Appledown Care Home Limited

Appledown

Inspection report

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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: Appledown is a residential care home which was providing personal care to six people with learning disabilities at the time of the inspection. At our previous inspection of this service in October 2017 we found four breaches of regulations in relation to premises and equipment, staffing, consent and good governance.

People's experience of using this service:
People were supported by staff that were caring, compassionate and treated them with the utmost dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people. People's care plans were detailed and up to date about their individual needs and preferences. We recommend the provider consider also developing summary care plans in an easy read format, which would be more accessible to people.

Improvements in staffing levels meant people had more opportunities to pursue their individual interests, hobbies and go out more often, especially at weekends. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. Environmental improvements had improved access and reduced risks of slips, trips and falls for people.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff worked with a range of healthcare professionals and followed their advice. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

People, relatives, staff and professionals gave us positive feedback about improvements in the quality of people's care. Quality monitoring systems had improved, with examples of continuous improvements made in response to audits, observation of practice and regular checks of the environment. People, their relatives and staff told us the registered manager was approachable, listened to them when they had any concerns and acted on feedback.

Rating at last inspection: Requires improvement. (report published 10 November 2017)

Why we inspected: This was a planned comprehensive inspection based on the rating of requires improvement at the last inspection. Following the October 2017 inspection, the provider sent us an action plan which set out the improvements being made to meet the relevant requirements. At this inspection, we found the previous breaches had been addressed and the service had improved to a rating of Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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.

Appledown

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses learning disability care services.

Service and service type: Appledown is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with CQC. 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: The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with the provider's action plan, and information we held about the home, such as details about incidents the provider must notify CQC about, such as abuse. We used all this information to plan our inspection.

During the inspection, we spoke with all six people who used the service and two relatives to ask about their experience of the care provided. We looked at three people's care records and medication records.

We spoke with the registered manager and four members of care staff. We looked at three staff files around staff recruitment, supervision and appraisal, and at staff training records. We also looked at quality monitoring records relating to the management of the home such as audits and quality assurance reports. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home and received a response from two of them.

Good

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels

● There were enough staff on duty at all times to keep people safe and meet their needs. Since our last inspection another person had come to live at the home and nine new staff had been recruited. Minimum staffing levels during the day had increased from one to two staff, with additional staff on duty flexibly to support people's plans. Night staffing had increased from a sleep in member of staff to an awake member of night staff. These staff changes meant people had more individual support, and could pursue a wide range of individual interests, and go out more at weekends.

● Each persons' staffing needs were calculated based on a local authority individual needs assessment, which were reviewed and updated regularly as people's individual needs changed. Where people's needs assessment showed they need one to one staffing or two to one staff, for example, in the community, this was always provided. Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. Any additional hours needed were provided by existing staff, that people knew and trusted.

● Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Safeguarding systems and processes

● People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.

● The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.

● People and their relatives explained to us how the staff maintained their safety. One person said, "I feel safe and happy at Appledown, I know I can talk to any of the staff if I have a problem." A relative said the person always had one to one staff support to keep them safe when they went out. At monthly house meetings people were asked if they felt safe, and staff used safeguarding booklets and leaflets to discuss with people ways to keep safe.

Assessing risk, safety monitoring and management

● The environment and equipment was well maintained. However, there were no window restrictors fitted on the second and third floor rooms. Window restrictors prevent falls from a height by limiting the amount each window can open. We discussed this with registered manager, who explained their risk assessment judged falls from a height as low risk, but it did not explain why in any detail. We asked the registered manager to review the health and safety executive guidance about this risk. Since the inspection, the registered manager has contacted us to say the provider has since arranged to fit window restrictors to all upper floor windows, as an additional safety measure.

● Staff understood where people required support to reduce the risk of avoidable harm. Personalised risk assessments included measures to reduce risks as much as possible. Care plans included effective ways to minimise risk of falls for one person, and keep another persons' skin healthy.

● Where people experienced periods of distress or anxiety staff knew how to respond effectively. They

worked with the local mental health team to identify triggers, and used positive behaviour support to minimise distress. A person said, "Sometimes I slam the door, I feel so frustrated and they (staff) come up and have a chat, they're as good as gold." Staff knew what approach worked to enable another person to relax. For example, the person had a book entitled; "OK let's talk about my day," which staff used to encourage them to talk about what had upset them. When the person became upset, staff spent time with the person and used the book, which helped calm them.

Using medicines safely

●Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

●People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed by their GP regularly. Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.

● People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement, such as reminding staff to sign and date newly opened creams.

Preventing and controlling infection

● People were protected from cross infection. The service was clean and odour free. One person said, "It's always clean and tidy."

● Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

● Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, accident reports showed a person was more likely to fall when they went in the garden alone. So, staff asked the person to let them know when they wanted to go outside and accompanied them, which reduced their falls.

Good

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Adapting service, design, and decoration to meet people's needs

● Improvements had been made to the outside of the building to provide a more comfortable and usable space for people. Uneven garden surfaces had been levelled to reduce trip hazards. New grab rails had been fitted either side of entrance steps to help people access the building. Sensor controlled outside lighting helped people find their way when they went outside in the dark.

●The service enabled people to remain as independent as possible by ensuring they had the equipment they needed. One person explained how an inflatable bath cushion made it easier for them to get in and out of the bath. Other equipment included a toilet frame and a shower chair and non- slip bathroom flooring which helped access the bathroom more easily and safely.

Ensuring consent to care and treatment in line with law and guidance

● Improvements had been made in relation to consent for people who lacked capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

●The registered manager had undertaken training in meeting the requirements of MCA and DoLS. Where people lacked capacity, mental capacity assessments had been completed. Relatives, advocates and other health and social care professionals were consulted and involved in making best interest decisions, as appropriate. For example, about if it was in a person's best interest to have a health screening test.

● Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for all service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe. One person had a DoLS authorised and staff acted in accordance with it.

● People were asked for their consent before they received any care and treatment. For example, before assisting a people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff skills, knowledge and experience

● People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and to meet their needs. The registered manager had a good system to monitor all staff had regular training and updating to keep them up to date with best practice. Training methods

included online, face to face training and competency assessments.
● Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
● New staff had completed a comprehensive induction. Their comments included; "I feel 100% supported, I'm over the moon, couldn't have asked for a better place."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments of people's needs were comprehensive, expected outcomes were identified and their individual care and support needs were regularly reviewed.
● Staff applied their learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A professional said, "Staff were positive and willing to try new things, the way they have worked with her has been really powerful."

Supporting people to live healthier lives, access healthcare services and support; Staff provided consistent, effective, timely care within and across organisations
● People visited their local surgery to see their GP and community nurse, and attended other health appointments regularly. A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.
●People were supported to improve their health. Staff encouraged a person to take regular exercise to increase their fitness levels. They worked with the local learning disability team to use positive behaviour support techniques to help another person.

Supporting people to eat and drink enough with choice in a balanced diet
● People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. At monthly house meetings, people discussed meal choices and monthly menus were designed accordingly.
● People were involved in planning, shopping and in preparation and cooking of meals. One person attended a nutrition course, they were knowledgeable about making right food choices which was helping them to lose weight. They said, ", I have less cheese and more onion now, and I have lots of salad." A relative said, "[person] has put on weight, it's an indication of how well they are treating him and how settled he is."

Good

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded which staff used to get to know people and to build positive relationships with them.

● Staff were kind and affectionate towards people and knew what mattered to them. One person said, "I love living here, they (staff) are as good as gold. If I get upset they come to my room and talk, they ask me to sit down and listen to some music." When a person became anxious, a staff member suggested they put a new duvet cover on their bed with cats printed on it. They knew the person loved cats.

● People told us staff knew their preferences and cared for them in the way they liked. A staff member told us how a person loved bath time, they said, "Every night or whenever they want we run them a bubble bath."

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

● People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making. At monthly house meetings, people agreed menus, and discussed plans for the following month.

● For a person with limited numeracy and literacy skills, staff used photographs, signs and symbols to help the person communicate. A staff member said, "You have to take your time with [person's name] and get to know her, she will show you what she means, using her photos and pictures."

Respecting and promoting people's privacy, dignity and independence

● Staff showed genuine concern for people and ensured people's rights were upheld. A person was worried about whether a family member would approve of their food choice. A staff member reminded them, "It's your choice [person's name], if you'd like fish, you can have fish." Two people who were good friends chose to share a bedroom. Staff checked regularly with them that they were happy to continue sharing a room. They reminded them there was another room available, should either of them want their own room.

●People were encouraged to do as much for themselves as possible. They contributed to household tasks, such as setting the table, emptying the dishwasher, food preparation, and doing their own laundry. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with. For example, that one person needed encouragement to shower regularly and clean their teeth. A relative said, "Staff encourage [person's name] to be independent, they do need reminding."

● People were supported to maintain and develop relationships with those close to them, and be part of their local community. Staff were helping one person host a 60th birthday party at a local hall the following week for about 70 family and friends. They discussed the party food and decorations. Their relative said, "It was marvellous." Two people were members of their local church, and attended church services each week. The registered manager told us how one person was looking forward to spending Christmas with their sister. They were accompanying the person on a flight home and collecting them. The registered manager said, "If

you could see her face when she goes through [regional airport], it's lovely to see such joy."

Good

Is the service responsive?

Our findings

People received personalised care that met their needs through good organisation and delivery.

Personalised care

● One person said, "I am happy here, I like all the staff, [staff name] is my key worker, I talk to her." Another said, "Everyone treats me like an adult and listens to me." A member of staff said, "It's nice to be able to provide individualised care." Staff made sure a who liked to fresh flowers in their room always had them. Another person enjoyed shopping, and proudly showed us the new clothes they had bought on a recent shopping trip. In the afternoon, when people arrived home, they chatted around the kitchen table with one another and staff talking about their day.

● People's rooms were personalised with things that were meaningful to them such as family photographs, favourite soft toys and artwork. One person said they would like a yellow feature wall in their bedroom, and a bird feeder, which staff agreed to arrange for them.

● People were supported to pursue their interests and hobbies and did meaningful work. One person was a member of a drama group, and showed us pictures of production they were recently involved in. Another person liked drumming, swimming and told us how a staff member taught them to body board last summer. Other people attended a local art and craft group.

● At house meetings people discussed future group activities they would like. For example, a trip to the cinema, an outing to the local woods and a trip to the Eden project. Several people worked in an organic garden centre, growing vegetables, and a person made cards and jewellery for sale. Others did voluntary work at a charity shop.

●We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively. Information was provided in an easy read format that was easy for people to understand. One person had personalised signs and pictures they used to communicate.

● People's care plans were detailed about their individual needs and preferences, and were regularly reviewed and updated as their needs changed. However, care records were rather large and unwieldy. We recommend the provider also consider developing summary care plans in an easy read format, which would be more accessible to people.

Improving care quality in response to complaints or concerns

● People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure and people received written information about how to raise a complaint. People were asked to raise any concerns at household meetings, so minor disputes were resolved in a way that respected each person's rights. For example, about leaving lights on, and TV noise.

● No formal complaints had been received since the last inspection. The registered manager said, "I am here nearly all the time, so I can pick up on anything that's not right." A relatives' survey response highlighted communication as an area for improvement. The registered manager was proactive and met with them. They invited them to ring them anytime, and relatives said they were happy with the meeting.

End of life care and support

● The service had not provided any person with end of life care. None of the people who lived at the service had expressed any advanced decisions about resuscitation, or preferred funeral arrangements. We discussed this with the registered manager and encouraged them to try and capture people/relatives' views about end of life care.

●Staff supported people who had lost relatives and helped people remember their loved one in ways that were meaningful for them. For example, supporting a person to visit their mum's grave with flowers regularly, and by lighting a candle in church.

Good

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements

- The service had made significant improvements in quality monitoring systems. The registered manager sought some support with improving systems from external professionals and Cornwall Council quality monitoring team.
- Policies and procedures had been updated and strengthened.
- The recruitment process had been improved and included people being involved in meeting applicants, showing them around and providing their feedback.
- A new quality monitoring tool was introduced. An online rota system made rota planning more efficient and demonstrated people were receiving their required support hours. A training matrix monitored that staff were up to date with training and planned future training needs. Improvements to environment were made in response to findings of health and safety checks. The registered met weekly with the provider to implement and monitor the changes and improvements.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff expressed confidence in the registered manager. The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The registered manager worked five days a week, including weekends. They worked alongside staff and led by example.
- Each person had a keyworker, who was a key point of contact for people and relatives. At a review meeting, a relative noted a "marked improvement in the person's demeanour and appearance," and praised the service for the adaptations they made to meet their needs. At daily handover and staff meetings staff discussed how best to support individuals, reviewed any incidents, accidents or safeguarding concerns.

Engaging and involving people using the service, the public and staff

- People were consulted and involved in day to day decisions about the running of the home and through monthly meetings. One person showed us the gavel they used to keep order at household meetings, so everyone had their turn to speak. For example, one person was having a party and wanted blue and yellow decorations. People wanted to be more environmentally friendly, and staff agreed to research cleaning products. Everyone wanted to make a Christmas cake to take home as gifts, so staff agreed to start checking recipes and collect ingredients.
- Friends, relatives and advocates feedback was sought through a survey. Responses showed they were happy with people's care and quality of life. A relative praised a persons' keyworker for their initiative and professionalism. Where a relative identified an area for improvement, this was addressed to their satisfaction.
- Staff were consulted and involved in decision making and regular staff meetings were held. Staff had leads

roles co-ordinating staff on duty, for monthly cleaning checks, menu planning and shopping. There were plans to appoint a deputy manager and delegate more responsibilities to them.

● A staff survey showed staff reported positively about working for the service and did not identify any areas for improvement. A staff member said, "Staff are taken care, our needs and home life is taken into consideration. Your opinions are valued."

Continuous learning and improving care; Working in partnership with others

● The staff team had been involved in team building which enabled them to identify individual strengths and interests. A newer member of staff said, "I feel 100% supported, the team has gelled."

● The service was continuously learning and improving through training, and through local partnerships with health, social care and members of the local learning disability team. The registered manager was a member of the local Social Care Institute for Excellence network in Penzance. This meant the service had access to best practice resources for health and social care. They kept up to date with regulatory changes through monthly newsletters from Care Quality Commission.