

Appleberry Care Limited

Appleberry Care

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

This announced inspection took place on 26 June 2017. During our previous inspection we found breaches in regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made to all these areas.

Appleberry Care provides care to adults and children in their own homes. These include people with learning and/or physical disabilities as well as older people. At the time of the inspection there were 31 people using the service. Of these 31 people ten were receiving personal care.

The service had a registered manager in place. 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.

During this inspection we found the service to be safe. The registered manager was aware of the improvements needed to ensure medicines were administered and recorded safely. Following the inspection the service had been offered support in this area from a reputable source. We made a recommendation about medicines.

People's needs had been assessed, and care plans and risk assessments were in place to ensure as far as possible people's needs were met. Where changes in people's needs occurred, records were altered and staff informed.

Recruitment systems were in place to ensure people employed by the service were safe to work with children and adults.

There were sufficient numbers of staff to meet people's needs. Staff were able to carry out their required roles safely as they were not rushed and had sufficient time to spend with people.

Staff were trained in how to protect people from abuse, along with training in other areas of care, for example health and safety and medicines.

Staff spoke positively about the registered manager and office staff. They told us they were supported and received supervision and training to enable them to carry out their roles. The registered manager was accessible and responded quickly when staff required support or advice.

Staff were aware of the Mental Capacity Act 2005 but at the time of our inspection there was no one using the service that this applied to.

Staff were described as caring, and professional. People and their relatives spoke positively about their

relationships with staff. We were told the staff appeared to be skilled and knowledgeable in how to meet people's needs and how to support them.

Staff showed respect to people and protected people's dignity and privacy. They communicated effectively with people and their relatives. They understood the importance of enabling people to be as independent as possible.

People and staff told us the registered manager had made improvements to the service since our last inspection. The registered manager had reviewed care plans and risk assessments, they had ensured these were accessible to people and staff.

The registered manager had met with people to review their care and had carried out telephone consultations with people to receive feedback on the care they had provided. From this information improvements had been made. Additional administrative staff had been employed to assist with the running of the service. We received positive feedback from people and staff regarding the administrative staff.

The registered manager had introduced competency checks on staff, and had increased the regularity with which staff received supervision and support.

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.

People were supported with medicines by trained staff, however assistance with improvements to records was required.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. This minimised the risk of unsuitable candidates working with people.

People were protected from harm, as staff knew how to protect people from abuse and who to report concerns to.

Is the service effective?

Good ●

The service was effective

Staff had received training to enable them to carry out their roles; the training was on-going and relevant to the care being provided by the service.

People received care from staff who were supported through supervision. Their competency was checked by the registered manager.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the caring attitude and skills of the staff.

Staff knew how to protect people's privacy and dignity

Staff understood the importance of assisting people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

An assessment of need, followed by a care plan and risk assessment was in place for each person receiving a service. This protected people from receiving inappropriate care.

Care packages were reviewed regularly with people or their representative to identify if any changes were needed.

Is the service well-led?

People and staff told us they thought the service was well managed.

People and their relatives felt the service responded well to their needs

Audits of the service had been completed and improvement plans and actions had been taken to improve the service to people.

Good ●

Appleberry Care

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 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.

This announced inspection took place on 26 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out during the day; we needed to be sure that someone would be available to assist with our inspection.

The inspection was carried out by an inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and used this to inform our inspection.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, medicine administration record (MAR) sheets and other records relating to the management of the service. We spoke with one person and three relatives on the telephone prior to the inspection and two staff following the inspection. We spoke with the registered manager and the administrator during the inspection. We examined staff training records and support for all staff members and employment records for one staff. Other documents we viewed included quality assurance audits, minutes of meetings with staff.

Is the service safe?

Our findings

During our previous inspection in February 2016 we found breaches of Regulation 12 and regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were placed at risk of harm as the registered manager had not ensured the competency; knowledge and skills of staff were of a sufficient standard to meet people's needs in a safe way. We also found the provider failed to ensure care plans were accurate and contained up to date information. Records related to the safe administration of medicines were not accurate or up to date. We issued requirement notices against the provider and requested an action plan, which the provider sent to us. During this inspection we found these specific areas had improved and these requirements had been met. However, the records related to medicines required some further developments.

People's relatives and one person told us they thought the service was safe. One relative told us they had read the care plan and risk assessment associated with the care provided and they believed they were accurate and up to date. This gave them confidence the care was safe. Another told us they felt the service was safe as there had been no incidents and their loved one appeared happy to receive the care and support of staff.

Where people required support with the administration of medicines, this was provided by trained staff. Each person's required medicines were documented on a Medication Administration Chart (MAR). These were written by a designated staff member. We found some information was missing. For example one person's MAR chart did not include the times the medicines were expected to be administered, the frequency or the route. We spoke with the registered manager about this. They agreed they needed specific support around improving the records related to medicines. Although staff were trained and there had been no incidents related to medicine errors, improvements were necessary. Following the inspection contact was made with the Quality in Care Team from Buckinghamshire County Council who offered to support the provider in the areas necessary.

We recommend the provider follow current best practice in regards to maintaining their medicine records in domiciliary care settings

A person and relatives told us they had no concerns about the way medicines were administered. Those staff who supported people with medicines told us they felt they had received sufficient training to carry out their role.

Risks related to care provision had been assessed. These included environmental risk assessments and risk assessments in relation to the health and safety of the person using the service and the staff. For example moving and handling, road safety and travel. Care plans were in place to describe to staff how people wanted their needs to be met. Staff were familiar with people's needs and were able to discuss these with us. People's relatives confirmed the information recorded in the care plans and risk assessments was up to date and accurate.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered

employment. These included the completion of an application form, checks with the disclosure and barring service, and proof of identity documents. References were also sought from previous employers to account for the candidates conduct in previous roles.

The provider assessed the needs of people and matched this to the required staffing level to meet their needs. People told us there were enough staff, and although occasionally there may be delays, these were due to circumstances outside of staff's control. One relative told us the best thing about using Appleberry care was the staff were reliable and turned up on time, this made a big difference to them. Relatives and one person confirmed they had not had any missed visits and staff stayed for the allocated time.

Staff had received training in safeguarding children and adults from abuse. They were able to tell us how they would protect people and knew who to contact if they had any concerns. Staff told us they had confidence that management would deal with any concerns they raised. We discussed with the registered manager how they would benefit from advanced training in safeguarding in relation to their management position. They told us they would look into this. This would assist them to be confident in the reporting process and to ensure they could protect evidence should any safeguarding concern arise. At the time of the inspection there had been no safeguarding concerns identified.

Is the service effective?

Our findings

During our previous inspection in February 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to provide appropriate support, training, supervision and appraisal to enable staff to carry out the duties they were employed to perform. We issued a requirement notice against the provider and requested an action plan, which the provider sent to us. During this inspection we found improvements in this area which met this requirement.

A person who used the service and relatives told us they believed staff were suitably trained to carry out their role. One person told us "They [staff] all do the things I expect them to do." Another relative described the staff member caring for their loved one as "She is very happy and relaxed. She is very independent, and very experienced, which means I don't need to watch over her."

Staff told us they felt they had received sufficient training to carry out their role. Staff spoke with us about additional training they had received for example where staff were required to support a person with epilepsy they had received training in this area and in how to administer emergency recovery medicines. Where staff were working with a person who had a Percutaneous endoscopic gastrostomy tube (PEG tube) they received specific training in this area. A PEG tube delivers food and fluids to a person via their abdomen.

Records showed all staff had completed the training deemed to be mandatory by the provider. These included fire training, moving and handling and safeguarding amongst others. Checks were made on the staff competency in relation to moving and handling and medicines. Checks were made with people and their relatives regarding the quality of the care being provided by staff. Staff were advised during their supervision sessions on the feedback received.

Records evidenced staff received supervision from the registered manager. Staff told us they found these sessions useful. One staff member told us "I addressed some issue I was worried about and it is all sorted now. You can have face to face or they [registered manager] send you a form to fill out, which you return. This is followed up with either a face to face or a telephone conversation." Another told us "You have the opportunity to talk about the training you need and discuss how work is going and if you need support. You get feedback on how you can improve." The registered manager told us they had worked out a system of planning supervision pro rata. As some staff only work a few hours over a month compared to others who work a lot of hours. Those who worked full time hours received more regular supervision than those who worked less. They felt this was more appropriate and achievable. Supervision records showed thorough discussions took place and staff were encouraged to bring ideas forward of how the service could be improved. This ensured staff were being supported to carry out their role in line with the provider's expectations.

Staff meetings were also being held. There was a difficulty in all staff being available to attend staff meetings due to the hours staff worked. Minutes were circulated to all staff including those who were unable to

attend. This ensured staff were kept up to date with any changes in the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We were told by the registered manager that the adults who used the service had the mental capacity to make their own decisions and choices. Children were represented by their guardians. We discussed future plans where it may be possible that some of the children would be moving into adulthood and would therefore require the protection of the MCA. The registered manager was aware of the need to assess people's mental capacity and ensure the best interest process was followed. Staff were able to tell us about the MCA and how this would apply to people and their care.

We read where appropriate children and their guardian's had been consulted on the care they received. Where decisions were made regarding changes in care the appropriate people were consulted. Care plans documents included consent forms. These had been provided to and signed by people or their representatives for the care they were receiving and to agree access to personal information by the commission or social services.

Where people required support with eating and drinking this was carried out by staff. We understood there were very few people who required this assistance. This was because people were independent with food and drinks or their relatives provided this help. For one person a PEG tube was used and staff were trained to ensure this happened safely. For another person food was an issue, and staff received clear instructions on how to support the person with their dietary requirements. The person's relative told us their loved one was on a weight management plan, they were being supported by their family and staff to follow this. At times this proved to be difficult, however the relative told us the staff member was aware of what needed to be done, and carried out their role with maturity and respect.

People's health needs were monitored by staff and family members. Relatives told us they were usually present at the time the care staff were working. If any concerns arose they would discuss them between themselves. Staff told us they would update themselves on any changes to people's health needs by reviewing the care plan for updates. Records showed people were supported to maintain good health through the use of GP's and specialist professionals.

Is the service caring?

Our findings

Feedback we received regarding the staff at Appleberry Care included "It took a while to get to know her [staff member]. She is very good. To me it is all about the good care she provides. She gets on with things without having to be asked or told, she is very professional." "The carer is friendly and helpful, they listen if there are any changes needed, and they do what I ask." "I trust them implicitly, she [staff member] is almost me.She would take him [person using the service] home if I let her."

Staff were able to describe to us how they protected people's privacy and dignity. One staff member told us they supported a person to take a shower. The person took a communication device with them so they could summon help if needed. The staff member stood outside the door which was left ajar so the carer could hear if they needed help. This was an agreed arrangement to ensure the person's privacy and dignity were protected. A relative told us their child's dignity and privacy were protected by the staff member never following the child when they went to use the bathroom. They never entered the child's bedroom unless they were invited. This protected the child's privacy and dignity.

Staff told us how they showed respect to people. One staff member told us of the importance of remembering they were in the person's home, and although they were working they remembered they were a visitor and took their shoes off, and behaved as a visitor. Another told us they showed respect to the people they cared for by not imposing their wishes on people.

People told us they felt communication with the provider was good and they felt listened to and their views mattered. Comments included "They are very good, they keep me updated and let me know if anything changes. They ask me how things are going, the manager rings or emails me to check on any changes, it's good." "They [registered manager] take it on board and see if they can meet your needs. I didn't feel the previous carer was competent. I told the manager and now I have got a more experienced carer." A third relative told us "They listen and I can now get hold of them easily and they know my daughter well."

Staff understood the importance of assisting people to be as independent as possible. One relative told us "[named carer] is very good at allowing him to be independent and make choices." Another relative told us how important it was the staff member allowed the child to develop their independence skills. They said "It is [named staff member] responsibility to ensure [named person] has appropriate food, exercise and improve their self-image". They went on to tell us they were very specific with the agency about the type of staff member they wanted to support their child. "One condition of employment was the staff member had to actively participate in sports and activities." The staff member did join in with activities and sports. They also supported the child with voluntary work. The child was supported to be aware of their responsibilities, for example, keeping their bedroom tidy. In doing so this enabled the child to develop independence skills and to improve their self-image. Their relative described this as "Things to do to feel proud."

Is the service responsive?

Our findings

During our previous inspection in February 2016 we made a recommendation about people's care plans. This was because they were not always up to date and accurate. Care plans were also not always available to staff in people's homes. During this inspection we found this had improved. Each person using the service had care records in their home. Staff and relatives told us they had read the plans and risk assessments and in their opinion they were up to date and accurate.

People's relatives confirmed prior to the commencement of care a needs assessment was carried out. Documents verified this. This was to ensure the service was suitably equipped to meet the person's needs. Documents we read demonstrated this was completed with the person or their representatives. From this a care plan was drawn up. Care plans and risk assessments contained information regarding people's care needs and how risks could be minimised. There was sufficient information to guide staff as to the required tasks to be completed on each visit. Information also included people's cultural or religious needs, health needs and social needs. People's preferences and dislikes were recorded to guide staff on how care should be provided in line with people's wishes.

Prior to the service starting, people or their representatives were asked about the type of staff member they would like to provide their care. This included age, gender, and any specific requirements. The provider would try and match the staff member to the specified request. They also took into consideration, the experience of the staff member, their skills and the travel distance required. People's representatives told us this worked well. One relative told us "We asked for a particular type of person, one who was happy to be outdoors and playing." Another told us "I asked for a strong, mature staff member, someone who can stand up to [named person]. Someone who could head off an adverse situation with humour." Both relatives told us they felt the staff members working with their relatives were well suited and they were pleased with their performances.

Care plans were reviewed regularly and any changes in care needs were documented. One person and people's relatives told us they had been visited by the registered manager to check the quality of the care was meeting their expectations. Telephone calls from the office were also made to discuss people's satisfaction with the care and to note any changes that may need to be made, both to the practice and the documentation. People and their relatives told us they felt involved in the planning of the care for people, and felt their views were listened to and acted upon.

People and relatives told us they knew how to complain. The registered manager told us they had not received any formal complaints since the last inspection. Staff knew how to deal with complaints and a complaints policy was in place to direct staff and people as to the timescales and the expected responses from the provider. Where people had raised concerns we were told these were acted upon. For example one person told us they had raised concerns about the behaviour of a staff member. This had been addressed by the registered manager and they were satisfied with the outcome.

Is the service well-led?

Our findings

During our previous inspection in February 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not always up to date, accurate or appropriate. Safeguarding notifications had not been sent to us, and there was a poor managerial oversight of the service. We issued a requirement notice against the provider and requested an action plan, which the provider sent to us. During this inspection we found all these areas had improved and the requirement had been met.

Since the last inspection there had been a change of registered manager. The current registered manager was also the owner. They had been the registered manager since February 2017. Since this time they had worked hard to improve the service to people. They had employed administrative staff to ensure that paper work and contact with people and their relatives had improved. We found they had been successful in this respect.

People spoke positively about the management of the service. They told us that contact had improved with the office staff. Comments included "We have seen improvements since the new lady [Registered manager] took over. She keeps me up to date and gives staff very clear instructions. She has been very professional with everything." "[Registered manager] visited, it was just a catch up, I was introduced to the new [administrator] Things are much better. Previously if there were any problems you always had to leave a message, things didn't get sorted out. Things now are much better." "If I don't get through on the telephone, I always leave a message and they do action it."

Staff confirmed they had a positive relationship with the registered manager and the administrative staff. One staff member told us due to the locations they worked in they did not always get a phone signal. If they required information they would email the office staff who always responded quickly. They told us " [Named administration staff] are so good, if you need anything even after hours they help you. Things get sorted out quicker now, before we were always waiting for things to get done."

Staff told us the registered manager was accessible and supportive. They felt they could contact the registered manager at any time, for advice or to discuss issues. They were aware the registered manager wanted to ensure a high quality service was provided to people. They felt this was happening in the service. They told us they believed the service was aiming to "deliver a good service and to meet the needs of clients." "To continue to be a better service and to continue to grow. They want to keep their clients and staff happy." Both staff members confirmed they felt the service was achieving their aim. As a result of the support staff were receiving they told us they were happy with their work. Comments included "I am very happy with my job, all my clients are lovely and I do the best I can for them." "I enjoy working at Appleberry...I feel supported by them."

The registered manager had introduced incentives for staff to perform at their best. One staff member told us of a supervision session they had with the registered manager. They said the feedback from the person's family with regards to their work had been complimentary. The registered manager acknowledged their

achievements. They were given a gift voucher as recognition of their work. They told us "It was a nice surprise, you don't always get positive feedback with other agencies." The registered manager was keen to support staff and reward good practice.

The registered manager carried out audits and competency tests on the administration of medicines, moving and handling and the performance of staff. They obtained feedback from people using the service and their relatives through home visits and telephone conversations. Staff told us they felt comfortable to feedback to the registered manager through supervision and team meetings. People and their relatives told us where they had given feedback, action had been taken to improve the service to them. For example, where a staff member wasn't deemed by the family to be a suitable match, a different staff member was assigned. Administrative staff were in the process of meeting each person or their representatives to enable them to be familiar with the care being provided and to enable them to build a rapport with people.

The registered manager had sent the commission notifications in relations to changes that had occurred in the service, this is part of the legal requirements of registration.

The service had a contingency plan in place in the event of adverse or emergency situations that could affect the running of the service, for example, flooding or power cuts. This meant the service would prioritise the service provided to the most vulnerable people until a full service could be restored.

Staff told us they would be happy for a loved one of theirs to receive care and support from Appleberry care. People who used the service and relatives told us they would recommend the service to others. Comments included "[Staff name] is completely amazing... I am happy with my care." "They are looking after her well... I am happy with the timings and the staff complete all the tasks." "I trust them implicitly. There is mutual respect on both sides. They give me peace of mind, as it is working so well I don't even think about it, I don't have to be anxious."