

DRB Healthcare Limited

Apple Court Care Home

Inspection report

Apple Court Nursing Home
76 Church Street
Warrington
Cheshire
WA1 2TH






Date of inspection visit:
30 January 2017
01 February 2017
02 February 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

This inspection was unannounced and took place on the 30 January and the 01 and 02 February 2017.

This was the first inspection of Apple Court following a change of service provider.

Apple Court Care Home is a purpose built care home located in the centre of Warrington. It offers accommodation, personal and / or nursing care for up to 67 older people with memory problems associated with dementia. At the time of our inspection the service was providing accommodation to 47 people.

At the time of our inspection one of the area managers was registered as the manager of the service. 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.

A home manager had recently been appointed who was due to apply for registration with CQC as a matter of priority. The home manager had extensive experience in the management of residential services for people living with dementia.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of good governance and staffing. A number of audits could not be located during our inspection and significant gaps in training were noted for some staff. You can see what action we told the provider to take at the back of the full version of this report.

During our inspection we undertook a Short Observational Framework for Inspection (SOFI) during our inspection and noted that people using the service appeared calm and relaxed in their home environment. We also saw that staff interactions were positive and that people using the service were treated with dignity and respect.

Systems had been established to ensure that staff working at Apple Court had been correctly recruited and to ensure people were protected from abuse. A complaints process was also in place to ensure concerns and complaints were listened to and acted upon.

People had access to health care professionals subject to their individual needs and medication was ordered, stored, administered and disposed of safely.

The home was going through a period of transition following the registration of a new provider. The management team shared with us their future plans and demonstrated a commitment to addressing outstanding issues and to developing and improving the overall service provided at Apple Court.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment procedures provided effective safeguards for people using the service.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff spoken with understood the procedures to follow if abuse was suspected.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training and associated records confirmed staff had not completed all the necessary training appropriate to the work they perform and the frequency of supervision was in need of review.

The mealtime experience was in need of further review to ensure the needs and expectations of people using the service were responded to.

Staff did not fully understand their duty of care in respect of the MCA and DoLS

People living had access to a range of health care professionals subject to their individual needs.

Is the service caring?

Good ●

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity and respect and their privacy was safeguarded.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were in need of review to ensure they were person centred and contained correct and up-to-date information on people's needs.

There was a limited range of individual and group activities available within the home and local community for people to participate in.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

Is the service well-led?

The service was not always well led.

The service had a registered manager in place however records necessary for the management of the regulated activity had not been securely maintained and could not be located.

Requires Improvement 

Apple Court 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 was 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 was unannounced and took place on the 30 January and the 01 and 02 February 2017. The inspection was undertaken by one adult social care inspector.

The provider was not requested to complete a provider information return (PIR) prior to the inspection, as the inspection was undertaken at short notice. A PIR 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 looked at all the information which the Care Quality Commission already held on the provider. This included any information the provider had to notify us about. We invited the local authority and clinical commission group to provide us with any information they held about Apple Court Care Home. We took any information provided to us into account.

During the inspection we spoke with six people who used the service and nine visitors. We spent time with people in the communal lounges or in their bedrooms with their consent.

We also undertook a Short Observational Framework for Inspection (SOFI) observation in one unit of Apple Court Care Home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Furthermore, we spoke with the operations director; two area managers (one of whom was the registered manager); a newly appointed home manager; a visiting senior clinical pharmacist and a district nurse. We also spoke with two nurses; two unit managers; two senior care assistants; two care assistants; an activity coordinator; a cook and the maintenance person.

We looked at a range of records including four care files belonging to people who used the service. This

process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training; maintenance and audit documentation.

We looked at a range of records including: four care plans; four staff files; staff training and supervision; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service or their relatives, if they found the service provided at Apple Court Care Home to be safe.

People spoken with confirmed that they felt safe and some people made comments such as: "People are very kind. I've never noticed anybody being pushed about" and "I am more than satisfied with the care provided to my husband. He is well looked after."

We found that information about the needs of people using the service had been recorded and that each person had a range of care plans, supporting documentation and risk assessments. One file viewed contained misleading information which we have referred to in more detail under the responsive section of this report.

General and environmental risk assessments such as fire risk assessments and personal emergency evacuation plans had also been developed to ensure an appropriate response in the event of an incident or fire. The plans were stored near to the fire alarm system so they could be accessed quickly in an emergency. A business contingency plan had also been developed to ensure an appropriate response in the event of a major incident however parts of this were incomplete at the time we inspected the home. The home manager informed us that action would be taken to update the document.

Systems were in place to record any accidents and incidents that occurred within Apple Court. We noted that falls, pressure ulcers and other incidents had been analysed on a monthly basis to enable on-going monitoring of incidents and action taken.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding of Vulnerable people'. A copy of the local authority's 'Safeguarding Adults Procedures' was also in place. Furthermore, a 'whistleblowing disclosure' policy was available for staff to refer to.

Records held by CQC detailed that there had been two whistleblowing concerns in the last 12 months. One concerned the mealtime experience provided to people using the service. The other concerned an incident that had taken place in the home. We found that the provider was in the process of taking action in response to the concerns raised.

Staff spoken with during our inspection confirmed they had completed safeguarding adults training and demonstrated a satisfactory awareness of their duty to protect the welfare of vulnerable adults and the action they should take in response to suspicion or evidence of abuse.

However, the training matrix highlighted that 23 out of 73 employees had not completed this training. The management team reported that they had plans to address the gaps as a matter of priority.

Records held by CQC indicated that there had been three safeguarding incidents since the service had

registered with the new provider in November 2016. Appropriate action had been taken in response to each incident which included safeguarding alerts being made to the local authority.

The provider had developed guidance for staff responsible for the recruitment and selection of new staff. The home manager told us that all new employees were appropriately checked through the provider's recruitment processes. We looked at a sample of four staff files for staff who had recently been employed to work at Apple Court.

We saw that all staff had completed an application form and that recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults. In appropriate instances there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

All the staff files we viewed provided evidence that the manager had completed the necessary checks before people were employed to work at Apple Court. We noted that only one of the four files viewed contained a health declaration and shared this with finding with the manager so that she could address this matter.

Forty-seven residents with a diverse range of needs were receiving accommodation, personal and / or nursing care at Apple Court when we undertook our inspection. We checked staff rotas with the home manager to review how the home was being staffed.

Staffing levels set by the provider at the time of our visit were one registered nurse and four care assistants from 8 am to 8 pm on each of the two first floor units. Each unit accommodated 17 people who required dementia nursing care. At night, one registered nurse worked across the two units with support from 5 care assistants.

Likewise, on the ground floor, one unit manager or a senior care assistant and three care assistants worked from 8 am to 8 pm providing support to 17 people that required dementia residential care. At night, one senior care assistant and four care assistants worked on the unit. This staffing would be increased once the other unit on the ground floor, currently undergoing refurbishment reopened.

Other staff were employed for catering; activities; laundry; domestic; clerical and maintenance roles. The home manager and deputy manager were supernumerary and worked flexibly subject to the needs of the service.

We noted that the provider had developed a 'staffing level assessment tool' which we were told was based upon the 'Rhys Hearn' model. The management team used this model alongside their professional judgement to determine how to staff the service.

Whilst we had no concerns regarding the number of nursing and care staff deployed at the time of our inspection, we noted that the assessment tool had last been completed in September 2016. The latest version of the staffing tool provided to us did not reflect the staffing levels in operation or the fact that one unit was out of operation due to being refurbished.

Likewise, although we found dependency assessment tools on files viewed, there was no evidence that these had been kept under regular review to inform the overall information recorded within the staffing level assessment tool.

We observed that people looked clean and well cared for and that staff were attentive and responsive to people's support requirements. We noted that one person also received one-to-one support in response to their individual needs. Feedback received from people using the service, their relatives and staff also confirmed that there were sufficient staff on duty to respond to the needs of the people living at Apple Court.

We checked that there were appropriate and up-to-date policies and procedures in place around the safe handling and administration of medicines and found that the provider had developed a detailed medication policy which was available for staff to reference. Separate protocols for homely remedies, transdermal patch application and topical medications application guidance were also in place. We noted that staff still had access to some out-of-date policies and procedures and received assurance that these would be discarded to avoid the potential for confusion.

We looked at the arrangements for the management of medicines at Apple Court with the nurse on duty. We were informed that only nursing and senior staff were responsible for the administration of medication and that that staff responsible for administering medication had completed medication training, prior to being authorised to administer medication.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to the front of their individual medication administration records. This helped staff to correctly identify people who required assistance with medication.

We found that the home's medicines were dispensed wherever possible via a blister pack system which included a photograph and description of each prescribed medication. Medication was stored securely in a medication trolley which was secured to a wall in the staff office on each unit. The designated nurse or senior staff retained the keys. Separate storage was available for excess and new stock and for controlled drugs in a central storage room.

We carried out a sample of checks on people's medication and associated medication administration charts (MAR), including controlled drugs medicines. We found that MARs and the controlled drugs register were accurate and there were no missing signatures for the medicines administered.

Systems were also in place to record medication errors and the room and fridge temperatures. Records showed that the dispensing pharmacist had also visited during October 2016. The report stated "Medication audit is satisfactory."

We discussed the management of homely remedies with the nurse on duty as GPs were no longer issuing letters or forms to authorise their use. This was because a person's medication could change following approval by a GP resulting in contraindications. This a specific situation in which a drug should not be used because it may be harmful to the person. The nurse told us that the deputy manager (who was also the clinical lead) was due to liaise with the Quality Improvement Manager from Warrington Clinical Commissioning Group to seek advice and obtain training material to ensure best practice.

At the time of our inspection a senior clinical pharmacist from Warrington Health Plus was on-site undertaking a medication audit. The pharmacist told us that he had been undertaking weekly visits to Apple Court in a supportive role since December 2016 and provided positive feedback on his findings.

We undertook a tour of the home with the home manager. Overall, the home presented as clean and there were no malodorous smells however, two toilets viewed were seen to be dirty and in need of cleaning. This

was addressed during our inspection.

Staff had access to personal protective equipment such as hand sanitisers and gloves and aprons and policies and procedures for infection control were in place.

We saw that an infection control audit was completed for the 'Public Health Infection Prevention and Control Team' in February 2016. Sections of the audit did not achieve the 85% threshold. An action plan was produced in response to the audit.

We asked to view other internal infection control audits for the service in order to verify that infection control standards within the home were being continually monitored. We were told that these audits had been undertaken on a regular basis however only one audit could be located for one unit which had been undertaken during October 2016.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided at Apple Court Care Home to be effective.

One person reported that: "Meal quality has improved since the new owners have taken over."

Conversely, we also received negative comments about the quality of food and this was shared with the management team so that action could be taken. For example, one person stated: "Sometimes they don't seem to make enough food and I'd like more." Likewise, another person told us: "I get plenty to eat and drink but I'm not very keen on the food."

The management team informed us that the provider had established a programme of training for staff. Training was delivered via e-learning or an independent training provider who was noted to be on-site during our inspection, delivering induction training to staff.

We requested to view an up-to-date copy of the training matrix for Apple Court. The training record highlighted that staff had access to a range of training which covered a number of topics such as induction, mandatory and service specific training. The training matrix provided to us, highlighted significant gaps across a range of training areas and this was consistent with information received from some staff who had reported commencing employment without an appropriate induction and in need of training for key areas. Records received also indicated that only one staff member had completed a recognised Qualifications and Credit Framework - QCF (a nationally recognised qualification) at level 2 or above.

Training records viewed confirmed that the management team were working towards addressing the outstanding learning needs of staff and this was consistent with information received from staff. For example, one person told us that they had commenced employment approximately two years ago with no prior experience and had not completed an induction. The person told us that they had recently been supported to complete the Skills for Care 'Care Certificate' (a nationally recognised set of induction standards) since the new manager had started. We also saw that the person had recently completed other key training including 'dementia' training.

Staff spoken with also highlighted that they had not received regular supervision and that team meetings had not occurred regularly. We looked at the supervision matrix which confirmed that some staff had received a supervision and that others had received irregular or infrequent supervisions. The new provider's staff supervision policy detailed that "each member of staff will have a minimum of four supervisions per year, three of which must be formal, other supervisions may include group or observational supervisions."

This is a breach of Regulation 18 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to clearly demonstrate that staff employed by the service had received training and supervision appropriate to the work they perform.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the manager confirmed that at the time of our visit to Apple Court there were 17 people using the service were subject to a DoLS authorisation. Records indicated that applications had been submitted to the local authority for all the other residents and were awaiting authorisation.

We noted that the home manager had produced a 'record of deprivation of liberty safeguarding applications' checklist which was displayed in the staff office on each unit for staff to reference. Despite this, all staff spoken with lacked a clear understanding of which people on each unit were subject to authorised restrictions. Likewise, training records indicated that 28 out of 53 staff responsible for the provision of direct care had not completed training in the MCA and DoLS.

This is a further breach of Regulation 18 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to ensure that all staff fully understood their duty of care in respect of the MCA and DoLS to enable staff to carry out their roles effectively.

We requested copies of the team meetings that had occurred in the home since the new provider had taken over responsibility for the operation of the service in May 2016. We received various agenda items and minutes for only one nurse meeting in November 2016 and one team meeting in October 2016. Two other handwritten sheets were provided however the date and type of meeting was not recorded and the recordings were vague. We received assurances from the management team that action would be taken to address this matter.

Apple Court is a two-storey purpose built care home providing accommodation, personal and nursing care for up to 67 older people. We noted that the home was divided into four units. The 'Daresbury' and 'Grosvenor' unit were located on the first floor and provided nursing care and support for a combined total of up to 34 people living with dementia who required general nursing care. Likewise, the 'Crossfield' unit which was located on the ground floor, provided residential care for up to 17 people living with dementia. Dementia can cause memory loss, confusion, mood changes and difficulty in functioning and dealing with day-to-day tasks. The ground floor units had access to a secure garden area and the upstairs units had access to a veranda. Parking was available at the front of the premises for visitors to use.

At the time of our inspection, the Rylands unit (also located on the ground floor) was being completely refurbished. We saw that the unit was being rewired and redesigned to ensure the environment was more suitable for the needs of the people using the service. For example, the lounge and dining room area was being changed to an 'open plan' layout to make better use of large open spaces and create better use of natural light. Furthermore, all the bedrooms, en-suites and bathrooms were being refurbished to upgrade the fixtures and fittings to make the building more homely and modern.

We noted that people's rooms had been personalised with memorabilia and personal possessions to ensure they were comfortable. We also saw that efforts had been made to help people orientate around the home. For example, bathroom doors had been painted blue and toilet doors painted yellow and there was clear signage displayed on the doors to help people identify each facility. Corridors had also been decorated with different themes and artwork. However some areas were looking tired and were in need of attention.

Other communal and personal areas within Apple Court were seen to be in need of maintenance and refurbishment. We were told that upon completion of the first phase of work, the Crossfield Unit would undergo a similar transformation as the building work needed to be completed in a phased manner to avoid disruption and unnecessary inconvenience to people using the service. The Operations Director informed us that approximately £140,000.00 had been spent to date and that it was hoped that further expenditure on the upstairs units would be possible in the future, subject to available income.

People using the service were noted to have access to a range of individual aids and adaptations to assist with their mobility and independence.

Prior to our inspection we received information of concern from a Whistleblower. The person alleged that people living at the home were going without food; only being offered one hot meal choice per day; that they were losing weight and that staff had been buying food and snacks out of their own money so that people did not go hungry.

We looked at the issues of concern with a representative from the local authority's contract monitoring team. We saw that a four week rolling menu plan was in operation at Apple Court which offered people a main meal option which was reviewed and changed periodically. Alternative choices had not been incorporated into the menu at the time of our inspection. However alternatives were available, which were communicated to people via staff and then recorded on a daily 'menu choices decision' form.

The home manager told us that she had recently commissioned 'Dining with Dignity' to assist the catering team to improve the quality of food preparation, menu and service. New menus had been produced in response to this work and were awaiting feedback from people living in the home, relatives and support staff prior to implementation.

We observed staff asking people for their meal preferences during our inspection and noted that some people were experiencing difficulties in making choices due to their cognitive impairments. We discussed the benefit of introducing a pictorial menu plan for each unit to assist people to make an informed choice. Through discussion, we noted that the home manager had already identified this as an area for improvement and that action was to be taken to introduce pictorial menu plans, to respond to the needs of people living in the home.

We spoke with the chef on duty and noted that the most recent Food Standards Agency inspection was completed in September 2016. We saw records relating to the inspection which confirmed the service had been awarded a rating of 5 stars which is the highest award that can be given.

We viewed the kitchen and saw that people's dietary requirements and allergies had been recorded and were available in laminated forms for kitchen staff to reference. We viewed records relating to people making their daily meal choices. We noted that some records had not been dated and received assurances from the management team that action would be taken to address this matter to help ensure a clear audit trail.

The kitchen environment appeared clean and hygienic and we saw that there were adequate food stocks in place. The service used the 'safer food better business pack'. This food safety management pack helps the provider to comply with food hygiene standards regulations.

The manager told us that meals were transported from the central kitchen to each unit pre-plated via hot trolleys. We discreetly observed a breakfast and lunch time meal being served. People using the service had the opportunity to eat in each unit's dining room, lounge or in their own rooms if they preferred.

We observed that the tableware and equipment on each unit was in need of review to enhance the overall experience for people using the service. For example, we observed some people eating their meals on bare tables. Conversely, on another unit, people had table mats and on another unit people had a tablecloth and a runner with no table mats. The manager told us that the home needed to invest in its tableware and that this was a matter that would receive priority attention. Cutlery, crockery, sauces and napkins were readily available for people to access.

People we spoke with and observed had varying levels of need for support at mealtimes and those spoken with confirmed they received support according to their individual needs. We received mixed feedback regarding the quantity of food provided. Four people told us that they would like to have access to more food and one member of staff raised concern regarding the amount of crisps and biscuits provided to each unit on a daily basis. We raised this feedback with the management team who assured us that they would take action to provide additional food at mealtimes, in case people requested a larger portion.

We checked weight records for 24 of the highest dependency residents and found no evidence of significant weight loss.

Staff spoken with told us that there were sufficient staff on duty to support people with complex support needs who requiring individual support at meal times. We observed positive interactions and noted that staff were patient, attentive and caring when supporting people to eat their meals and drink refreshments. Mealtimes were unhurried and viewed as a social occasion for people, many of whom were observed to spend time talking and interacting with their friends / acquaintances.

Staff had developed effective working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. Discussion with people using the service and care plan records viewed also provided evidence that people using the service had accessed a range of health care professionals such as: GPs, opticians and chiropodists subject to individual needs.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided at Apple Court Care Home to be caring.

Comments received included: "People are very friendly"; "The staff are caring"; "Some of the staff are very young but they are still very good" and "I think the staff are very good. I happen to like them."

We spent time with people and staff on each of the units in the Apple Court over the three days of our inspection. We observed that interactions between staff and people using the service were generally friendly, polite and unhurried.

We undertook a Short Observational Framework for Inspection (SOFI) during our inspection and noted that people using the service were calm and relaxed in their home environment. We also saw that staff interactions were warm and relaxed and that people using the service were treated with dignity and respect and that their privacy was safeguarded. Staff were noted to take time to sit, talk and engage with people using the service and we observed exchanges of banter and humour. It was also clear that staff recognised people's individuality and that they had a good awareness of the needs and preferences of the people they cared for.

Staff spoken with told us that they had been given opportunities to read and familiarise themselves with the information recorded within people's care plans and confirmed that this had helped them to get to know the needs of the people they supported. Staff also reported that they had shadowed and worked alongside more experienced staff upon commencing employment to help them understand people's individual needs.

We noted that people living at Apple Court presented as clean and appropriately dressed. Staff spoken with were able to give examples of how they provided personalised care and support to people and demonstrated an understanding of the need to promote people's choice and independence and safeguard people's welfare and human rights.

We saw that a number of visitors were in the home during our inspection. These included the spouses and families of people who used the service. They all told us they were made to feel welcome when they visited and that they were generally satisfied with the care provided to their relatives. We saw that when staff spoke to people they did so with respect. We also saw that care was provided in privacy and that this respected the dignity of individuals.

A statement of purpose and a guide for new residents was available for prospective service users and people using the service to view. These documents contained a range of information about Apple Court such as the aims and objectives of the service, philosophy of care and how to raise a complaint.

Information about people who lived at Apple Court was kept securely in lockable cabinets to ensure privacy and confidentiality. We noted on one occasion that personal information had been left out in a communal

area. We received assurances from the home manager that action would be taken to ensure this practice would not occur again.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided at Apple Court Care Home to be responsive.

Comments received included: "Staff never refuse to help and come quickly"; "If I press my call bell they respond"; "There are a few activities but not many and I would like to go out more as I miss my freedom."

We looked at the files of four people who were living at Apple Court. Files viewed were difficult to follow as there was no index and the information stored within files was not always in a logical order. We also noted that staff were using documentation that had been developed by the previous provider and this was in need of development and review.

The home manager told us that she had recently established a working group in order to revisit the current care planning model and documentation. She had identified the need to develop and agree a format which supported a more person centred approach.

Care plan records viewed contained assessments of need, care plans and risk assessments together with a range of supporting documentation such as daily care notes, incident records and observation charts.

Care plans outlined identified agreed needs, actions and outcomes. A range of supporting documentation such as: dependency ratings; communication records; Mental Capacity Assessments; Deprivation of Liberty safeguard authorisations; property lists; life story charts; single point of access referrals; ABC charts; fluid intake / output charts; weekly activities; personal care records and GP and medical records were also in place subject to people's individual needs.

Although there was evidence that care plans had been kept under monthly review we found gaps and conflicting information in one file viewed. We also noted that dependency assessments had not been kept under regular review.

For example, one person's file contained a Mental Capacity Form which indicated that the person did not have capacity to make a decision and the person's moving and handling assessment also indicated that the person had a diagnosis of 'dementia'. However, the home manager confirmed this was incorrect. Furthermore, one of the care plans indicated that the person was subject to a deprivation of liberty order, but one was not in place. The plans had not been signed by the person to confirm their agreement with the information recorded.

This is a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to maintain an accurate and complete record in respect of each service user.

The provider had developed a 'Management of complaints policy' which outlined the provider's required

actions in response to the receipt of formal and informal complaints. Details of the complaints procedure were displayed in the reception area of the home and within the Statement of Purpose and Service User Guide.

We asked for a copy of the complaint records for Apple Court since May 2016 (the point at which the provider was appointed to manage the service). Records indicated that there had been only one complaint. Information about the complaint and action taken was available for reference. This confirmed that the concern raised by the person had been listened to, acknowledged and acted upon.

At the time of our inspection to Apple Court, the home had one activity coordinator in post. Another post had also recently been advertised.

On the first day of our inspection we noted that the activity coordinator was on annual leave. Despite the absence of the activity coordinator, we observed staff spending time talking with people using the service, playing board games and providing people with nail manicures.

On day two of our inspection, we observed the activity coordinator supporting a small group of people with a chair based activity during the morning. In the afternoon, we saw the activity coordinator facilitating a bingo activity for six people in one of the lounges.

A rolling programme of activities had been developed which was amended on an on-going basis subject to the needs and wishes of people using the service. The programme detailed that a range of group activities were on offer such as: board games, reminiscence sessions; dominoes and cards; baking; quizzes; shopping; social afternoons; hair and nails; bingo; afternoon tea; coffee mornings; sensory room; karaoke; films; music and movement; gentle exercises; external entertainment and flower planting. We were told that one-to-one activities were also provided to people and saw evidence of this during our visit.

We sampled activity records for people using the service and noted that people had participated in a limited range of activities. People and staff spoken with reported that they would like to see more activities and we received comments such as: "We could do with more activities. It can get a bit boring"; "There aren't many activities in my opinion" and "We need more to do."

We recommend that the activities programme and staffing resources for activities be reviewed to develop and enhance the provision and range of activities on offer for people using the service.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided at Apple Court Care Home to be well led.

Comments received included: "The management team are very friendly"; "The new manager listens to us" and "I feel our new manager is approachable and is always helpful."

We spoke with the operations director, two area managers and the home manager during our inspection. We noted that the home had gone through a difficult period following the home being placed into administration during May 2016.

Apple Court was registered with the new provider, DRB Healthcare Limited during November 2016. The management team shared with us their future plans and demonstrated a commitment to developing and improving the overall service provided at Apple Court.

At the time of our inspection one of the area managers was registered as the manager of the service. We were told that the newly appointed home manager was to apply for registration with CQC as a matter of priority and that the manager had extensive experience in the management of residential services for people living with dementia.

The home manager told us that she wanted to develop the service and promote person centred approaches to care in order to maximise the quality of life people living at Apple Court received. We spent time walking around the home with the home manager speaking to people using the service, relatives and staff and noted that the home manager had a good understanding of the needs of people using the service and their individual support needs. We observed the home manager take time to listen, communicate and engage with people and it was clear that she had developed positive relationships with all concerned.

We noted that the provider had developed a 'Quality Assurance and Improvement' policy which outlined its commitment to working within a framework of quality assurance and systems of governance. These included a number of tasks to ensure the overall service was monitored and developed such as: the development of an annual development plan; annual satisfaction surveys; home manager team audit processes; action plans and area manager quarterly and monthly monitoring visits.

At the time of our inspection, we asked to view all management audits that had been completed since May 2016. We were provided with three 'area manager monthly visit summary reports,' which had been completed for July, September and December 2016. One 'quarterly monitoring visit report' had also been completed dated October and November 2016. These confirmed that key aspects of the operation of the service were being monitored by senior management and kept under review.

We were told that surveys had not been distributed to people using the service or their representatives. We noted that satisfaction surveys were due to be sent upon completion of the refurbishment.

Furthermore, we noted that the provider had established a number of audit tools for care documentation; mattress audits; catering and quality dining; first impressions; health and safety; infection control; medication and accidents and incidents. At the time of our inspection these audits were not being used and other audits requested such as medication, infection control and care plan audits could not be located.

This is a further breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to maintain securely records necessary for the management of the regulated activity.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts Monitoring Team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team had not undertaken a visit since the new provider was registered in November 2016.

We noted that the provider had developed policies and procedures in place for staff to reference. These included: quality assurance; Mental Capacity Act; deprivation of liberty safeguards; staff recruitment; safeguarding of vulnerable people; whistleblowing; infection prevention and medication. These were readily available for staff to reference.

We requested to sample a number of test records and / or service certificates with the home's handy person relating to: the fire alarm system; fire extinguishers; portable appliances; gas safety; hoists and passenger lifts and found all records to be in order with the exception of the electrical fixed wiring test certificate. The registered manager informed us that the previous certificate could not be located due to the administration process and confirmed that testing for a new certificate would commence during February 2017.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken. We noted that the registered manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the registered manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person had failed to maintain accurate records necessary for the management of the regulated activity.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The registered person had failed to clearly demonstrate that staff employed by the service had received training and supervision appropriate to the work they perform.
Treatment of disease, disorder or injury	