

Larchwood Care Homes (North) Limited

Appleby

Inspection report

Military Road
North Shields
Tyne and Wear
NE30 2AB

Tel: 01912579444

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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

Appleby is a care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. One floor specialises in providing care and support for men who may display distressed behaviour. The service is registered to support up to 55 people. The regional manager confirmed that they would be submitting an application to reduce the number of people supported to 50 due to refurbishments within the building.

People's experience of using this service and what we found

Lessons had been learnt since the last inspection and widespread improvements were evident. Medicines were administered safely and regular medicine reviews were held. People told us they felt safe and staff were aware how to raise any concerns. Risks had been assessed and steps taken to minimise occurrence and impact. Safe recruitment practices were followed and there were enough staff to meet people's needs.

People's needs, and preferences were assessed and documented in care plans which were regularly reviewed and updated. People's healthcare needs were met, including an assessment of nutrition and hydration needs. Specialist advice was sought and followed when needed. Staff were well supported and said they attended relevant training which supported them to meet people's needs.

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.

Staff had time to develop meaningful and trusting relationships with people, their families and visitors. Staff were responsive to people's needs, recognising when people needed support which was provided in a timely manner and respected people's privacy and dignity.

People, and family members, were involved in planning care and support. People and visitors were happy with the care they received and said they were included in decision making. Staff worked with other professionals and family members to provide people with compassionate care at the end of their lives. People and family members knew how to raise concerns and complaints.

The registered manager had left Appleby in July 2019. An acting manager was in post who was committed to ensuring people received good quality care. The manager had developed an inclusive culture which promoted openness and continuous learning. Following our inspection, the manager applied to become registered with CQC.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (22 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Appleby

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 completed by one inspector, an assistant inspector, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Appleby 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.

At the time of the inspection, the manager was not registered with CQC. Following our inspection, they applied to become a registered manager. A registered manager and 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 sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer that gathers and represents the views of the public about health and social care services in England. 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 eight people who used the service and seven relatives about their experience of the care provided. We spoke with twelve members of staff including the manager, regional manager, senior care workers, care workers, activities co-ordinator, the chef, a housekeeper and maintenance. 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 five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance questionnaires. The regional manager informed us that the registered manager was making an application to cancel their registration. The provider was also submitting an application to reduce the number of registered spaces to 50 due to some refurbishment work that had taken place.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Organised systems were in place for recording and investigating safeguarding concerns. The manager made sure concerns were shared with the relevant authorities.
- Safeguarding training was completed by all staff who understood how to raise safeguarding concerns and were aware of the provider's whistleblowing procedure.
- People and their relatives told us they felt safe, one person said, "I feel very safe."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and steps taken to minimise the risk of occurrence.
- Appropriate risk assessments were in place for the premises. Checks on gas, water, electricity, fire and lifting equipment were carried out.
- Accidents and incidents were consistently recorded and reported to the manager who analysed the information for trends. They took relevant actions to minimise the risk of re-occurrence.
- Contingency plans were in place and up to date in the event of an emergency.

Staffing and recruitment

- Staff levels were calculated using a dependency tool. The skills of staff were considered alongside people's needs. Staffing on each floor included nurses, senior care staff and care staff.
- Staff were attentive to people's needs and people did not have to wait a long time for support. One person said, "Staff always chat, I can ask anything I like and they help me."
- Safe recruitment processes were followed. Newly appointed staff completed a comprehensive induction.

Using medicines safely

- Medicines were managed and administered safely with all relevant records completed. One person said, "I always get my medicines on time."
- Robust audits were completed which resulted in medicine reviews for some people.
- Pharmacy audits had been completed which identified no concerns.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- Housekeeping staff followed cleaning schedules so all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.
- A visitor said, "The Home is well maintained and clean. Rooms get a deep clean every week."

Learning lessons when things go wrong

- The manager explained how lessons had been learnt since the last inspection. This included implementing new processes and systems which had been reviewed and further improvements made.
- Examples included, more robust systems for auditing and improving care plans and medicines management.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to make sure mental capacity assessments and best interest decisions were completed and reviewed appropriately. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Mental capacity assessments and best interest decisions were documented. Relevant people had been involved and staff understood the reasoning behind the decisions.
- Care plans reflected the outcomes of DoLS applications and best interest decisions.

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

- Pre-admission assessments were carried out with people before they moved into Appleby to ensure the service was able to meet their needs and preferences.
- Care plans and risk assessments reflected people's needs and had been developed to include people's preferences and choices.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and ongoing training to ensure they had the relevant skills to

deliver appropriate care within their role. One staff member said, "I get regular supervisions and have had my appraisal."

- Nurses received additional training to compliment clinical skills. Competency assessments and observations were carried out.

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

- People were offered a choice of plated meals and offered alternatives if they did not want the main options.
- Staff supported and encouraged people to eat their meals in a kind and supportive manner.
- Specific dietary requirements were catered for. Staff understood the various texture of meals and confirmed recommendations in place following referrals to Speech and Language Therapists or Dieticians.

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

- Care records documented engagement with other agencies to ensure people had appropriate care and support.
- People were supported to attend appointments and professionals visited people in the home regularly. Including the local GP who visited on a weekly basis.
- A staff member said, "We are a good team and work well together. We listen to other professionals and follow their advice."

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

- The home was well decorated throughout with feature walls and tactile areas which were useful for people living with a dementia.
- Some areas had been thoughtfully designed to support reminiscence and orientation within the building.
- Secure outside space was accessible, and people were able to spend time outside in the gardens, coming and going as they chose to.

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, good. 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

- Staff continued to support people appropriately and respect their equality and diversity.
- Staff knew people well and understood their needs and preferences. One person said, "Staff all know how to care for me. They're all good."
- People's cultural needs were reflected in care plans and staff were able to discuss this with us, particularly in relation to dietary requirements.
- People and visitors were consistently positive about staff, who were highly thought of and recognised for their hard work and dedication.

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

- Staff engaged well with people, recognising when they needed support and explaining what support they were offering and seeking people's agreement.
- People and their relatives, if appropriate were involved in planning care to make sure it met people's needs and preferences. One visitor said, "Oh yes, I've been involved in everything, I shared likes and dislikes. The staff really do know [person] well."
- Information was on display for people and visitors in relation to complaints, safeguarding and advocacy so other sources of advice and guidance were available for people to use if needed.
- Staff had sufficient time to spend with people so care and support was individual to the person and people were not rushed. One visitor said, "Staff are helpful, friendly, and there's always someone around. Very approachable."

Respecting and promoting people's privacy, dignity and independence

- A relative said, "Staff do treat [person] with respect and dignity and they are very caring."
- Staff had the time to develop trusting relationships with people and their visitors and were respectful of people's dignity and privacy.
- Staff recognised when people were distressed or in need of support and took timely action to respond in a sensitive and discrete manner.
- Care plans were written in such a way to support people's independence and ensure personal care was provided in a respectful manner which maintained people's preferences and individuality.

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, good. 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

- Detailed plans were in place which documented how people wanted and needed to be supported to ensure their needs were safely and appropriately met.
- Plans were reviewed regularly with people and their relatives, if appropriate, so if people's preferences changed this was updated in care plans.
- Effective processes were in place so care plans were regularly evaluated and any changes in people's needs were quickly updated to make sure people received consistent care.

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.

- An assessment of people's communication needs were made as part of the pre-admission process. This information was then used to develop care plans.
- Staff spoke with us about using prompt cards to communicate with one person whose first language was not English.

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

- The home employed an activities co-ordinator and were in the process of appointing another who was specifically recruited to support activities on the all-male floor of the home.
- Activities were displayed throughout the home. People told us a range of activities and events were offered, including entertainers, comedians and pet therapy.
- Local school children also visited the home and visiting vicars held regular church services.

Improving care quality in response to complaints or concerns

- The manager investigated and responded to complaints in conjunction with the provider's policy. Appropriate learning was taken from complaints and concerns where necessary.
- People and visitors said they knew who to speak to if they wanted to raise a concern or complaint. One person said, "There's nothing to make a complaint about, they're so good."
- At the time of the inspection there was one ongoing complaint which the provider was due to respond to.

End of life care and support

- Staff worked alongside the palliative care team to support people at the end of their lives.
- A staff member said, "People will stay here if we can meet their needs and they want to be here. Families prefer people to be here as we know them and their family. Families can come and stay and be with their family member, it's comforting for them. I tell staff, "It's the last little bit families remember so you care for people as though they are your family member and how you would want them to be treated – with respect and dignity."

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 requires improvement. At this inspection this key question has now improved to good. This meant 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

At our last inspection the provider had failed to ensure the quality assurance systems had been used effectively to identify, and act upon areas for improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A manager was overseeing the running of the home who clearly knew people well and understood their role and responsibilities. They said, "Things have improved dramatically since the last inspection. We have been doing pre-CQC monitoring visits reviewing records and systems and making staff comfortable with the processes." Following our inspection, the manager applied to become a registered manager with CQC.
- Regulatory requirements were understood, and improvements had been made since the last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had established a positive culture and people, staff and visitors were complimentary of the changes they had made. A staff member said, "We have team meetings and we can share ideas and say what we need to. If something isn't working we can say so."
- The atmosphere was calm and homely. Staff worked with a quiet confidence, responding to people's needs in a way which minimised risk and reduced any potential impact on others.

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

- The provider and manager understood duty of candour, explaining that if something went wrong they were open and honest about it, made necessary improvements and apologised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings had been held throughout the year for residents and their relatives to receive updates on the service as well as discuss any upcoming events or changes within the service.

- Quality assurance surveys were completed annually and sent to people, relatives and staff. Feedback had been analysed and found to be positive in all areas.

Continuous learning and improving care

- The manager had identified that an area for ongoing improvement was the completion of daily charts in relation to nutrition, hydration and personal care. They had increased daily walk arounds and checks on personal care records as a means to address this. It had also been discussed with staff. We found this approach was leading to required improvements.
- A service action plan was in place which included all areas for improvement or development identified through a range of sources including feedback and internal and external audits.

Working in partnership with others

- Staff were working in partnership with key stakeholders, including the clinical commissioning group, multi-disciplinary teams of social workers, district nurses and GPs to achieve positive outcomes for people.
- Regional manager meetings were held so managers could share lessons learnt and best practice.