

Cinnabar Support and Living Ltd

Appleby Grange

Inspection report

Bongate
Appleby In Westmorland
Cumbria
CA16 6HN

Tel: 01768351503

Date of inspection visit:
02 March 2020

Date of publication:
14 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Appleby Grange is a care home providing accommodation and personal care for up to 27 people aged 65 and over who require nursing care. Some of the people lived with dementia and required support with their physical needs. At the time of the inspection there were 22 people using the service.

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

People told us they felt safe and protected from abuse and ill treatment. They had received their medicines as prescribed. However, medicines such as topical creams and thickening powders were not always administered by staff who had received training in the safe handling of medicines. There were adequate numbers of staff to meet people's needs and staff had been safely recruited. People were not adequately protected from risks of infection because not all staff had received training in this area. The registered manager took immediate action to address. Improvements were required to ensure people were adequately monitored following falls that involved head injuries or unwitnessed falls and ensure lessons were learnt from significant incidents. We made a recommendation about this.

People were not always supported by staff who had received the right training to meet their needs. Staff had been supported with induction, supervision and appraisals to prepare them for their roles, however there had been a time when this had not happened as planned. The new registered manager was addressing this. People told us staff sought their preferences, however, people's ability to make decisions and to consent to care had not been assessed. Staff had not received training in supporting people with decision making. Staff supported people to have access to health professionals and specialist support.

There had been a change in management which had affected the smooth running of the service. The governance and quality checks in the home did not consistently promote the delivery of safe care and treatment. The registered provider had not established good governance in line with best practice and to ensure compliance with regulation. Some policies in the home did not promote the effective delivery of care. The registered manager was in the process of reviewing these. People, their relatives and staff spoke positively about the registered manager. The registered provider had not established robust oversight on the running of the service and compliance with regulations. At the time of the inspection the provider had not implemented their dementia strategy to promote person-centred care. We made a recommendation about person-centred care.

Staff supported people with meaningful day time activities inside the home and in the local community. People's individual communication needs had been assessed and staff had tools to assist their interactions with people. The registered manager dealt with people's concerns and complaints appropriately.

People were positive about the service and said staff were kind and caring. They told us they were treated with dignity and respect and their right to privacy was upheld. However, staff had not received training in areas such as equality and diversity and dementia care to enhance their practice. People were comfortable

in the company of staff.

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

Rating at last inspection

The last rating for this service was good (06 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to the staff training and supervision, safe care and treatment, seeking consent and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 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.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. 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.

During the inspection

We spoke with seven people who lived at the home and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, care staff, maintenance man, activities co-ordinator and kitchen staff. 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 had a walk around the home to ensure the environment was a safe and homely place for people to live.

We reviewed a range of records. This included four people's care records, multiple medication records, two staff recruitment records and we looked at a variety of records relating to the management of the service. We spoke to one visiting professional.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records and read feedback from health professionals.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The registered provider and the registered manager did not always follow best practice guidance to ensure people received medicines safely and as prescribed. Not all staff who handled medicines had received training or had their competence checked. Care staff administered medicines such as topical creams and thickening powders however, they had not received medicines awareness training. This was against the provider's own medicines policy and national guidance.
- We saw medicines errors that demonstrated staff had not always followed best practice guidance to check the right person was receiving the right medicines. Competence checks and lessons learnt had not been completed following significant medicines errors such as a person not receiving their required dose of medicines for 11 days. In addition, the system at the home had not identified this error in a timely manner.
- The provider's systems for auditing medicines was not robust and did not follow best practice as it only audited two care files per month and not the entire medicines management system. Only two people's medicines records had been audited in 2020 and no internal audits had been carried out in 2019. There was no evidence of internal medicines audits carried out for 2019 and the audit routines was not robust enough to cover all processes involved in medicines management system such as training and competence.

Medicines management systems were not robust enough to protect people from the risk of not receiving their medicines safely. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager needed to improve their systems for assessing and monitoring risks to keep people safe. While people's risks had been assessed and plans were in place, risk monitoring protocols were not adequately followed. Accident and incidents had been documented and medical attention sought where required. However, there was no accident and incident analysis to identify themes, trends and patterns. The provider did not have lessons learnt processes to show how staff had learnt from events and what they would consider to reduce re-occurrences.
- Records of post falls observations were not adequately completed to demonstrate how staff had monitored people for further injuries after unwitnessed falls and incidents of head injuries.

We recommend the provider consider current guidance on risk management and take action to update their practice accordingly.

- The premises and equipment had been maintained to protect people from risks of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. People told us they felt safe and any concerns were raised with the registered manager and dealt with. One person told us, "There's care when I want it, yes. I feel safe."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks were carried out. This ensured only suitable staff were employed to support people.
- We observed the service had appropriate staffing levels to keep people safe during the inspection.
- People told us the staff were mostly available when they required assistance and there were adequate numbers of staff to support them. One person said, "I think there's enough staff, they are all very nice. The girls come in and out, all the time, everything is ok." Another person commented, "They can drop everything if they are in the middle of something."

Preventing and controlling infection

- People were protected against the risk of infection. The service was visibly clean, and people said they thought the home was kept clean.
- Not all staff had received training in the prevention and control of infections. We asked the registered manager to take immediate action to address this during and after the inspection.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not adequately established and operated a robust system for ensuring staff were provided with and training from an accredited training provider. The provider had not always ensured training in areas they deemed mandatory for the role had been provided in a timely manner. Staff had not been provided with training in key areas in line with people's needs.
- Staff had not been effectively supported with supervision and appraisals. While the new registered manager had started to address this, there had been shortfalls in the provision of supervisions and appraisals for staff before their arrival in 2019.
- The provider did not have a training policy which identified how they intended to support staff to ensure they had the right skills and knowledge to meet people's needs in a safe manner. In addition, the lack of a policy meant the provider could not effectively identify areas where staff required to be trained and areas of where training was not meeting regulations and best practice.

There was a failure to ensure that all staff had received such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and the staff had not always kept records to demonstrate whether they had

sought people's consent to care and treatment and whether best interest decisions had been considered for people who may lack mental capacity. Requests had been made to deprive people's liberties under DoLS, without considering their mental capacity to agree to the proposed restrictions.

- The provider had not ensured staff had the skill to carry out mental capacity assessments where possible. In addition, people's ability to make specific decisions were not assessed.

There was a failure to ensure people's consent was sought. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed, and their choices were considered before they started living at the home.
- Information gathered during assessment was used to create people's care plans and risk assessments. However, the registered manager and their staff had not always followed best practice guidance.

Supporting people to eat and drink enough to maintain a balanced diet ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. Records, when appropriate, documented any associated risks with eating and drinking. We observed people received support with their meals and were offered choice and alternatives.
- The atmosphere at mealtimes was pleasant and meals were appetising. People gave positive feedback regarding choice of food, some felt there was a lot of choice. One person said, "I'm a person who only eats what I want. I enjoy my food, that's all that matters to me. The food is very nice and what they make I eat and enjoy" and "On the whole the meals are not bad. You have all different choices."
- The registered manager worked with healthcare professionals to ensure people's healthcare needs were met. They worked with local GPs, nurses and occupational therapists to meet people's health needs.

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

- People's individual needs were met by the adaptation, design and decoration of premises.
- There were adequate spaces for people to spend their time on their own or to share with others.
- Access to the building was suitable for people with reduced mobility and wheelchairs.

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

- People were supported by caring and respectful staff who treated them with dignity. While staff we spoke with showed awareness of people's human rights and their diverse needs, the registered provider had not provided staff with training in areas such as equality and diversity. This was against the provider's own policies in these areas.
- People were positive and complimentary about the caring nature of the staff. Comments included; "I'm totally happy with the care, if I ask for something, they go all the way to get it for me, they are kind" and "Oh yes, I'm happy with the care. The staff listen and are very kind, they get anything I want."
- People were comfortable in the company of staff and were included in conversations taking place. Staff gave people assurances to reduce any distress.

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

- People were supported to express their views and were consulted about care and decisions for their wellbeing. Staff encouraged people to make daily choices and involved them in doing so.
- The culture at the home was caring, calm, kind and compassionate. This reflected the attitude of staff and the registered manager.

Respecting and promoting people's privacy, dignity and independence

- The home provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. One relative said; "The care is outstanding, we have confidence in the home, [relative] is treated with dignity and respect yes. We are informed all the time, if we have questions we go and ask."
- The registered manager was responsive to any concerns about people's dignity or treatment.

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

- The registered manager and staff completed an assessment of people's needs before they moved into the home. This ensured the home was right for the person and they could meet the person's needs.
- Care records were detailed and contained important details about people. They were reviewed regularly when people's needs changed.
- We observed staff being responsive to people's needs including seeking guidance from external professionals such as occupational therapists. A professional gave positive feedback and commented staff were responsive and sought guidance.

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 keep active and improve their mental and physical well-being through meaningful activities.
- Activities were provided by an activities co-ordinator who showed passion and commitment in their involvement with people. They created a very calming and relaxing environment for people using music, lighting and touch. They told us, "Nothing is set in stone, we have theme days, world wildlife day tomorrow, all the staff will dress up and we do arts and crafts." One person told us, "Yes and we are baking after lunch, miniature quiches and jam tarts."
- People's relatives and visitors were made welcome and people were encouraged to maintain relationships outside of the home.

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.

- People's communication needs had been assessed as required by the AIS. People could be provided with information and reading materials in a format that suited their communications needs. However, the provider had no policy on AIS. This would promote a consistent approach to supporting people.
- Signage in the home was designed to suit the needs of people who may live with a sight impairment. This was complimented by adequate lighting throughout the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people's relatives when they started using

the service. People told us they knew how to complain and were confident their complaints would be dealt with appropriately. The registered manager informed us no complaints had been received since the since they joined the service late 2019.

End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in their care plans. Staff had received training to support people towards the end of their life.
- There was a policy on supporting people to discuss their end of life wishes, people and their relatives had been given the opportunity to share their wishes.
- No one was receiving end of life care at the time of the inspection.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. The registered provider did not always support the delivery of 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

- The registered provider needed to improve their understanding of quality performance, risk and regulatory requirements. While the registered manager and the staff team were aware of their roles and responsibilities, we found they had not followed required standards, guidance and their own policies in various areas.
- The registered provider had not provided robust oversight on the registered manager to check their compliance with regulations. There had been a period where the quality of care delivered had not been monitored by the provider resulting in the deterioration of the standards. A new registered manager had been employed and started to make the required changes.
- The provider's governance systems were not standardised and had failed to ensure all required organisational policies were provided to guide staff. In addition, the provider had failed to follow their own policies in various areas of practice.

The governance and quality assurance systems were not robust enough to effectively monitor areas where requirements were not met in a timely manner. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered provider's systems and governance arrangements did not always promote a person centred and empowering culture for people and staff. The registered provider had not adequately implemented their dementia strategy, including ensuring that staff had received dementia care training and dignity and respect. People living with dementia would not be assured they would receive consistent dignified and person-centred care from a skilled staff team.

We recommend the provider consider current guidance on person centred care and take action to update their practice accordingly.

- People and staff told us the registered manager was always around the home and they would feel comfortable approaching them to share their views. One person told us, "The manager is very

approachable, and available all the time" and "The manager is approachable yes, I know her. The attitude of the staff is great and I could get no better care, the nurses are fantastic."

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 knew how to share information with relevant parties, when appropriate. They had notified the local safeguarding team and CQC of events such as safeguarding and serious incidents as required by law. We discussed the need to review all incidents as some incidents had not been notified as required. Apologies had been offered to people where things had gone wrong.

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

- The registered manager had systems to gather the views of people, relatives and staff.
- We saw meetings took place with people and their relatives and staff. Comments from relatives included, "We had a review not so long ago. They asked what we thought and we made suggestions. At the relative's meetings we sit round the table and say what we think."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to ensure policies and procedures for obtaining consent to care and treatment reflected current legislation and guidance. People's mental capacity to make decisions had not been assessed where possible and staff had not received relevant training.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to establish effective governance systems, including assurance auditing systems or processes to assess, monitor, drive improvement and ensure compliance. They had not continually evaluated and improved their governance and auditing practice including operational policies. Systems and processes for managing medicines did not follow best practice guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure staff were suitably qualified and competent to make sure that they can meet people's care and treatment needs.

