 months. We were able to access records of these alerts and saw in both cases the provider had acted appropriately. The provider had acted to keep both

individuals safe and had immediately contacted the Care Quality Commission and the Local Authority. When staff were implicated and involved in allegations of abuse the manager took action to ensure people who lived at the home were not at risk of further harm.

All of the care staff we spoke to knew about protecting people from harm and told us the actions they would take if they had concerns regarding the safety of people. Staff were able to explain the different forms of abuse which might occur in a nursing home setting and were able to tell us how they would manage any safeguarding concerns. Training records we read confirmed that all care support staff had received safeguarding training from the Local Authority. .

Care plans showed that risk assessments had been completed for each person. Areas of each risk assessment were individualised and taken from information n pre-assessments and from the person profiles. Staff told us that daily notes recorded after each meeting with the person and with relatives gave them good information about the care and support provided and their general health and wellbeing. We saw there were risk assessments in areas such as skin integrity, use of bed rails and falls.

There were actions taken to prevent pressure ulcers, the information obtained from the care records showed that the eight people at risk were provided with alternating pressure relieving air mattresses with good functioning profiling beds. There were accurate records of two hourly turning charts kept for all service users at risk developing pressure ulcer

The provider employed a full time maintenance manager who was able to show us around the home and discuss safety arrangements. The provider organised regular fire alarm tests. We also saw fire doors and other safety equipment were checked weekly. The maintenance manager told us he checked all equipment such as hoists, cookers and electrical appliances. We were able to confirm this by reading the provider’s safety log. We also read the provider’s accident and injury book. This showed us the provider had an effective procedure to ensure any issue was dealt with expediently and safely.

Safe recruitment procedures were followed. We saw appropriate checks were undertaken before people began work. Staff files contained copies of photo identity, evidence of the person's right to work and a criminal record

Is the service safe?

check (CRB) had been completed for each person prior to commencing employment in the home. We saw the provider had also completed a referral to the Disclosure and Barring Service [DBS] for each prospective employee. This ensured staff employed were suitable to work in a care setting.

Medicines were safely stored and disposed of. There were no unexplained gaps in the medicine administration record as seen on the day of inspection. Controlled drugs were

securely stored and managed according to the policy and practice of the home. Evidence from the control drug record showed that two nurses had to sign for each control drug prior to administration. We saw that the fridge temperature and the room temperature were accurately recorded twice daily. During our observations of the medicine round we saw that medicines were administered safely in accordance with the providers medication policy.

Is the service effective?

Our findings

We spoke with the home manager with regard to Deprivation of Liberty Safeguards(DoLS). The manager told us there had only been one application made to the local authority to deprive a person of their liberty. However, the manager confirmed that nearly all people who used the service lacked capacity in some areas. During our visit for example we observed two rooms which were both occupied had gates erected against open doors which stopped the individual people leaving their respective rooms. Whilst staff had acted to keep the person safe no application had been made to the local authority for a best interest decision in this area. The manager acknowledged this and told us the service had initiated a process to refer all people who used the service to the local authority. We were not however able to confirm this.

Staff had informed us people who used the service were involved in their care reviews but there was little written evidence to support this. A relative told us “I have asked the staff several times about my relatives care plan to be signed, but I have not been able to discuss or sign the care plans.” Staff told us they had completed training on the Mental Capacity Act 2005 (MCA 2005), its associated code of practice and the Deprivation of Liberty Safeguards(DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. We were able to confirm this by reading records of training completed during the past 12 months. Staff showed a good understanding of the MCA 2005 and the implications of this legislation. We spoke with six staff members in relation to their work with people who lacked capacity. They were all able to explain the principles of the MCA and how they might apply them. However they had not understood the principal of Deprivation of Liberty fully and had not initiated any applications to the Local Authority.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were able to tell us all the methods they used to communicate with people using the service and were aware of how best to communicate with each person. Staff were able to explain how they used objects of reference, sign language and incorporate individual methods of communication for each person. We were able to observe this during our visit on a number of occasions where we

witnessed staff communicating effectively with people. We observed this during meal times where we saw how happy a person was when a staff member assisted the person to choose which meal they wanted.

Staff were knowledgeable about people's needs and how to meet them. Staff we spoke with told us they had attended appropriate in-house training which had been supplemented by training organised by the local authority. They had training in safe medicines management, fire safety, health and safety, food hygiene. The manager said there were mandatory courses for care workers, including training on mental health so that staff were better able to support the people who used the service by being more aware of their needs. We were able to confirm this by reading the provider's training matrix and by observing training certificates in staff files. Staff told us that the mandatory training was excellent. All staff had passed National Vocational Qualifications in social care to level two and three. Staff that we spoke to confirmed that the provider supported and encouraged their career development

We also saw the provider had a robust induction schedule and policy. Staff we spoke with felt the induction had met their needs.

Most staff we spoke to felt that management was supportive and that they were motivated to carry out their roles, one person told us “my manager is approachable and very supportive”.

However some staff we spoke with told us they did not have enough one to one supervision with their manager. A staff member stated, “I really enjoy my job however I have not had supervision for six months.” Other staff told us that they had received supervision recently. Staff files and records examined also confirmed this.

We spoke with the manager about this issue. She acknowledged supervision and appraisals had not always been completed on time. She however explained she had recently commenced a system of observed supervision. We were able to confirm this by reading records which showed how the manager had observed several care support staff whilst they provided care. In each case a summary report had been completed which appraised the care provided giving objective advice when appropriate.

Is the service effective?

People were supported to have adequate nutrition and hydration. There was a chart in the kitchen which told staff of any person who had dietary restrictions due to health needs such as diabetes. We noted specialist menus were written with the input of dieticians. This ensured people were given the correct food at the required consistency, and helped protect them from the risks of malnutrition. We observed lunch on all three floors of the home. Whilst people were provided with a choice of food and drink not all were aware they had a choice or where to find the menu.

Most people we spoke with told us they were happy with regard to the quality and choice of food. One person told us “they’ll do something special if you want.” Another resident had a special gluten-free diet prepared for her and was happy with the food. However another stated “the food is designed for older people.”

People had care plans that were personalised and we observed these plans being followed. Care plans recorded if there was a specific health need and how these needs should be met. People told us that if they needed to see a health professional, they were supported to arrange and attend an appointment. We saw in people’s files how the provider ensured people who used the service had regular health checks including blood checks, appointments to dentists and chiropodists and checks on their weight and food intake. Staff we spoke with told us they liaised regularly with medical practitioners such as doctors and psychiatrists to regularly review and update care support plans.

Is the service caring?

Our findings

People we spoke with told us that they found the staff kind and caring. One person told us, “The nurses are amazing, excellent, the staff are so caring and gentle and there when you need them.” Another said “The staff are generally nice.”

During the inspection we saw staff were patient in their interactions and took time to listen and observe people’s verbal and non- verbal communication. We saw one person took a member of staff by the hand and led them to the lounge. The staff member told us this meant that the person was distressed and required re-assurance. Throughout the inspection we saw staff interacted with people in a friendly, warm, professional manner. One relative commented: “staff are very kind, patient and friendly.” And another said that “all the staff on this unit show respect and kindness to my mum, they are dedicated to their job but sometimes they are short of staff.”

We observed staff in their interaction with people and saw that they treated people with respect and kindness. We saw that people were relaxed and comfortable around staff and observed that the care workers regularly asked people if they needed help, listening attentively to them..

We saw in records of staff and people’s meetings, care preferences, dignity, respect and people’s involvement were discussed and where appropriate acted upon.

People's diversity, values and human rights were respected. Staff were mindful to respect people's privacy and did not enter their bedrooms without their permission, unless they

had concerns over the person's health or safety. People's care plans instructed staff how people liked to be supported and how their dignity and privacy were to be respected. Staff supported people to practice their religious beliefs and accompanied them to church if required. We saw evidence people who use the service were able to go out to the local community.

Staff knew people well and were able to tell us about people’s individual needs, preferences and personalities. They were knowledgeable about people’s background and interests and these details were included in the care plans. They had a clear understanding of people’s needs and what they were required to do to meet those needs

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. We saw that if somebody refused a request to help them with their person care, staff left them and tried again later.

Although staff told us that did not always have enough time to deal with people who displayed behaviour that challenged, we saw that they did their best to reassure people and make them feel comfortable. One care assistant said, “sometimes they just want to know that someone is there if they need them.”

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

Is the service responsive?

Our findings

The home employed a full time activities co-ordinator who organised activities on a daily basis. People told us they were given the opportunities to say what they liked to do. People told us about recent activities, which had included bingo, quizzes, cake baking, and tea parties. summer and winter fetes, themed days e.g. Caribbean days.. On the day of our visit we saw that a church service was taking place. Most People we spoke with said they were happy with the activities that were provided. However, one relative said “there aren’t enough activities; they need some stimulation, not just the TV.” They also mentioned that there was a lovely garden but that the residents didn’t seem to spend enough time there as there were not enough staff. Other relatives said the activities were more of a social nature, with lots of talking and banter in the lounge, little tea parties and chats. The relatives said that the home makes a big effort to make a fuss of residents on their birthdays, organising tea and cakes and decorating the lounge.

The activities coordinator told us peoples preferred activities were noted on their care plans and activities were discussed regularly at relatives meetings.

On the day of our visit we noted that most people were not taking part in any activities, we also saw that there were no specific activities for people with dementia

We recommend that the service seeks guidance and training on best practice for people with dementia to participate in person-centred meaningful activities in and outside the home to contribute to their quality of life.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure was in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, “I definitely know how and when to complain but have no need she is very well looked after here.” We saw there had been two

recent complaints made and there was a copy of how they had been investigated. Letters had been sent to the complainants detailing any action taken as a result of the complaint. For example we saw that a complaint had been made by a relative in relation to an incident that had not been reported to them and that the provider had updated their incident/accident reporting policy.

People were offered choices in relation to how they wanted to be supported. We saw they had meetings to discuss their care and could comment on how the service was run as well as make suggestions for improvements. This was confirmed by recent meeting minutes which were attended by people and their families. One person we spoke with told us “The quality of life is good here.” And “everyone seems to be looked after extremely well.”

All of the care records we looked at showed that people’s needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people’s care. The staff told us they had access to the care records and were informed when any changes had been made, to ensure people were supported with their needs in the way they had chosen. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, “It’s important to know as much as possible about people, to provide the best care.”

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner if their needs changed. Staff told us that they kept people’s relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

Is the service well-led?

Our findings

The service was not always well led the manager had not ensured that there enough staff in place to meet peoples needs and had not understood her responsibilities in complying with the Mental Capacity Act 2005 (MCA 2005), its associated code of practice and the Deprivation of Liberty Safeguards(DoLS).

Two healthcare professionals who visited the home gave positive feedback about the service. For example, a healthcare professional told us that the home is dealing with people with high needs and the staff manage them well, and they follow guidance given to them. Another healthcare professional said “the manager and staff are good; they manage people’s needs well.” People and their relatives praised the manager and said she was approachable and visible. A relative told us “She does an amazing job in a very demanding workplace; she’s always here beyond her hours, she has the residents’ interests at heart.”

The registered manager had been in post since April 2007. She told us’ “We support an environment which is open and honest and I work closely with my staff.” Observations and feedback from staff, relatives and professionals showed us that she had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service to us. One staff member told us, that “our manager is very good and even helps with personal hygiene care when we are short of staff. "Most Staff we spoke with said that they enjoyed their jobs and described the manager as supportive. Staff confirmed they were able to raise issues and that the manager was ‘hands on.” A relative commented “I like the fact that the manager is visible and out on the floor.” And another said “Patricia is very hands on. I get the impression she knows all the residents on a personal level. She goes over and above. She specially came to see and assess my mother at home on a Sunday afternoon on her birthday.”

The home sought the views of relatives, staff and residents in different ways. People we spoke with told us that regular ‘relatives’ meetings. Records showed that activities, food, staff changes and suggestions for improvements were discussed. The manager told us that yearly surveys were undertaken of people living in the home and their relatives

and that last survey which had taken place in December 2014 showed positive results with a high percentage of people stating that they would recommend the home to others.

The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home. A resident told us “The manager always has time for us.”

The manager also undertook a number of checks to review the quality of the service provided. These included checks on hospital admissions, falls, occupancy, safeguarding and unannounced night inspections. We saw that the results of these checks were submitted to the providers head office on a weekly basis.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of medicines, staff records, care plans, health and safety and infection control.

The provider had a number of arrangements to support the home manager. Including regular one to one’s with the operations director attending annual conferences and has attended numerous leadership programs “I get the support as I need she told us.

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the Local authority quality team and the quality team at the providers head office. We saw that the home is also a member of a number of accreditation schemes including the Barnet Advocacy service and was working with Marie Curie on ‘The compassion care model’ which aims to enhance end of lifer care for people with dementia

The registered manager had received an’ excellent care award’ award from Barnet council in June 2014 and was working towards accreditation for the Gold Standard Frame work.

The Registered manager told us that Appletree also facilitates students on their adult nursing programme from the University of Hertfordshire.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place, in relation to the care and treatment provided for service users in accordance with the Mental Capacity Act 2005, for obtaining, and acting in accordance with, the consent of service users or others lawfully able to consent on their behalf, or where applicable, establishing, and acting in accordance with, the best interests of the service user.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>The registered person did not have suitable arrangements in place to demonstrate that there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use services at all times.</p>