

## Barchester Healthcare Homes Limited

# Appletree 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

Apple tree Grange is a residential care home providing accommodation and personal care to 30 older people at the time of the inspection. The service can support up to 32 people.

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

We received positive feedback from people, who told us they were happy living at Apple Tree Grange. They told us they felt safe, enjoyed the food and the level of care and support available. Relatives were happy with the care and support their relatives were receiving.

People received person-centred support and staff knew people well. The care plans in place covered all aspects of people's care and support preferences to ensure a personal and individualised experience. People were supported to maintain important personal relationships with partners, peers, friends and relatives. There were systems in place for communicating with staff, people and their relatives to ensure they were informed. People had links to the local community through regular access to the neighbouring community centre.

People were supported to have their say and to exercise their rights and access to advocacy was available if required. Information could be made available for people in the correct format. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and leadership in the service ensured this practice was the norm.

Healthcare professionals recommended the home and spoke positively of the registered manager and staff team and were included in people's care and support as and when needed. People who need specialist diets were supported.

The environment was clean and homely, and maintained to a good standard with personalised bedrooms. Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required. There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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 (4 May 2017).

### 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?

Good ●

The service was safe.

Details in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective finding below.

### Is the service caring?

Good ●

The service was caring.

Details are in the caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in the responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in the responsive findings below.

# Appletree 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 carried out the inspection.

#### Service and service type

Apple Tree Grange is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave and not present during our inspection. There was a manager managing the home in their absence and they assisted the inspection along with other members of the provider management team.

#### 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 registered manager and provider were working closely with the local authority commissioners on improving the quality of 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 this information to plan our inspection.

#### During the inspection

We spent time with people living at the service. We spoke with three people who used the service, four relatives, the manager, the clinical lead, three care staff, the activities coordinator and a visiting healthcare professional.

We reviewed a range of records. These included three people's care records and five medicines records. A variety of records relating to the management of the service, including audits, procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

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

### Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments, which were regularly reviewed. One relative told us, "I'm not happy my relative is in here, but I am happy they are safe. They're safe here. At home they fell over twice in one week. Never fallen here."
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety practices were in place and regular checks of fire equipment took place.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

### Using medicines safely

- Medicine administration records were clear and completed fully.
- People received their medicines as prescribed.
- The room temperature of the treatment room was higher than recommended good practice. However, the provider was making attempts to remedy this, with a fan in place and a new cooling system ordered.

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

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

### Preventing and controlling infection

- The premises were clean and tidy. On the first day of our inspection malodour was present in the first-floor lounge. This was brought to the manager's attention who addressed it immediately by arranging a deep clean of furniture. People we spoke to told us the home was clean.
- Staff were provided with protective gloves and aprons where required and these were stored discreetly.

### Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety.
- Staff were recruited using robust checking methods to ensure suitable people were employed.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

# 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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was purpose built and fully accessible with a range of adaptations and equipment to meet people's needs.
- The outside garden area of the home was accessible by a new conservatory area.

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

- Outcomes for people, their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives, and this was reflected in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they enjoyed the range of training on offer and that it was mainly face to face learning.
- New employees completed an induction and shadowed more experienced staff as part of their induction.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. One relative told us, "My relative is eating regularly. That wasn't happening at home even with carers going in."
- People enjoyed a relaxed dining experience., One person told us, "Yes the food is good, there's enough it can just sometimes take a long time to come."
- People were offered drinks regularly and there were drinks set out for people to help themselves to.
- The staff were aware of people's dietary needs and people who required a specialist diet were supported well.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with external professionals, such as speech and language therapy and GPs to support and maintain people's health.
- People had detailed care plans that covered healthcare needs. These shared important information with healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support

- Timely referrals were made to other healthcare professionals where appropriate.



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 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.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests. These were in place for people's care where needed.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files.

# 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 At this inspection this key question 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 to maintain existing personal relationships.
- Care plans included people's preferences for staff and these were respected.
- People, their relatives and the healthcare professional we spoke with told us the home had a family ethos where everyone is respected. One relative told us, "The best thing about here is its run like a family. Relatives are just as important everyone Staff are willing to chat and get to know you".

Respecting and promoting people's privacy, dignity and independence

- People were supported emotionally and confidentially. People had confidence in the registered manager who offered bespoke support in exceptional circumstances to meet people's complex needs.
- People were supported to learn new skills and improve their well-being.
- Staff were trained in dignity and respect. Staff treat people with the upmost kindness and respect at all times. One relative told us, "As a couple it's more difficult, it's the hardest part, we do get privacy, we can sit together, the staff always knock on the door and privacy is very important to us as".
- People were actively supported to achieve increased independence.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

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

- People were encouraged and were supported to have their say and had access to independent advocates.
- People were supported to make plans and discuss any changes to their care and support. Relatives and partners were also included.
- Staff went out of their way to spend time listening, talking to people and giving choices. One staff member told us, "Choices are important. We show them different options, two meals at meal times, getting a couple of outfits out to pick from, when it's food and drinks always give people options".

# 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 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 were in place for people who used the service, these covered all aspects of care and support. these were personalised and reviewed regularly.
- The support people received was individual to their needs and was delivered in a person-centred way.

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 friendships with peers and in the local community. One person told us, "I go out to the garden centre for a scone and cuppa, to meet friends".
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them including, entertainment and local community events such as car boot sales and the tea dance.
- The feedback regarding the activities was positive. One relative told us, "In the summer months they have been having days out and they have the option of going to the tea dance on Wednesdays".

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the registered manager and staff. One staff member told us, "If a relative or a person wanted to complain I would go somewhere quiet and ask if they wanted to speak to the manager or a senior. There's something on the wall for us to follow."
- People and their relatives were supported to leave comments. Any issues from these were acted upon.

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.

- Information documents could be made available to people in different formats, including large print.
- People with communication support needs had access to accessible resources such as talking books.

End of life care and support

- No one was receiving end of life care. However, people had made advanced plans highlighting their preferences.

# 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 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

- The provider had personalised contingency plans for people to ensure minimal disruption to care in case of an emergency.
- Policies, procedures and audits were current and in line with best practice.
- The provider had sent us notifications relating to significant events occurring within the service.
- People were supported by staff who felt valued. One member of staff told us why they felt valued, "Engaging with the residents making them feel happy and being there for them."

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

- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People and relatives were asked for their views on the service and these were acted upon. Such as activity requests.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.
- There was a good system of communication to keep staff, people and their families informed of what was happening.

Continuous learning and improving care

- People who used the service interacted positively with the registered manager. We observed people approaching the registered manager and a positive rapport was noted.
- The registered manager took on board opinions and views of the people who used the service and their relatives to make improvements.

Working in partnership with others

- People were encouraged to be active citizens within their local community.
- The registered manager worked with health and social care professionals to ensure people received the

care they needed. A visiting healthcare professional told us, "I would live here myself or have my relative live here."

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 duty of candour responsibilities and their management style was open and transparent.