Tricuro Ltd

April Court

Inspection report

186 Poole Lane
Kinson
Bournemouth
Dorset
BH11 9DS

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17 January 2020

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
April Court is a care home for adults with a learning disability. It does not provide nursing care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered to accommodate up to 18 people. Fourteen people were living or staying there at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There was an emphasis on people living meaningful and active lives within the local community.

People's experience of using this service and what we found
People and relatives were confident they or their family member were safe. There were enough staff on duty. Staff understood their responsibilities for recognising and reporting abuse. Risks were reviewed regularly and managed in the least restrictive way possible. The premises were kept clean and in good repair. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, independence and inclusion. The outcomes for people using the service reflected this. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff treated people kindly and respectfully. Staff got to know people well. They respected and promoted people's privacy, dignity and independence. People told us they were involved in decisions about their care and relatives said they were consulted and kept well informed.

People were contented. Their needs were viewed holistically and formed the basis of comprehensive, individualised care plans. They had the support they needed to manage their health. People liked the food and said there was plenty of it. Special dietary needs were met. They had a meaningful say in how

communal areas were decorated. Staff were well supported through training and supervision.

People told us they got the right support. Relatives commented on how well their loved ones were cared for. Staff had a good understanding of people's needs. People lived full and active lives. Complaints were addressed and resolved promptly, thoroughly and openly. Although the service did not routinely care for people at the end of their lives, it had recently attained accreditation with a nationally recognised scheme that promotes good end of life care.

Relatives expressed confidence in how the home was run. Staff said the management team were approachable and supportive. There was ongoing oversight by the registered manager and provider, with regular audits to monitor the quality of all aspects of the service. People and staff had a meaningful say in what happened at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 15 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

April Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
April Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and three relatives about their experience of the care provided. We also spoke with the registered manager, deputy manager, four care workers and an ancillary

worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including records of accidents, incidents, complaints and quality assurance.

After the inspection
The registered manager provided information we requested during the inspection, in particular maintenance certificates, training records and further details about a member of staff's employment history. We sought feedback from the local authority contract monitoring team.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they, or their relative, felt safe at April Court. Comments included, "I feel safe here with them".
- Staff at all levels understood their responsibilities for recognising and reporting abuse. Mandatory training included safeguarding, and equality, dignity and human rights. Safeguarding was also discussed in supervision and at staff meetings.
- Information about how to report abuse or suspected abuse was readily available for people and staff. People's key workers regularly spoke with them about how they were feeling at the service and if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and reviewed regularly. Risk assessments were personalised; they covered areas such as activities, health conditions, moving and handling, and using stairs. People were as involved as much as possible in decisions about managing risks in relation to their activities and daily life.
- Risks were managed in the least restrictive way possible, accounting for people's preferences. There was a culture of positive risk-taking enabling people to have full and active lives. For example, several people were keen football fans; staff supported them to go to their teams' matches all over the country despite challenges this might present in areas that were unfamiliar to people. People were enthusiastic about these trips.
- People's risk assessments were integrated into their care plans on the computerised care planning system. This gave staff immediate access to information about how to support people to remain safe. Changes in peoples' risks and needs were flagged up to staff through this system.
- Risks relating to the premises and equipment were also assessed, reviewed and managed. A boiler had been moved, which meant people now had free access to another reception room. The building, décor and equipment were kept in good repair. There was current certification for gas safety, portable appliance testing, the passenger lift and lifting equipment.

Staffing and recruitment

- People said they had plenty of assistance from staff when they needed it, including to go out and about, which they did frequently. Staff confirmed that there were enough of them on duty to be able to support people properly. The rotas reflected this.
- Several new staff had started work in recent months and weeks. The service rarely needed agency staff to cover gaps in the rota, as most vacancies had been filled.

● The provider had a robust recruitment process, which included criminal records and barred list checks, receiving and verifying references, and obtaining a candidate's full employment history with reason for leaving previous jobs.
● New staff went through a period of induction, where they attended essential training and their performance was closely reviewed. This process was taken seriously, staff receiving thorough and balanced feedback on their performance and support to address any issues that had arisen.

Using medicines safely
● People told us they had their medicines when they needed them. Two people talked about how they administered their own medication with support from staff.
● Staff who administered medicines had regular training to do so and their competency was assessed at least annually.
● Each person had an up-to-date medicines support plan that set out the medicines they took and how they preferred to do this. It also included instructions for medicines people took as required, enabling staff to recognise when a person might need the medicine.
● There were clear procedures for ordering, receiving, storing and administering medicines. These were monitored through regular checks to ensure medicines were stored properly and records were complete and correct. Any issues with medicines were followed up promptly and appropriately.

Preventing and controlling infection
● The premises were clean and tidy and smelt fresh. Domestic staff were an integral part of the staff team.
● Care and domestic staff had mandatory training in infection control and this was refreshed at least every three years. Staff also had three-yearly training in food hygiene.
● There were regular audits covering infection control, and any issues found were addressed.

Learning lessons when things go wrong
● Staff understood the importance of recording accidents, incidents and near misses. They had done so when the need arose.
● Staff knew how to blow the whistle on poor practice to outside agencies.
● The registered and deputy managers reviewed accidents, incidents and near misses to ensure all necessary action had been taken for people's safety and wellbeing. They reported these monthly, along with safeguarding and complaints. The registered manager and provider monitored for any trends that might suggest further changes were necessary.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives were pleased with their or their loved one's care. A person who lived at the service told us, "I like being here" and another person commented that they were happy living there. It was striking how content people looked; staff also mentioned that people were contented.
- People's needs were seen holistically and formed the basis of comprehensive, individualised care plans. People and their keyworkers reviewed at least monthly how things were going and any changes that might be needed. There were more structured care reviews annually, involving people, their relatives and health and social care professionals.
- Assessments covered a person's oral health, which included which dentist they saw, any issues with their teeth and gums, how they cleaned their teeth or dentures and the materials and assistance they needed to do this.
- Details of assessments and care plans were readily available for staff through the computerised care planning and recording system. Staff were able to access these through their hand-held devices. The system prompted staff when a person needed care at set times or intervals.
- Staff supported people to be themselves, having the friendships and relationships they wanted and taking part in their chosen activities.

Staff support: induction, training, skills and experience

- Staff told us they had good support through training and supervision. For example, a member of staff commented, "I'm well looked after, I'm well supported."
- Staff had classroom-based training in essential topics, such as moving and handling, fire, and health and safety, when they started working for the provider. This was repeated at intervals of between one and three years. The registered manager monitored when staff were due to attend updates and ensured these happened.
- Staff had regular supervision meetings with their line manager to discuss their work, how it affected them, and any training and development needs. Supervision was supportive, and where necessary, provided constructive challenge.
- New staff without qualifications and experience in health and social care were expected to attain the Care Certificate. This is based on a nationally agreed set of competencies for health and social care workers.

Supporting people to eat and drink enough to maintain a balanced diet

- Meals looked and smelt appetising. People told us the food was "nice" and that there was plenty of it.
- People had a say in what was included on the menu. They chose from menu options, placing their photo alongside the words and pictures on the menu board that described their preferred items.

● Mealtimes were relaxed occasions. Staff provided support for people as necessary, for example if they needed one-to-one observation and assistance at mealtimes.
● People who had difficulty swallowing had had a speech and language therapy swallowing assessment and safe swallow plan. These set out the support, equipment and any changes to the consistency of food and drink a person would need to reduce the risk of choking or aspiration. This information was at hand for kitchen staff.
● People's risk of malnutrition was monitored at least monthly. This was assessed using a recognised malnutrition screening tool based on changes in a person's weight and health. Where people were overweight, GPs were asked to refer them for advice from a dietitian.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had annual health checks with their GP surgery. Staff also supported them to access health screening based on their gender, age and health conditions such as diabetes.
● Whenever there were concerns about someone's health, care workers raised these with senior staff who promptly referred these to the relevant health professionals.
● Care plans were in place for people's health conditions such as diabetes and epilepsy. These set out how people managed the conditions themselves or the support they needed from staff. People's care records also contained key information about the condition from their health professionals.
● There was a transition process for people who were moving, or considering moving, to the service. For a person who was in the process of moving to April Court, the management team were liaising with staff at their current home, as well as their health and social care professionals. This was to support the person to remain safe and well during their move.
● The computerised care planning and recording system generated information for paramedics or hospital staff, in the event people needed to go into hospital.

Adapting service, design, decoration to meet people's needs
● People liked their bedrooms, which were decorated in a way that reflected their individual interests and preferences.
● People were involved in decisions about decorating communal areas. A room had just been decorated and furnished as an American diner. This reflected people's wishes; some had enjoyed helping with painting. People were enthusiastic about the room and freely used it.
● The new diner increased people's choice of where to spend their time. One person liked to have their lunch there most days. Other people came and played pool or listened to the juke box. A relative said how much they appreciated somewhere to sit and have a cup of tea.
● Bath and shower rooms had been decorated with items such as pictures to help them look homely rather than institutional.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were able to consent to their care, this consent was recorded, and staff respected it.
- Where there were concerns a person might not understand the implications of consenting to something, staff followed the principles of the MCA in assessing the person's mental capacity. They tried as far as they could to help the person understand.
- Where a person was found to lack the mental capacity to consent in relation to some aspect of their care, staff made a best interests decision regarding this. They involved the person and family and professionals who knew them well in deciding on how to provide the care the person needed in the least restrictive way.
- The service had identified people who were deprived of their liberty and had applied to the relevant local authority to authorise this.
- Staff had training at least every three years about MCA and DoLS.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives said staff treated them or their loved one kindly and respectfully, with warmth. They described staff as "alright" and "quite nice", saying this in a positive way.
- People looked comfortable with staff, readily approaching them to start a conversation or ask them for something. Staff listened to them and spoke with them as fellow adults.
- Staff got to know people well, understanding what was important to them and how they liked to be supported. They understood how people communicated, including through gestures and sounds as well as words.
- Staff understood the importance of treating people with respect and as individuals. They reported to the management any episodes where they perceived colleagues fell short of this, for example, where they thought colleagues might be infringing on someone's independence or not acknowledging a person's choice.

Supporting people to express their views and be involved in making decisions about their care

- Supporting people to express their views and be involved in decisions that affected them was central to the way the registered manager and staff at April Court worked. This was reflected in how they talked about the work they did with people, and in the way the spoke with them.
- People told us they were involved in decisions about their care. For example, they told us how they chose what activities they wanted to get involved in and staff supported them with these.
- Relatives confirmed the managers and staff kept them well informed about their loved one's care.
- The registered manager understood the sorts of circumstances in which people might need advocacy support. They knew how to obtain this if required.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's independence. A person explained how staff helped them a lot but did not stop them doing what they could for themselves. Another person, who had been reluctant to walk without staff, started to use their Zimmer frame during the inspection. Staff were excited to see them doing this and gave the person a lot of praise and encouragement.
- People's privacy and dignity were respected. Staff treated people's bedrooms as their own space and sought permission before entering. They offered assistance discreetly. Personal care took place behind closed doors and curtains.
- Care plans reflected whether people had preferences about the gender of staff who assisted them.

● Personal information was kept secure, whether in paper files or on a computer system. Staff had information governance training.
● Staff were quick to attend to people who showed signs of possible distress. For example, they knew a person screamed when they were upset but also to communicate that they needed something. They therefore went to the person when they screamed and ascertained what the issue was, then followed the care plan to support the person in the most appropriate way.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff met people's needs, providing care and support in the way people preferred. People told us they got the right support. Relatives commented: "They [staff] look after [person] wonderfully" and, "They look after [person] very well".
- Care plans were comprehensive, detailed and personalised, focusing on the things that were relevant to each person. They had recently been updated to reflect more information about people and their wishes. They provided clear guidance for staff about the support people needed, whilst promoting their independence.
- Staff had a good understanding of the care and support people needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service followed the AIS. Care plans set out people's communication styles, whether people communicated in speech, through recognised sign language or through individual sounds and gestures. Staff supported people's communication accordingly.
- People received information in a way that was easier for them to understand. This included care plans, house meeting minutes and information about the service in an easy-read format, using photographs with limited text.
- Staff had worked with people's professionals, such as speech and language therapists, to produce aids to communication. For example, a person who did not speak had a set of pictures they could point to in order to show staff what they wanted or needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives said they were pleased with the activities they or their loved one got involved in. A person talked about doing lots of things, going out whenever they wanted. A relative said, "There are so many things that go on." People talked enthusiastically about some of the things they did out in the community, such as drama, music, arts and crafts and archery.
- People lived active lives. One person liked to go to the pub to watch football matches. Other activities included train trips, swimming, visits to local sights, and events such as the Big Night Out local nightclub event geared towards people with a learning disability.

● During the inspection there was a visiting entertainer, who came to the service most months. People were excited before the entertainer came, talking about him by name. They enjoyed the music, singing and dancing along to well-known pop songs. Photographs were displayed of people enjoying other activities, such as animal visitors.
● People got involved with their own hobbies and pastimes as well. For example, a person told us they were never bored: "I do colouring and crossword books… I get stuck in and that's it". Another person liked to go out and get a paper and sit in their special armchair and read it.
● People were encouraged and supported to stay in touch with family and friends. A relative confirmed this, saying how welcome they felt on their regular visits to the service.

Improving care quality in response to complaints or concerns
● The service had recorded one complaint in 2018 and one in 2019. These had been addressed and resolved promptly, thoroughly and openly, in line with the provider's complaints policy.
● People and relatives told us they would feel able to raise concerns, should the need arise. A person told us how they would report something they were not happy with to someone in charge, who they said would do something about it.
● Information about how to raise a complaint or concern was made available to people and their relatives.

End of life care and support
● At the time of the inspection the service was not caring for anyone who was anticipated to be at the end of their life. However, the service had recently attained accreditation with a nationally recognised scheme that promotes good end of life care.
● As part of the accreditation process, staff had completed advance care plans with people, and where appropriate their families, that set out their spiritual needs, wishes when they were approaching death and preferred funeral arrangements.
● Staff had completed training in bereavement and loss, and many had experience of caring for seriously ill residents as they approached the end of their life at the service. The management team were considering how they could further assist staff to discuss end of life preferences with people and their families.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives said they thought the home was well run. For example, relatives commented: "It couldn't be any better" and "I am absolutely full of praise for the whole set up".
- Staff told us senior staff and the management team at April Court, including the registered manager, were approachable and supportive. A member of staff said, "The managers here - there's an open-door policy… I don't feel shy to speak with them."
- A member of staff specifically approached us to say how impressed they were with the seniors, who they perceived as having a difficult job: "They really help you… If ever we're a bit short of things they're willing to help."
- Staff were passionate about working for people in a person-centred way that supported them to have active, fulfilling lives.
- The registered manager and provider understood and fulfilled their responsibility to be open and honest if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and deputy were experienced and had a good understanding of their responsibilities. They notified CQC of significant events, as required by the regulations.
- Staff had regular supervision with their line manager. This was a supportive but rigorous process, providing clear feedback on performance and addressing any areas for improvement.
- There was ongoing oversight by the registered manager and provider. The registered manager made monthly key performance indicator reports to the provider; these covered issues such as accidents, incidents and complaints. There were monitoring visits by the provider's management team, one of whom was at the service when we arrived.
- There were regular audits by the provider and within the service to monitor the quality of all aspects of the service. These were based on the provider's audit timetable, which set out what should be checked and how often. Any shortfalls found were incorporated into the service's action plan and duly addressed.
- Learning from audits and things that had gone wrong was shared with staff, for example through supervision or team meetings. If urgent action was needed, this could be flagged up to staff through the computerised care planning system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● There were regular residents' meetings, chaired by a person others had voted for. These provided a forum for people to put forward their views on what should happen at the service. A former chairperson told us about some of the things discussed at a meeting they chaired.

● There were also regular staff meetings, at which staff received updates, raised issues and voiced their ideas.

● Annual satisfaction surveys were issued to people at the service, relatives, staff and professionals. Feedback from the last survey was very positive. The action plan from the surveys included continuing to seek feedback through residents' meetings.

● Staff reported to the management team where they perceived that care fell short of the person-centred approach expected at the service. Managers took this seriously and acted on it as appropriate.

● The service worked collaboratively with external stakeholders such as health and social care professionals and the local college. The registered manager and staff were also building relationships with community organisations such as music studios.

● The registered manager attended local a learning disability provider forum and also meetings for registered managers locally, to stay abreast of changes and updates in best practice. They were also registered with a range of national organisations, including CQC, to receive updates.