

Cinnabar Support and Living Ltd

# Appleby Grange

## Inspection report

Bongate  
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Cumbria  
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Tel: 01768351503

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01 August 2017

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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

The inspection visit at Appleby Grange was undertaken over two days the 31 July and 01 August 2017 and was unannounced.

Appleby Grange is a care home with nursing that is registered for 27 people. The service supports people who need nursing care and live with dementia. The building is on one floor and rooms have en-suite facilities. The home has separate lounges and dining rooms. The garden areas are accessible for people in wheelchairs with seating available for people who live at the home. Car parking facilities are available.

This is the first inspection at Appleby Grange following the new providers registration details with the Care Quality Commission (CQC).

There was 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.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify different types of abuse and had received training in safeguarding adults. Training records looked at confirmed this.

Medicines, including controlled drugs, were stored in a clean and secure environment. We observed nursing staff followed correct procedures when they administered medication and fully completed records. Control drugs were in use and correct storage and record keeping was in place.

We looked at staff training records and the registered manager's training matrix and found staff received a wide range of training to support them in their role. Staff informed us access to training was good and one said, "Always supported to further your development by doing training courses and professional qualifications."

We found recruitment checks were carried out to ensure suitable staff were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members, our observations during the two days visit, looking at staffing rotas and recruitment documentation.

During the inspection visit we observed people having their meals where they chose to. People who lived at the home could have their breakfast at any time and where preferred. This was confirmed by talking with people. Comments were very positive about the meals at Appleby Grange, one person who lived at the home said, "The cook is fantastic she does home baked cakes every day we are so lucky to have her. "

When we discussed the principles of the MCA and DoLS with the registered manager and staff, they

demonstrated a good understanding. The registered manager told us they were in the process of completing multiple DoLS applications.

We found people had access to healthcare professionals and their healthcare needs were met.

The management team completed a variety of assessments, which formulated each person's care plan and nursing needs if required. Records were personalised to individual needs and reviewed on a regular basis.

People who lived at the home and relatives told us staff had a caring, sensitive and kind attitude. Comments included from a relative, "The staff are always friendly, polite and from what I see kind to residents."

People who lived at Appleby Grange had information on how to raise a complaint or voice any concerns. Relatives we spoke with and people who lived at the home confirmed this. The complaints procedure was available in the reception area of the home so people and visitors had the information at hand.

Staff updated care plans on a regular basis to check support continued to meet people's changing needs. The registered manager completed life histories of each person and checked their wishes in relation to, how they preferred to be known as, their interests, religious needs and meals.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, relative surveys and staff/resident meetings to seek their views about the service that was provided.

## 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.

Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults.

Assessments were undertaken of risks to people who lived at Appleby Grange. Written plans were in place to manage these risks.

Systems were in place to make sure the registered manager and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

### Is the service effective?

Good 

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

The registered manager contacted other healthcare professionals as required, if they had concerns about a person's health.

### Is the service caring?

Good 

The service was caring.

People who lived at the home were treated with kindness, respect and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes and needs.

Staff were respectful of people's rights and privacy.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's support needs.

The registered manager and staff worked with other agencies such as healthcare professionals, to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of care people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how they could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people who lived at Appleby Grange.

# Appleby Grange

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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 inspection visit took place on 31 July and 01 August 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included eight people who lived at the home, the registered manager, three relatives and nine staff members and a visiting health professional. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of three people who lived at the home, staff training and recruitment records and arrangements for meal provision. In addition we looked at staffing levels and records relating to the management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

Rotas we looked at evidenced there were consistent staff numbers with good levels of skill mix to assist people safely. For example The service always ensured nursing staff were on duty day and night. Other roles of staff included, activity co coordinators, kitchen assistants, domestic and care staff. During our inspection visit, we observed staff were patient with people and responded to call bells quickly. This was confirmed by talking with people who lived at the home. One person said, "If I need help they come near enough straight away." Staff also confirmed to us they felt they had sufficient numbers of staff to support people and spend time with them. One staff member said, "What I like about this place is you are encouraged to sit and spend time with people. It is recognised as a big part of the job."

We spoke with people who lived at the home and relatives who all told us they had confidence in staff and management team to keep people safe. One relative said, "I have peace of mind [relative] is safe. The numbers of staff around make me feel that way." A person who lived at the home said, "I feel safe why, because there is a lot of staff around."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records we looked at and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. Also how they would respond if they witnessed any wrong doing. One staff member said, "I would not dream of keeping my mouth shut should I witness someone not treating a resident right. I know the process for reporting safeguarding and whistleblowing and would use it."

Care plans of people who lived at the home had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided instructions for staff members when delivering their support and what nursing input was required. Assessments covered areas for example, falls, medication, the environment and fire safety. We noted records included the degree of risk and actions to manage them. Risk assessments were aimed at keeping people safe and reduce the risk of incidents and accidents.

The registered manager followed their policies and procedures to recruit staff suitable to work with vulnerable adults. Staff files contained required background checks. For example suitable references and criminal record checks obtained from the Disclosure and Barring Service. Where gaps in employment were identified, the registered manager explored this to ensure full employment histories were provided. Induction training was provided prior to people starting their duties. One staff member said, "Very good induction it helped me out a lot."

We observed staff administered medicines safely by supporting one person at a time. The nurse ensured the medication was taken by spending time with the person and offering a drink to support them. One person who lived at the home said, "I always get my medicines on time and take them with the nurse." Care records contained individualised medicines care plans and risk assessments to maintain each person's needs and safe management of their medication.

Medicines, including controlled drugs, were stored in a clean and secure environment. The management team had a variety of systems to ensure medicines' processes were safe. The registered manager completed audits to maintain a check of medication. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.

We had a walk around the building at different times of the visit and found the premises were clean, tidy and cared for. One staff member said, "We do ensure the building kept clean and treat infection control vigorously." This was confirmed by observing staff made appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building and were in operation. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances, fire equipment and electrical equipment complied with statutory requirements and were safe for use.



## Is the service effective?

### Our findings

We found by looking at training records and discussion with relatives, staff and people who lived at the home, personnel were trained and experienced to care for people in their care. One person who lived at the home said, "I know they are always doing some sort of training course they tell me." A relative said, "The nurses and in fact all the staff we find are good at their job and competent." A visiting healthcare professional told us they found staff were well trained and confident and effective in their caring duties. Staff confirmed access to training events was good. One staff member said, "Always supported to further your development by doing training courses and professional qualifications."

Staff told us they had regular supervision to support them in their roles, which they found helpful in their reflective practice. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The two-way discussions covered personal health, team working, how they were progressing and training needs. The registered manager told us they were always available for staff at any time. Staff confirmed this was correct when we spoke with them. One staff member said, "Supervision is a good way of discussing any issues but the manager is always available for a chat anytime."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When we discussed the principles of the MCA and DoLS with the registered manager and staff, they demonstrated a good understanding. The registered manager told us they were in the process of completing multiple DoLS applications. This related to depriving a person of their liberty in order to safeguard them. Care records held relevant documentation, such as best interest decisions, mental capacity assessments and individualised DoLS care plans. Throughout our inspection, we observed people were not restricted in their movement and staff assisted them to move about the home freely.

Care records contained evidence people or families had signed consent to all aspects of their care. This covered, for example, personal care needs, meals and any nursing needs. The management team told us it was important for people who lived at Appleby Grange to give consent to the care and support they need.

We arrived on the second day of our visit at breakfast time. We observed people having their breakfast where they chose to. People who lived at the home could have their breakfast at any time and where they chose to. This was confirmed by talking with people. The cooks had a list of people's meal requirements and this was changed when required. This included each person's likes and dislikes, fortified diets and allergens. This meant the cook was fully informed about people's nutritional support and how best to protect them from the risks of malnutrition. Staff recorded in care records each person's food preferences. This ensured people were provided preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase occurred.

The Food Standards Agency had awarded Appleby Grange a rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We observed staff promoted lunch as a friendly, social occasion and supported people where this was required. Comments about the quality and quantity of food were very positive and included, "The cook is fantastic she does home baked cakes every day we are so lucky to have her." Another person who lived at the home said, "Smashing food and plenty of it. No one can knock the cook." A relative we spoke with said, "The food here is known to be very good."

Staff worked closely with other healthcare services in maintaining people's continuity of care. They recorded visits from or appointments with, for example, GPs, dentists and chiropodists. The records included action taken and outcomes from health visits, This demonstrated a reference guide for staff in the ongoing care and support for people who lived at the home.

# Is the service caring?

## Our findings

People who lived at the home and relatives told us staff had a caring, sensitive and kind attitude. Comments included from a relative, "The staff are always friendly, polite and from what I see kind to residents." A person who lived at the home said, "They are so kind and patient, you can have a good laugh with them. They are always smiling." A staff member said, "I would 100% put a relative of mine here and be confident they would receive excellent care."

Over the two days of our inspection visit we observed good examples of staff understanding people's needs. For instance one individual at breakfast time was not feeling too well and not eating their breakfast. A staff member sat with the person and chatted with them. They were patient and did not rush the person. The staff member stayed with them until they finished their breakfast and felt better. The staff member demonstrated patience and understanding when caring for people. We spoke with the person who lived at the home later who said, "They are all so patient and kind it is a lovely place."

Staff maintained people's privacy and dignity throughout our visit. We observed staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. People who lived at Appleby Grange told us staff respected their privacy and always knocked before entering their rooms.

Care records evidenced people who lived at Appleby Grange and their representatives/family were involved in their support planning. For example care plans had been signed to consent to their care and the management team checked their preferences and backgrounds. Staff signed people's care records to demonstrate they understood their needs, wishes and requirements. Care plans contained agreed outcomes to care provision, such as personal care, nursing needs and activities. People and their relatives confirmed staff and the management team included them in their care. A relative said, "They keep us all fully informed of what is going on."

We observed staff had an appreciation of people's individual needs around privacy and dignity. For example when supporting people with personal care they ensured doors were shut and attended to people in private. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. People who lived at the home confirmed this when we spoke with them.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details that could be provided for people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Staff we spoke with were sensitive and aware of the care people required at this stage of their life. One staff member

said, "It is all about the individual and showing dignity and understanding when people are nearing end of life."

We observed staff welcomed and encouraged relatives and friends to visit those who lived at Appleby Grange at any time. They offered family members a drink and snacks. A relative said, "The food is good we always get offered a drink and homemade cakes."

The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' For example, they were conscientious about checking, documenting and assisting people with their spiritual and end of life wishes.

# Is the service responsive?

## Our findings

People who lived at the home told us staff were responsive to the needs of people who lived there. For example comments included from a relative, "Any problems that arise they respond to and inform us straight away. The care is very good." A visiting healthcare professional told us staff and the management team always responded well and straight away when the needs of people changed. This ensured any concerns were attended to before they deteriorated.

We observed during the inspection visit staff consistently offered individuals choice. For example, staff checked what individuals wanted to do in terms of activities. Also they asked people where they would like sit and constantly offered drinks and snacks. This demonstrated the management team and staff and staff used a person-centred approach in response to people's preferred daily routines and activities.

The registered manager and nurses completed a variety of assessments. These covered nursing needs where relevant, nutrition and hydration, mental and physical health and communication. Records were personalised to people's individual requirements and needs. They detailed how staff should meet their agreed aims of care. Staff signed and dated records we looked at to evidence who completed them and when.

Care records of people who lived at Appleby Grange were reviewed on a regular basis to assess the continuity of people's care. They underpinned this by checking and recording each person's backgrounds and preferences in relation to how they wished to be cared for. For example documents contained people's wishes in relation to end of life care and activities. In addition 'life histories' of people were in place so that staff were able to get as much individual information about the person they cared for. This provided staff with a detailed understanding of those who lived at the home and how best to support them. One staff member said, "We get as much information as we can from people and relatives it helps build up relationships."

Activities were arranged daily and a programme of events was available on the notice board in the reception area. A relative said, "They do try and keep people entertained and things are going on when we come here." Activities arranged included, music sessions, games afternoons and exercise classes. Staff told us they were encouraged to spend time with people and join in with activities together. An activity person was employed at the home and was spoken of highly. One person who lived at the home said, "We are fortunate to have a lovely activity lady who comes and plays her guitar and will provide games and film days."

The registered manager had a complaints procedures and related information provided for people and their relatives. This outlined how they could comment about the service and care they received. This included timescales to resolve the concerns and how this would be managed. People who lived at the home told us they felt confident if they had a complaint they would be listened to and action taken. One person who lived at the home said, "I know the drill to complain but not needed to yet."

Contact details for external organisations including social services and the Care Quality Commission (CQC)

had been provided should people wish to refer their concerns to those organisations This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

## Is the service well-led?

### Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the home had clear lines of responsibility and accountability with a structured management team in place. The registered manager and deputy manager had vast experience of managing care homes. They were knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager confirmed they were clear about their role and provided a well run home. This was confirmed by relatives and staff we spoke with. People who lived at the home commented about the management and one said, "[Registered manager] is very good at what she does, the place is well organised and a lovely place to be."

From discussions with staff and people who lived at the home we found the registered manager was part of the staff team and supported staff in caring for people who lived in the home. One staff member said, "[Registered manager] is very supportive and always available if you need to talk with her." Another staff member said, "The place is so much better now and that is down to the staff and manager."

The management team had a number of ways to measure the quality of the service. For example surveys were sent to relatives/residents annually. The last survey produced only positive comments they included, 'I consider my [relative] has been cared for exceptionally well.' Also, 'Very impressed with the [registered manager], very professional.' The registered manager informed us any negative responses would be looked into and acted upon.

The registered manager had auditing systems to assess quality assurance and continue to improve the service for people who lived at the home. Regular audits were being undertaken these included medication, care records and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided. For example a recent care plan audit identified information had not been properly updated and recorded following a health professional visit. This had now been completed and further information passed to staff and nurses to ensure care plans are continuously updated and people received the right support and care.

The management team held regular staff meetings and daily 'handover' meetings to discuss the day's events. 'Resident' meetings were held and minutes taken although not on a regular basis. Staff and the registered manager told us there were informal talks with people daily and suggestions on any issues or improvements were sought after on an informal basis. We confirmed this with people who lived at Appleby Grange. A person who lived at the home said, "We have had meetings in the past but the manager and staff are always asking for our opinions on stuff and I give mine back." The registered manager told us they were setting up a system to hold regular resident/relative meetings on a more formal basis.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and other healthcare professionals.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.