

Applecroft Care Home Ltd

Applecroft 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

We inspected the service on 3 January 2019 and 4 January 2019. On the first day the inspection was unannounced and on the second day it was announced.

Applecroft Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Applecroft Care Home is registered to provide accommodation, nursing and personal care for 75 older people and people who live with dementia. There were 67 people living in the service at the time of our inspection visit. The service was divided into five self-contained units or wings. These units were called Permain, Discovery, Blossom, Russet and Pippin.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 29 February 2016 and 1 March 2016 the overall rating of the service was, 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found that the service remained, 'Good'.

People were safeguarded from situations in which they may be at risk of experiencing abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough nurses and care staff to provide people with the care they needed. Background checks had been completed before new nurses and care staff had been appointed. Measures were in place to prevent and control infection and lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people. Nurses and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included providing reassurance to people who lived with dementia if they became distressed. People were supported to eat and drink enough to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. People were supported to have maximum choice and control of

their lives. The registered persons had also taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice. Parts of the accommodation were not fully designed, adapted and decorated to meet people's needs. However, plans were in place to address these shortfalls.

People were treated with kindness, respect and compassion. They had also been supported to express their views about things that were important to them. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that promoted their independence. Information had been presented to them in an accessible way so that they could make and review decisions about the care they received. People were supported to pursue their hobbies and interests. The registered manager, nurses and care staff recognised the importance of promoting equality and diversity. There were arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager had promoted an open and inclusive culture in the service to ensure that regulatory requirements were met. People who lived in the service, their relatives and care staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered manager was actively working in partnership with other agencies to support the development of joined-up care.

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 remains 'Good'.

Is the service effective?

Good ●

The service was effective.

Care was delivered in line with national guidance to achieve positive outcomes for people.

People were supported to eat and drink enough to have a balanced diet.

There were suitable arrangements to obtain consent to care and treatment in line with legislation.

People receive coordinated care when they used different services.

People had been supported to receive on-going healthcare support.

Parts of the accommodation were not fully designed, adapted and decorated to meet people's needs. However, plans were in place to address these shortfalls.

Is the service caring?

Good ●

The service remains 'Good'.

Is the service responsive?

Good ●

The service remains 'Good'.

Is the service well-led?

Good ●

The service remains 'Good'.

Applecroft 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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons 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 also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 3 January 2019 and 4 January 2019. On the first day the inspection was unannounced and on the second day it was announced. The inspection team comprised an inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. We spoke with 17 people who lived in the service and with six relatives. We also spoke with four nurses, three team leaders, two senior care staff and four care staff. In addition, we met with the chef, the administrator and the registered manager. We looked at the care records for 10 people who lived in the service. We also examined records relating to how the service was run including health and safety, the management of medicines, obtaining consent and the delivery of training. In addition to this, we examined the systems and processes used to assess, monitor and evaluate the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of three people who lived with dementia and who could not speak with us.

Is the service safe?

Our findings

People felt safe using the service. A person who lived with dementia and who used sign assisted language to express themselves gave us a 'thumbs up' sign when we asked them about what it was like to live in the service.

People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People were helped in the right way if they were at risk of developing sore skin. They also were safely helped if they experienced reduced mobility and needed assistance to move about. The accommodation was fitted with a modern fire safety system to detect and contain fire so that people could be kept safe.

Medicines were ordered, stored, administered and disposed of in line with national guidance. Nurses and senior care staff who administered medicines had received training and had been assessed by the registered manager to be competent to safely complete the task. We saw medicines being given to people in the right way.

Each unit had their own staff team of nurses and care staff. On both days of our inspection there were enough nurses and care staff on duty to enable people to promptly receive all the care they needed. Records showed that there had been the same number of staff on duty during the two weeks preceding our inspection visit.

Safe recruitment practices were in place to ensure that only suitable people were employed to work in the service. These included obtaining references and a 'police check' from the Disclosure and Barring Service to establish applicants' previous good conduct.

Steps had been taken to prevent and control infection. Nurses and care staff used disposable gloves and aprons when necessary and understood the importance of promoting good standards and hygiene. We identified to the registered manager two minor shortfalls in the standard of hygiene achieved in the service. They assured us that our concerns would immediately be addressed.

Lessons had been learned when things had gone wrong. There were robust arrangements to analyse accidents and near misses so that action could be taken to help prevent the same things from happening again.

Is the service effective?

Our findings

People and their relatives told us that they were confident that the nurses and care staff knew what they were doing and had their best interests at heart. A relative said "I've no trouble at all with the staff who provide my family member with the care they need."

The registered manager had assessed people's needs and choices before they moved in so that care achieved effective outcomes in line with national guidance. New nurses and care staff had received introductory training before they provided people with care. Nurses and care staff had also received on-going refresher training and guidance to keep their knowledge and skills up to date. The subjects included how to safely assist people who lived with dementia, experienced reduced mobility and how to support people who lived with health care conditions. Nurses and care staff knew how to care for people in the right way. This included helping people to promote their continence. It also included helping people who lived with dementia if they became distressed so they did not place themselves and others around them at risk of harm.

People who needed help to eat and drink enough were assisted in the way they preferred. There was a choice of dish available at each meal time. People could choose to eat their meals in the dining rooms or in the privacy of their bedrooms. When necessary nurses and care staff provided people with individual assistance to eat and drink. Nurses and care staff specially checked how much some people were eating and drinking to make sure they were having a balanced diet. Advice from healthcare professionals had been sought and followed if people were at risk of choking. This included specially preparing food and drinks so that they were easier to swallow.

Suitable arrangements were in place so that people received coordinated care and had suitable access to healthcare resources. This included the registered manager liaising with people's relatives if transport arrangements needed to be made for the person to attend a hospital appointment or if a doctor's appointment needed to be made on their behalf.

There were suitable arrangements to obtain consent to care and treatment in line with legislation and guidance. The registered manager, nurses and care staff had supported people to make decisions for themselves whenever possible. When people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests.

The registered persons had made the necessary applications for DoLS authorisations and had made sure that any conditions placed on authorisations were met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

A small number of areas of the accommodation were not designed, adapted and decorated to meet people's needs and expectations. Each unit had a small kitchen that was used to prepare snacks and drinks. These kitchens had not been well maintained, looked unsightly and were difficult to keep clean. A further shortfall was the way in which bolts had been crudely fitted to some bedroom doors so that they could be

kept secure when not in use. This was the case even though the doors were fitted with conventional locks. We spoke with the registered manager about these shortfalls. They showed us documents to confirm that all the kitchens were about to be completely refurbished. They also assured us that the bolts referred to above would be removed so that all bedroom doors had a normal domestic appearance. Soon after our inspection visit the registered manager sent us photographs to show how one of the kitchens had been refurbished to a high standard. The registered manager also confirmed that all of the bolts had been removed.

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are really good and they care for me how I like it." Another person remarked, "Staff are very friendly, very kind and very caring."

We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom and using sign assisted language to discuss with them the clothes and jewellery they wanted to wear that day.

Nurses and care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been encouraged to decorate their bedroom with pictures and ornaments they had chosen.

People had been supported to express their views and be actively involved as possible in making decisions about things that were important to them. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. The registered manager had also developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We also saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Nurses and care staff had assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People and their relatives told us that the nurses and care staff provided them with all the assistance they needed. A relative said, "I find the nurses and the care staff to be very willing. My family member needs a lot of specialist help and I can see that they get it."

People received a wide range of practical assistance that met their needs and expectations. This included assistance with washing, dressing and keeping their clothes clean. Nurses and care staff had consulted with people and their relatives about the care they wanted to be provided and had recorded the results in an individual care plan. Parts of the care plans presented information in an accessible way using pictures and diagrams. This helped people to make and review decisions about the care they received. The care plans had been regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Nurses and care staff recognised the importance of respecting people's individuality. A person said, "I feel I am as treated as an individual with the staff taking an interest in my past." This included supporting people who wished to meet their spiritual needs through religious observance. Nurses and care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities.

People were helped to pursue their hobbies and interests. There were two activities coordinators who invited people to participate in a range of small-group activities such as playing board games and enjoying arts and crafts. They also provided individual assistance for people such as reading from the newspaper, hand care and chatting about subjects of interest.

People's complaints were listened to and used to improve the quality of care. People had been informed about how to make a complaint. There was a procedure for the registered manager to follow when investigating a complaint. Records showed that the small number of complaints received by the registered persons since our last inspection had been investigated properly and resolved as quickly as possible.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and their relatives to establish what medical care they wanted to be provided.

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "Yes, pretty good. I have what I need here and things are sorted." Relatives were also complimentary with one of them remarking, "I can recommend it here, the staff are good, in fact there is nothing bad about the home."

There was a registered manager in post who had promoted an open and inclusive culture in the service. Nurses and care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

Provision had been made to ensure that the service complied with regulatory requirements. Nurses and care staff were clear about their responsibilities and there was a senior member of staff on call during out of office hours to give advice and assistance. Nurses and care staff had been invited to attend regular staff meetings to develop their ability to work together as a team. Furthermore, nurses and care staff had been provided with up to date written policies and procedures to give them up to date guidance about their respective roles.

Suitable arrangements had been made for the service to learn, innovate and ensure its sustainability. Records showed that quality checks had regularly been completed to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and that people's health and safety was promoted. In addition to this, people who lived in the service, their relatives and staff had been invited to make suggestions about how the service could be improved.

It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with commissioners so that they quickly knew when a vacancy had arisen so that people could be offered the opportunity to move into the service as soon as possible.