

Cinnabar Support and Living Ltd

Appleby Grange

Inspection report

Bongate
Appleby In Westmorland
Cumbria
CA16 6HN

Tel: 01768351503

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26 August 2020
02 September 2020

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14 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Appleby Grange is a care home that provides nursing and personal care for adults. The service can support up to 29 people. At the time of the inspection there were 24 people living at the home.

The home consisted of a large adapted main building and two ground floor flats in the grounds.

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

At the last inspection the provider had not made sure that governance systems were sufficiently effective to monitor and improve the quality and safety of the service. Since then there had been improvements in the way the staff carried out audits to check the safety of the service. The provider was developing corporate governance tools so the home could be monitored against its own expected standards. We have made a recommendation about this.

At the last inspection some staff had not always had training in essential areas. This had improved and staff spoke positively about the training they had received during the pandemic.

At the last inspection there were no records to show how decisions had been taken by others in the best interests of people who lacked capacity. Records were now in place and there were plans to improve these further.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

The service was safe. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe way. There were enough staff to make sure people received care and support when they needed it.

People's needs were assessed to make sure their care could be provided by this service. Staff were familiar with how people needed to be supported. Staff worked well with other health services to make sure people's health care needs were met.

Relatives praised the care that people received. They described staff as knowledgeable and friendly. Relatives and staff said the home was well-run and the registered manager was "very approachable".

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 (published 14 April 2020) and there were three

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.

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Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent, staff training and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Appleby Grange on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Appleby 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector 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 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

We gave less than 24 hours' notice of this inspection. This meant we were able to work alongside the management team to identify any potential risks associated with the coronavirus pandemic and put measures in place to manage them.

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. 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 did not speak with people directly to seek their views on the service, due to the coronavirus pandemic. We observed them to be comfortable and enjoying staff company. We contacted six relatives by telephone. During the visit we spoke with the registered manager, operations director, a housekeeping staff and a cook. We contacted eight staff by telephone for their views.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance plans.

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

- The provider had systems in place to protect the people who lived there.
- Relatives said the home was a safe place for people to live. Their comments included, "[Person] is doing so well" and "[Staff] make her smile and lift her spirits."
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns.

Assessing risk, safety monitoring and management

- The service had systems in place to protect people from avoidable harm. Risk assessments set out the individual risks to each person and the strategies used to minimise these.
- The provider was introducing a monthly risk management report that would identify any trends, such as weight loss or pressure care issues, so that action could be taken quickly.
- Checks and services were carried out to the building and equipment to make sure it remained safe for use by people and staff. These checks had continued throughout the pandemic.

Staffing and recruitment

- There were sufficient staff in appropriate roles to support the people who lived there.
- Relatives praised the stability and quality of staff. Their comments included, "I think [registered manager] is doing great job at keeping a fantastic group of dedicated carers."
- The provider used safe recruitment practices to employ suitable staff.

Using medicines safely

- Medicines were managed in a safe way.
- Since the last inspection all nurses had undertaken refresher training in medicines management. A schedule of regular competency checks was being set up.
- Care staff were trained by nurses in applying prescribed ointments. Their competency in this area needed to be recorded and the registered manager said this would be done.

Preventing and controlling infection

- Relatives said the staff had worked hard to prevent infection. They commented that the home's safe measures meant there had been no cases of coronavirus.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Since the last inspection the registered manager carried out a monthly analysis of any accidents or incidents. Actions were taken to minimise these recurring. This had led to improved safety for people who lived at the home.
- There was now a clear falls protocol in place. Staff had guidance to follow to make sure the right actions and checks were taken if someone had a fall or injury.

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 feedback confirmed this.

At the last inspection the provider had not always ensured that staff had sufficient training and support to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Since the last inspection the provider put a training policy in place to ensure staff had the right skills and knowledge to meet people's needs in a safe manner. The registered manager had made sure essential staff training was updated. A schedule of supervision and appraisal showed staff had access to regular individual support from a line supervisor.
- Relatives said all staff were competent. Their comments included, "The care staff know what they are doing" and "The nurses are professional and knowledgeable."
- The training matrix included a list of the clinical skills for nurses but this record was largely blank. The operation director agreed to ensure staff identified their competencies in these areas so the matrix could be updated.

At the last inspection the provider had failed to ensure people's rights relating to the Mental Capacity Act were upheld. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 11.

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.

- Since the last inspection staff had completed training in people's rights to make their own decisions where they had capacity to do so.
- There had been improvements in assessment records of people who may lack capacity to make their own decisions about their care. These needed some further improvement to set out the specific areas of care involved in best interests decisions.
- Relatives stated they felt included in any necessary discussions about protecting people's well-being.

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

- Care plans considered individual areas of people's lives, setting out their needs and how they wished to be supported.
- Staff were familiar with people's current health and delivered support in line with legislation, recognised standards and guidance.

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

- The service continued to support people to maintain a balanced diet. People's care records documented any risks associated with eating and drinking.
- Relatives praised the quality of the meals offered to people.

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

- The service continued to work well with healthcare professionals, including GPs and district nurses, to ensure people's healthcare needs were met.
- Relatives said people received good support with their health care needs. One commented, "We could not believe how much [person] has improved at the home."

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

- People's individual needs were met by the adaptation, design and decoration of premises. There was a range of rooms and lounges for people to spend their time in.
- Access into and around the home was suitable for people with reduced mobility and wheelchairs. There were assisted bathing facilities for people with mobility needs.

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 remained the same. This meant the organisational management oversight had not always been consistent.

At the last inspection the provider had not always made sure that governance systems were sufficiently robust to make sure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 17. However, further improvements were needed.

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

- Since the last inspection, management records and audit systems within the home had improved. Some still needed strengthening and there had not always been effective oversight by the organisation to make sure that shortfalls were identified and addressed.
- The provider had plans to improve its quality assurance systems. A new operations director had been appointed and had begun to review policies and protocols so there would be clear organisational standards and guidance for staff to follow.

We recommend that the provider continues to develop its quality assurance systems to ensure that actions are identified and addressed to drive continuous improvement in the service.

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

- The home had a positive culture that was person-centred and open.
- Relatives praised the personalised care people received. One relative told us, "I would say that they do fulfill all my relative's needs, but above all they do look after them as real person."
- Relatives and staff said the registered manager was "very approachable". Staff commented on the friendly atmosphere and support they received from the management team. Their comments included, "It's a lovely place for people to live and a lovely place for staff to work" and "The manager supports us very well."

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

- Relatives said they were always able to access the registered manager, were able to offer suggestions openly and these were listened to. A relative commented, "I would feel free to talk to [registered manager] and make suggestions. She is very approachable and I am sure that if anything could be done she would help in any way."

- Relatives said they had been kept fully informed and involved by staff throughout the pandemic.
- The management and staff team were committed to constantly improving the service.

Working in partnership with 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 registered manager had worked hard to foster good working relationships with other health professionals and local services.
- The service had good links with the local community that reflected people's social, cultural and spiritual needs.
- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.