

Burlam House Limited

Apple Mews Care Home

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: Apple Mews is a care home which provides nursing and residential care for up to 45 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of this inspection there were 29 people using the service.

People's experience of using this service: Improvements had been made to the service following our last inspection in October 2018. At the last inspection we found issues with care records, staff support and training, staffing levels and the governance of the service. We identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations related to Safe care and treatment and Good governance. At this inspection the provider and registered manager had driven improvement and made positive changes. Systems for overseeing the service were more effective. The changes had enabled staff to address most of the issues noted at previous inspections.

People told us they were happy living at the home and staff treated them with respect. Staff knew how to safeguard people from abuse. Medicine management was effective. People and relatives told us they felt the service had improved and was meeting their needs.

Most staff said they felt positive about how the service was being operated and that staff morale had improved. The registered manager used information following accidents and incidents to reduce the likelihood of future harm.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were able to participate in a range of activities if they chose to do so. The service worked with a range of professionals to best meet people's needs.

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

Rating at last inspection: Requires Improvement (report published 13 November 2018).

Why we inspected: Apple Mews Care Home had been rated as requires improvement since October 2017. We received an improvement plan following the last inspection of the service. We wanted to ensure the issues identified at the last inspection had been addressed.

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.

Further 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.

Apple Mews Care Home

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: Two inspectors completed this inspection.

Service and service type: Apple Mews Care Home is a 'care home'. People in care homes receive accommodation and nursing and 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 registered manager. 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 was an unannounced inspection.

What we did: We reviewed information we had received about the service, which included details about incidents the provider must notify us about. We obtained feedback from the local authority and healthcare professionals who work with the service. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with five people who used the service and five relatives to ask about their experience of the care provided. We spoke with the registered manager, a nurse, a senior carer, an administration worker, four care staff, an activities coordinator, a cook, a laundry worker and a domestic staff member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, medicine records and various records related to recruitment, the building, and the management of the service. After the inspection we asked the registered manager for some more information which they shared with us.

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, we found care plans did not always include clear information and risks had not always been assessed fully. Medicines were not always managed safely. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated this key question as requires improvement.

Following the last inspection, we asked the provider to send us an action plan to show the steps they were taking to ensure people received safe care, and to improve this key question to at least good. At this inspection we found sufficient action had been taken. The service was no longer in breach of any regulations.

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

Assessing risk, safety monitoring and management.

- Risks to people were assessed with guidance available for staff in how to minimise risk. Risk assessments covered areas such as transfer and movements, falls and skin integrity.
- Tasks carried out by staff such as undertaking laundry or using a sluice were assessed to reduce risk to people and staff.
- Checks on the environment and equipment took place, for example checks on nurse call systems.
- Plans were in place to ensure people were supported to leave the building in an emergency.
- We found that not all staff had received evacuation chair training from a suitably qualified person. We discussed this with the registered manager who told us this would be implemented.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed. One person told us, "They [staff] look after them, but I get them on time."
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.
- Staff were trained to manage medicines safely.

Staffing and recruitment.

- We received mixed feedback on staffing levels. One person told us, "Occasionally they [staff] look overworked but this is mainly when people ring in sick." We observed call bells were answered in a timely manner. The registered manager told us they used a dependency tool to set staffing levels that kept people safe.
- The provider operated systems that helped ensure where possible that staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One relative said, "I can go home at night and sleep knowing [person] is ok."

- Staff knew what to do if they suspected a person was being abused.
- Staff told us they were confident that any safeguarding issues they raised would be acted upon.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong.

- The registered manager and provider critically reviewed incidents and events and determined if improvements were needed.

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 we found staff did not have supervision sessions in line with the provider's policy. Further work was needed regarding the recording of consent. We rated this key question as requires improvement. At this inspection we found sufficient action had been taken.

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications were made appropriately and conditions were met.
- Where people lacked the mental capacity to make specific decisions staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.

Staff support, induction, training, skills and experience.

- At the last inspection we found staff had not had all the training they needed to carry out their roles safely. Nurses had not always had clinical competencies assessed. Nurses did not receive clinical supervision. At this inspection we found these issues had been addressed.
- Staff were trained in key areas such as fire safety and moving and handling. Where there were gaps in staff training dates had been scheduled.
- Staff were supported through regular supervision and appraisal.
- New staff received an induction which included working alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People's needs were fully assessed before they began to use the service.
- Care plans reflected people's current needs, such as eating and drinking, medicines and pain control.

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

- People were encouraged to be as independent as they could be with menu planning, eating and drinking. One person told us staff read the menu to them each day so they could choose their meal.
- Staff supported people with their nutritional needs as required.
- Kitchen staff had completed training to meet people's needs. The cook was fully aware of people's individual nutritional needs.
- People told us the food could be repetitive at times. We discussed this with the cook who told us a new menu was being implemented.

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

- The layout of the building provided adequate space for people with mobility needs.
- The building met the current needs of people supported however could be improved for people with a dementia type illness through better signage and themed areas.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people. People had regular access to healthcare services when they needed it.
- One relative told us, "I'm kept up to date on everything, If I feel [name of person] is not right they come and check... that's the beauty of having nurses here all the time."

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

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

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

- People told us they were happy at Apple Mews Care Home. One person told us, "It's smashing in every way. The staff are great they look after us well. Anything I want they are there." Relatives said they found staff were kind and caring.
- Staff interacted well with most people however for one person we observed this was not the case and they had little interaction with staff. The registered manager told us this would be addressed with the staff members involved.
- Staff knew the people well and treated them with respect. They took time to ensure people fully understood any questions asked and had time to think and respond.
- Where appropriate staff interacted in a light-hearted manner with people which they enjoyed.
- The service had a range of champions to share good practice in areas such as dignity and well-being.

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

- Staff knew people's communication needs very well. Information was recorded clearly in people's support plans. Specific communication aids were used to support people including a white board and a tablet computer.
- People were invited to regular meetings to discuss the issues important to them.

Respecting and promoting people's privacy, dignity and independence.

- Staff maintained the privacy and dignity of the people they cared for. One person told us, "The girls knock on the door before they come in."
- People's support plans set out how their independence could be promoted.
- Staff promoted people's independence where they were able. For example, People were encouraged to maintain their money handling skills by buying small items from the tuck shop that went around the service each day.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At the last inspection we found nurses did not always get time to complete care files thoroughly. This issue had been addressed and care plans had been completed comprehensively.
- Staff identified people's needs and preferences by assessing them prior to providing support. These were regularly reviewed and updated if needed. Records showed some relatives were involved in people's reviews.
- People's cultural and spiritual needs were considered as part of their initial assessment. One person was provided with food items in line with their religious beliefs.
- Staff handed over information about the people they had been supporting when finishing their shift. This meant staff coming on duty had up to date information to support people effectively.
- People told us they were happy with the activities available. The service had an activities coordinator. One person told us, "There's quite a lot going on."
- The registered manager was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Flash cards were used to support one person to communicate effectively.

Improving care quality in response to complaints or concerns.

- Systems were in place to ensure complaints were managed appropriately. Complaints were analysed to highlight any patterns.
- People and relatives told us that they knew how to make a complaint

End of life care and support.

- No one using the service was receiving end of life care at the time of inspection.
- An end of life care policy was in place to guide staff should this type of care need to be provided.
- Plans of care included information on people's end of life wishes if they chose to include it such as the type of funeral they would like.

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, we found the checks the provider and registered manager had taken had not been robust enough to highlight issues we found with delivery of care and the standard of record keeping. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated this key question as requires improvement.

Following that last inspection, we asked the provider to send us an action plan to show the steps they were taking to ensure people received safe care, and to improve this key question to at least good. At this inspection we found sufficient action had been taken. The service was no longer in breach of any regulations.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The management team completed a full range of quality audits and actions were identified and addressed to bring about improvements.
- Audit results were monitored by the provider and representatives of the provider visited regularly to provide support and undertake their own quality monitoring.
- Staff at all levels of the service understood their roles and responsibilities.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff showed a commitment to providing high standards of care.
- The management team understood the duty of candour and were aware of their responsibilities.
- Relatives told us they felt the service was well-led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People and most staff told us they felt listened to and that the registered manager was approachable. They were encouraged to share their views informally. One staff member told us, "It's extremely supportive company to work for." Most staff said morale was better since the last inspection.
- Meetings took place for people and relatives. These covered topics such as any changes at the service, meals and activities.
- Staff team meetings were held regularly. Staff said they could speak up at these. Meetings covered areas

such as plans for the service, communication and training.

- Surveys had been sent out to people and relatives and an action plan was in place to address the issues identified from these.
- The provider had used feedback from our last inspection and information to make improvements to the service and the care people received.

Working in partnership with others.

- The service worked with a range of other professionals and agencies to best meet people's needs.