

## Society of the Holy Child Jesus CIO

# Apley Grange

### 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

Apley Grange is a care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

The service is split into three areas; Hilda House which provides support for people who live relatively independently, Margaret's House which provides nursing care and Cornelia House which specialises in providing care to people living with dementia, some of whom require nursing care.

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

People were safely supported to meet their needs and improve their quality of life. Staff were safely recruited and enough staff were deployed to support people in a patient and caring way.

Staff understood people's needs, risks and how to provide safe support. Medicines were managed and administered safely. Checks of bed safety rails and window opening restrictors had not been documented, health declarations were not recorded for all staff and there were minor examples where risks assessments would benefit from more detailed information. We made a recommendation about documentation in relation to risks and how these were managed.

The registered manager was very responsive to feedback and clearly committed to continually improve the service. They promoted a very person-centred culture. Staff worked together to effectively meet people's needs and improve their quality of life. Regular audits helped monitor the quality and safety of the service.

People were treated with dignity and respect and their independence was promoted. Staff encouraged people to engage with their relatives and friends. Activities and events were arranged with people's hobbies and interests in mind. People were supported to access the wider community.

People were well cared for by staff that were trained and supported to carry out their roles. Staff knew people extremely well and were knowledgeable about when to refer to other health professionals for advice and/or support. Communication care plans were in place to support people's communication preferences.

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. People's choices were respected by staff.□

People were given opportunities to express their views and make suggestions, these were listened to and respected. The service was responsive to support people's needs which had a positive impact on all aspects of their well-being.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 5 August 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### 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** ●

# Apley Grange

## 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

This inspection was carried out by two inspectors 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

Apley Grange 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.

The service had a manager registered with the Care Quality Commission. 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 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and one visiting relative for their feedback about the service. We spoke with five members of staff including the registered manager, two nurses, one care worker, an activities co-ordinator and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

The provider sent further documentation to us in relation to training records and risk assessments.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by staff who had been safely recruited. We spoke with the registered manager about completing health declarations for all staff, to make sure they were fit to work, and they agreed to address this.
- Checks helped make sure nurses had an active registration to practice.
- People received patient and unrushed care and support when needed. They told us, "I'm absolutely safe, there's always nurses and carers about" and, "There's plenty of staff around. If you press the buzzer, someone comes quickly."
- Sufficient staff were deployed. The registered manager monitored feedback and completed observations to make sure enough staff were on duty.

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

- People were supported by staff who had been trained to identify and respond to any safeguarding concerns.
- The provider had a safeguarding policy and the registered manager understood their responsibility to work with the local authority to address any safeguarding concerns.

### Assessing risk, safety monitoring and management

- People's needs were assessed, risks identified and plans put in place to help keep them safe.
- Staff showed a good understanding of people's needs and how to support them to stay safe.
- Some risk assessments, for example in relation to people's health conditions, would benefit from more information and the registered manager agreed to address this.
- The home environment was safe and well-maintained; we spoke with the registered manager about documenting regular checks of bed safety rails and window opening restrictors to make sure these remained in safe working order.

### Learning lessons when things go wrong

- Staff responded to any accidents or incidents which occurred to help keep people safe. The registered manager planned to introduce new forms to record more detailed information about what had happened and how staff responded.
- The registered manager monitored accidents and incidents to help identify any patterns or trends and to make sure appropriate action was taken to reduce risks and prevent a reoccurrence.

### Using medicines safely

- People received safe support to take their prescribed medicines.

- Staff were trained and checked to make sure they knew how to safely manage and administer people's medicines.
- Regular audits helped make sure medicines were stored, recorded and administered safely.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had been trained and used personal protective equipment, such as gloves and aprons, to reduce the risk of spreading germs or healthcare related infections.
- The service was very clean; staff regularly cleaned and deep cleaned all areas to prevent and control the risk of infection.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before moving to the service. Reviews and ongoing assessments recorded all aspects of people's lives to enable them to live fulfilling lives.
- Best practice tools were used which ensured care quality was of a high standard. For example, oral health assessment tools were used to ensure people's oral hygiene was considered and supported.
- Staff regularly encouraged people's to be involved in reviews of their care needs. Regular meetings were held with staff, relatives and people to ensure their views were heard.

Staff support: induction, training, skills and experience

- People were supported by experienced and competent staff. Staff received regular refresher training to support them in their role. Additional training was highlighted and completed to guide staff to support people with specific health conditions in line with best practice.
- New staff completed an induction into the service. Staff shadowed experienced team members until they were deemed competent to work alone.
- Staff received continuous support and guidance from the management team. One member of staff described the registered manager as, "Very approachable. They are visible and know exactly what's going on, as they do a walk around every day."

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

- People were supported to eat nutritious food and maintain their hydration. Health professionals had been contacted for guidance or to complete assessments when concerns were identified.
- People were offered or could access a choice of refreshments themselves throughout the day. We received positive feedback from people about the food. One person advised, "The food is excellent and there are plenty of choices."

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

- People received reliable and timely care that improved their outcomes. This included staff documenting visible weight changes and liaising with the GP when people were distressed about being weighed.
- Staff worked closely with other health professionals to support people's health and well-being. Comments from people included; "I go with the staff to the dentist at [name of pharmacy]" and, "They [staff] get a doctor if you need one. I have seen a dentist here."
- A summary of people's needs was available to other agencies. This ensured people were supported consistently in line with their needs and preferences when transferring between services, such as hospitals.

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

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.

- The registered manager had made appropriate applications to lawfully deprive people of their liberty. These had been reviewed before they expired to ensure only those needed were re-submitted.
- Where people lacked mental capacity to make particular decisions, processes were followed to ensure decisions were made in the person's best interests. Where health professionals had been consulted their input was recorded as part of the decision making process.

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

- The service was adapted to meet people's needs. Corridors and communal areas were spacious to facilitate those people using wheelchairs. Pictorial signage was in place to promote independence.
- People were able to personalise their rooms with personal belongings. Doors to people's private space were decorated with things that were familiar to them. People accessed the outdoor space available to them to exercise daily in the gardens.

# 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. 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 were kind and caring towards people. One person told us, "They [staff] are just wonderful."
- Staff worked hard to ensure a person centred culture. Staff knew people well and involved them with planning activities and events, these included; monthly speakers; a trio coming to play Christmas music and drives out to enjoy the local scenery.
- Peoples religious and cultural beliefs were respected. People could choose to attend communion, mass or watch daily mass on the television screens available in communal areas.
- People were treated well and supported by management and staff. The management team spoke with people during daily walk rounds, whilst staff engaged people in meaningful conversations.

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

- Staff understood peoples communication preferences and how to support them. Staff communicated with people using a mixture of non-verbal signs, picture cards when needed and by slowing their verbal communications so people could understand and process information.
- Staff worked alongside people to ensure they had time to complete daily routines. This included encouragement and time to make their own decisions about their care.
- People were given information about advocacy services. This meant people could access support to express their views.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff upheld people's rights and ensured they were not discriminated against.
- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and seeking their permission before entering. One person advised, ""They [staff] always knock and give us privacy."
- Staff understood and respected people's choices and preferences. Some people did not wish to join in daily activities and preferred to spend more time in their own rooms or sit quietly in the library.
- Staff knew the importance of promoting people's independence and were aware of how abilities may change on a daily basis. One person told us, "Sometimes I need help, sometimes I can manage."

# 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. 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

- Care plans contained detailed information about people's needs, interests and preferences. These were reviewed regularly or updated when people's needs changed.
- People's care records did not always include planning for all their health conditions, such as dementia related conditions. The registered manager advised this would be a work in progress to explore how these affected people and how they would like to be supported.
- People received personalised care to meet their needs. Staff highlighted any concerns and responded appropriately when people's needs changed.
- People had choice and control of their lives. Staff supported people to when needed so their choices were respected.

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.

- Staff were aware of people's communication needs. Communication care plans were in place.
- The provider and registered manager were aware of the AIS. Alternative formats were available to people if needed, such as large print.

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

- People were supported to maintain relationships with their family and friends. Some people had their own mobile phones to keep in contact with people. One person told us, "I've got my own computer."
- Group and one to one activities were planned to encourage social interaction. People's hobbies and interests were considered when planning these. Some people had a love of animals and there had been animals visiting the service.
- People were encouraged to engage in activities that supported their faith, such as mass.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. One person advised, "If I had a complaint, I think I'd probably say something to the carers."
- The complaints process was displayed in the service. No complaints had been made since our last inspection.

## End of life care and support

- People's end of life care wishes had been discussed with them. The registered manager advised at present these were discussed privately and held by one member of staff. The registered manager was working to ensure these were more accessible.

## 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 good. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- People gave positive feedback about the management of the service. They told us, "This place is very well run, everyone is equal. I'd recommend it to anyone and everyone."
- The registered manager used a range of regular audits to continually monitor the quality and safety of the service. Action plans were in place where issues had been identified.
- We made some suggestions in relation to record keeping. For example, documenting checks of bed safety rails and window opening restrictors, completing health declarations for all staff and recording more detailed information about risks relating to people's health conditions.

We recommend the provider review record keeping in relation to risks and how these are managed.

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

- People benefited from a very caring and person-centred culture within the service. A person explained, "It's a wonderful place. They keep our individuality." A visitor commented, "There is an atmosphere of love here, there is real care for the individuals."
- There was a strong focus on supporting people to meet their spiritual needs and to continue practicing their faith.
- Staff were person-centred in their approach. They worked together to provide patient support for people to meet their needs and promote their quality of life. A person said, "The staff are marvellous, you couldn't get a better place."

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 registered manager understood their responsibility to be open, honest, and apologise to people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and visitors felt able to speak with staff or management; the registered manager had an 'open-door' policy and welcomed and responded to feedback to continually improve the service.
- Staff and management worked collaboratively with people to improve the service; feedback was

encouraged and they listened and responded to people to meet their needs.

- Satisfactions surveys were used to engage people and provided further opportunities to give feedback about the service.