Barchester Healthcare Homes Limited

Appletree Grange

Inspection report

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Date of inspection visit:
04 May 2016
09 May 2016

Date of publication:
28 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an unannounced inspection which took place over two days, the 4 and 9 May 2016. The service was last inspected in July 2014 and was meeting the regulations in force at the time.

Appletree Grange is a 32 bed care home that provides personal care to older people and people with dementia. Nursing care is not provided. 32 people were living there at time of inspection.

There was a registered manager in post. 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 home was warm, clean and had comfortable communal areas, the bedrooms and communal areas were small. There were sufficient staff, with different skills to meet the needs of the people living there.

One family told us they felt the service had not kept their relative safe as staff failed to intervene when required. We found that staff had lacked the confidence and competency to support the person and that the normal procedures had not been followed by staff. Action had been taken by the provider following this incident.

Other people or their relatives told us they felt safe, and were being cared for by staff who knew them well. Staff told us they knew how to raise concerns and had confidence action would be taken if they had any issues. Relatives told us they felt their families were safe at Appletree Grange and the home was welcoming and had a happy atmosphere.

Risks to people, such as malnutrition and skin integrity, were assessed and care plans were in place to protect people from harm. Where people's needs changed, referrals were made for health care services and any advice from professionals was integrated quickly into the care plans and acted upon.

Staff were trained so that they could work flexibly with different people and were deployed so that at peak times there was sufficient staffing. Staff were effectively deployed throughout the day to meet the needs of people. For example ensuring support for people at mealtimes.

People's medicines were managed safely; stock control and ordering were managed by trained staff with checks to ensure that the risk of errors were minimised. Audits were carried out regularly to ensure that staff were competent and that any errors would be quickly identified.

Care was effective and people received care based on best practice and the advice of external professionals. Care plans were detailed and personalised. People's consent to receive care was sought, where this was possible. Where people could not consent, their care was delivered in their best interests after consultation

with family and professionals.

There were a number of people subject to Deprivation of Liberty Safeguards (DoLS) and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals were requested promptly.

Staff were recruited robustly and received training based on the needs of people using the service including dementia awareness. Staff had undergone an induction period and their mandatory training was up to date.

People were supported to eat and drink and maintain a balanced diet. Staff supported people at mealtimes in a dignified way. The service monitored people's weights and took further action if needed. Visiting health care professionals told us the care and support offered was effective.

Care interactions observed were positive and there were good relationships between people and staff. All the staff we spoke with knew people's needs well and spoke about them in a positive manner. People and their families were encouraged to express their views and were encouraged to be involved in making decisions about their care and support. There was evidence of people's involvement in their pre-admission assessments and reviews of care, as well as through meetings and feedback surveys.

People's choices and rights were respected. Staff knocked on doors before entering, offered people choices and responded to requests. People were encouraged to be part of their community and continue relationships and activities that were important to them.

Where people had complained or raised queries about the service, the registered manager responded positively and people were satisfied with the outcomes. Some relatives felt the service still hadn't responded fully to their complaint after a period of time. The provider's senior manager undertook to resolve this.

Throughout our visit we observed staff and people responded to each other in a positive way. People were engaged in some activity with support and staff took time to talk to people as they were carrying out their duties.

The registered manager had taken steps to ensure the service was run effectively. There were routine and daily meetings between teams within the home and sharing of information. Regular quality audits were conducted and action was taken where incidents occurred or improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff had not followed the provider's procedures during an emergency, meaning actions had not been taken to provide cardiopulmonary resuscitation.

Apart from this one serious incident staff knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment information demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well and staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received on-going support from senior staff to ensure they carried out their roles effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the

Mental Capacity Act 2005, which meant they could support people to make choices and decisions. Where people were deprived of their liberty this was in their best interests and reflected in their care plans.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion. People could make choices about how they wished to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide peoples care in a dignified manner and respected their rights to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people, their families and friends to provide individual care.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. Changes to care were made in response to requests from people using the service and external professionals' advice.

People who used the service and visitors were supported to take part in recreational activities. The activities co-ordinator had developed appropriate activities for people in the service, including those with dementia related conditions.

People and relatives could raise any concerns and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well- led.

The home had a registered manager who provided leadership. There were systems to make sure the staff learned from events such as accidents and incidents, whistleblowing and investigations. This helped reduce risks to people who used the service and for the service to continually improve and develop.

The provider had notified us of any incidents that occurred as

required. People were able to comment on the service provided to influence service delivery.

People, relatives and staff all felt the manager was caring, responsive and person centred.

Appletree Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 took place on the 4 and 9 May 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We had concerns following a recent death of a person using the service. Information from Healthwatch, the local authority safeguarding adults' team and commissioners of care was also reviewed. The local authority had concerns about the service also related to the recent death of a person using the service.

During the visit we spoke with nine staff including catering, housekeeping and the registered manager, three people who used the service and six relatives or visitors. Observations were carried out over a mealtime and a medicines round was observed.

Three care records were reviewed as were five medicines records and the staff training matrix. Other records reviewed included safeguarding records and deprivation of liberty safeguards applications. We reviewed complaints records, six staff recruitment/induction and training files and staff meeting minutes. We also reviewed accident incident records, internal audits and the maintenance records for the home.

The internal and external communal and garden areas were viewed as were the kitchen and dining areas, offices, storage and laundry areas and, when invited, some people's bedrooms.

Requires Improvement

Is the service safe?

Our findings

Before the inspection we were made aware of an incident where the service did not respond appropriately to an emergency. This had been raised with the local authority as a safeguarding alert and the provider conducted an investigation into the incident. We looked at this incident and how the service responded to it at the time and after the event. We spoke with external professionals about this as well as the family of the person affected by the incident.

We found that an incident occurred where a person required cardiopulmonary resuscitation (CPR) and this was not provided by staff. Staff had the appropriate training and procedures in place to support them to complete CPR. Staff did not follow the provider's policy on providing CPR and did not follow the provider's policy on out of hour's emergencies and delayed calling for emergency care support. When staff did call for external support, they did not feel able to follow their advice and CPR was not provided at this time.

We reviewed the provider's investigation and spoke to some of the staff who were on duty when the incident occurred. Staff had the training but lacked the confidence and competency to provide CPR when required. The providers on call support drew assumptions when staff called for support meaning that staff were not directed to follow the provider's procedures. The registered manager and provider undertook an investigation and reviewed staffing and training after this incident.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us they felt the service offered kept them safe from harm. The relatives of the person affected by the safeguarding incident did not feel their relative had been protected. Staff we spoke with were able to tell us about individual people's vulnerabilities, for example risk of falling. They knew what measures were in place to keep people safe such as sensor mats by people's beds to alert staff when people were getting out of bed and might need assistance. Staff told us, and records confirmed, they had attended the provider's safeguarding training and could tell us what potential signs of abuse might be for people with dementia related conditions. Staff we spoke with all felt able to raise any concerns or queries about people's safety and well-being, and felt the registered manager would act on their concerns. Staff understood they could 'whistleblow' and contact external agencies and commissioners if they had concerns. One relative told us they had high levels of anxiety about their relative moving into care. They told us, "I knew my [relative] needed more care than I could manage, but didn't think they could do what they have done. I went away on holiday and didn't worry, they called me to let me know how [relative] was getting on".

We saw from records that issues that may pose a risk to people's wellbeing were identified at initial assessment and plans were put in place to reduce risks. These were subject to continuous review and led to changes in care and support. Care records contained risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. For example, risk of falls were being managed and referrals to external professionals were made if required. When floor or chair sensors were

recommended as safety measures this equipment had been provided and was in use.

The registered manager and maintenance staff undertook regular checks within the service to ensure the environment was safe. Maintenance records were kept and we observed that the building was clean, tidy and well maintained. We spoke with housekeeping staff and they told us there were schedules in place to make sure all areas of the service were kept clean during the week. Staff wore suitable protective clothing when they were cleaning. The service was clean and tidy throughout and we saw housekeeping staff cleaned dining areas after mealtimes and quickly removed any spillages. People and their relatives told us the service was kept clean and tidy and the laundry service was quick. Records confirmed that equipment checks were undertaken regularly and safety equipment within the home, such as fire extinguishers and hoists, were also regularly checked. People and their relatives commented to us that the environment was always clean, tidy and free from malodours. People and relatives did comment that people's bedrooms, corridors and communal areas were small and at times crowded. The registered manager told us they had looked at adapting the building further to create more communal space and they were keeping this under review.

We reviewed the services staffing levels with the registered manager. They explained the process they used which was based on dependency and risk to calculate staff numbers for the service, and for using the workforce flexibly. The registered manager told us they kept this under review as people and their needs changed over time. We saw that there were housekeeping and catering staff deployed to support care staff at critical times such as rising in the morning and breakfast. This helped care staff focus on supporting people rather than on domestic tasks.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references were requested and checks performed with the Disclosure and Barring Service (DBS) to establish whether potential applicants had any criminal convictions before they were offered the job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

We observed a medicines round, spoke with staff who managed medicines and looked at people's records and the storage area in the service. Staff were consistent in their understanding of how to order, store and assist people with their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as required' medicines. Medicines storage areas were clean and temperature checks of the room and fridge were carried out and recorded. Staff stated that they had completed appropriate training and had a good knowledge of the impact and potential side effects of medicines. We looked at training records and saw staff had been trained in the safe handling of medicines and that refresher training was organised as needed.

Good

Is the service effective?

Our findings

People and their relatives told us they felt the service was effective in meeting their needs. One relative told us how they were involved by staff in their relative's care, invited to reviews and kept updated on any changes in their needs. Another told us that the staff rang them to let them know when the GP had visited and what actions they were taking. All the people and relatives we spoke with felt the service was well run and was focused on the needs of the people living there.

We saw from records that people had access to support from external health care professionals including GP's, district nurses, physiotherapy, speech and language therapy, and the behaviour team. Staff said they supported people to attend appointments if required, such as GP's and chiropodists or asked for home visits. Staff also said they contacted family members to inform them of any changes in their relative's needs, such as if they were unwell. We saw people had aids and equipment to help them move safely around the home such as walking frames and wheelchairs. These were labelled for each person and were kept clean and maintained. We noted the communal areas were at times crowded due to their small size, but that staff were observant and moved equipment about to support people's safe movement.

From records of staff induction we could see that all staff went through a common induction process. We saw all staff had attended mandatory training such as moving and handling. The registered manager kept a matrix of all staff showing when refresher training was needed. Staff we spoke with told us they had to attend regular training, and that if they did not then the manager or deputy would follow this up with them. We saw one staff member accessing e-learning whilst we inspected.

All staff were supervised regularly by senior staff and records showed us this included discussion around supporting the needs of people as well as their own performance and training needs. Staff had an annual appraisal and were given feedback on their performance and advice about training that they could access.

Staff meeting minutes showed that staff were consulted and updated on changes in the home that affected the safety and wellbeing of people and staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw from records that the service had referred people for assessments for DoLS as necessary. There was

also a clear process of review and renewal of any DoLS as required over time. This meant people were being protected against the risk of unlawful restriction of their liberty.

Records showed that people, or their representatives, were asked to give consent to receive care at admission. We saw that where people's capacity deteriorated over time, staff applied the principles of the MCA to ensure that decisions were made in their best interests and involved relevant parties.

We observed that people who needed support to maintain an adequate diet were supported and encouraged by staff to eat and drink throughout the day. People told us they liked the food. One told us, "I can be right picky, but they accommodate me and offer an alternative". We spoke to catering staff who told us how they encouraged feedback to gauge the success of any menu changes. The relatives we spoke with all agreed that people were supported to eat well and stay hydrated. We saw from individual records there was information recorded about people's nutritional needs and that nutritional assessments were reviewed monthly. This helped staff identify people who were at risk of losing weight or needed support with weight management. Weights were monitored monthly or more frequently when an issue was identified. We saw entries in records that showed staff sought advice or assistance from health care professionals such as the GP, dentist and dietician where concerns were identified. People's care plans showed the specific dietary needs they had, for example, if they were having regular dietary supplements or needed prompting to eat their meals. From talking to staff and looking at records we saw there was regular liaison between care and catering staff to check people's wellbeing and changes were made to the dining experience to support people's needs.

Staff told us they were aware of health care issues that may affect some of the people living at the home, such as the need for pressure area care. They described how they kept a close eye on people's skin integrity whilst providing personal care and reported any concerns to the district nurses. Staff told us by being attentive to small changes in people's needs they provided an effective service. An external health care professional we spoke with told us staff referred to them quickly and responded well to guidance and advice. There was evidence in care records of regular contact with local GP's and other healthcare professionals. People and relatives told us that staff responded quickly to people's changing healthcare needs and contacted external professionals quickly.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with told us they felt the service offered was caring. One relative we spoke with told us, "It's very caring here, homely and they keep me informed about things". Another told us "It's great, homely and the staff are very friendly". We observed that whilst staff were going about their duties they always took time to talk with people, checking they were okay or if they needed anything. We saw staff had good relationships with people and they went about their work showing care and concern for people.

We saw in records that staff wrote about people in a positive way, day to day records contained personal details. We observed conversations between staff and people, with staff coming down to eye level, and protecting privacy when asking about personal intimate care. Family members were encouraged by staff to be involved in activities in the home and a number told us they had supported relatives on trips out, as well as activities in the home.

During the inspection, staff acted in a professional and friendly manner, treating people with dignity and respect. Staff gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear each day; making sure doors and curtains were closed when helping with personal care; keeping people covered up when assisting them to the bathroom; and respecting people's choices. Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able. We found that people's privacy was promoted by the staff team. For example, we saw staff knocked on people's bedroom doors and bathroom doors and waited for permission to enter. We found staff were aware of the importance of involving people and their relatives in decisions and listening to their views about what they wanted. Relatives we spoke with told us they felt welcomed to the service by staff and the registered manager and deputy manager.

Staff were informed about people's preferences in their daily lives including their likes and dislikes. Information was available in care records which helped to identify people's preferences in daily living, their hobbies, and important facts about their previous lives. This meant staff were able to provide support in an individualised way that respected people's wishes. The profiles were particularly useful for people with dementia related conditions who were unable to recall past events or their particular preferences in leisure and activities.

Some people had advanced dementia related conditions, and we saw that staff carefully monitored people throughout the day. We saw people who lived with dementia were encouraged to make a choice and be involved in decision making. For example, with regard to meals, drinks and other activities of daily living. We saw how staff encouraged one person to spend time outside of their bedroom to prevent isolation, and if they chose not to, they made sure they checked in on them throughout the day. We observed that staff interacted with this person whilst checking them, and saw how the person responded well to this interaction, smiling and waving at the staff.

We were told that there were regular resident and staff meetings when issues could be raised and changes discussed. People's families were invited to attend resident meetings and have an input. We saw from

records that the meetings were used to gauge staff and people's feedback on how best to improve the service.

People had information recorded about their preferences for end of life care. Staff told us they were experienced in providing end of life care and linked in with local GP's/NHS nurses to administer medical support such as pain relief. This was supported by training records and staff confirmed they worked closely with people and their families during end of life care.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt the service offered was responsive to people's needs. One relative told us how the service had accommodated their relatives changed needs during a period of ill health. They told us how the person had deteriorated quickly, but how staff had liaised with the GP and district nurses to get them the right support quickly. They told us, "It was touch and go, but the manager and deputy were great, made sure things got followed up and that [Name] was seen quickly".

We looked at people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. Comprehensive assessments of needs were carried out prior to people moving into the home. Each person had an initial care plan prepared prior to their admission so staff were clear about what support people needed. This was amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met. Relatives told us they had been able to suggest changes to people's care plans. Staff told us they sought out and listened to relative's advice but always balanced this with what the person themselves wanted.

We saw there were regular reviews of care which involved both people, where they were able, and their relatives. There was a system in place to monitor care with checks carried out by senior staff and care plans updated as necessary. Staff we spoke with were aware of people's individual needs and this supported an appropriate and consistent level of care. When changes were identified in assessments, care plans and other documentation were amended quickly to reflect this.

The staff we spoke with were informed and respectful of people's individual needs, abilities and preferred lifestyles. For example, a staff member described how one person was supported with their personal care and it was evident they were aware of their likes and dislikes. We saw that care was provided in a flexible way to meet people's individual preferences.

A range of activities were available for people using the service. These included activities geared towards people with dementia related conditions such as physical activity and visiting entertainers. Staff told us that during the summer many people liked to use the secure garden area, but in the colder months much activity was indoors. We saw that a number of people were supported by staff to attend a church service. Music was played during the day and we saw staff and people singing along to popular songs. Care staff told us they enjoyed being able to spend time in fun activities with people. Within the care home there were two lounges with TV, radio, music, books and board games. Relatives and staff told us the building could be a bit cramped for some activities.

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at the home. We saw where there had been complaints these had been fully investigated and satisfactory outcomes were achieved within specified timescales. The registered manager told us they welcomed comments and complaints as they were an

opportunity to review practices and make improvements. The people and relatives we spoke with at inspection all felt able to complain but had no complaints.

The family of the person who the service had failed to provide CPR to told us they had complained to the service. This had been initially responded to by the registered manager then escalated to their senior manager. The family told us that after a period of time they were still waiting for final feedback to some of the concerns they raised with the provider. We discussed this with the registered manager and their senior who told us they would ensure the family had full feedback.

Good

Is the service well-led?

Our findings

People reported to us that in their experience the home was well led and they knew the registered manager and deputy manager well. One relative told us, "The manager here is always checking in on how my visit went. I was taken aback how quickly they knew my [relative] and were able to understand how they were now".

All relatives were positive about the care and provision of service at Appletree Grange. They told us they were always made to feel welcome and that atmosphere was always welcoming and upbeat. The relatives of the person where staff failed to provide CPR did not feel the manager responded sensitively to their loss, they felt the manager was mainly concerned about the impact on their staff. Staff we spoke with felt able to raise issues with the registered manager or deputy and felt they would be addressed. People and relatives told us there was a regular meeting with the manager or their deputy and their views were surveyed by the provider.

The registered manager told us the core values of the home were, "We prioritise the residents, give them the best we can every day, and I expect exactly the same of all the staff." The registered manager was open about the issues they had and how they had worked with the deputy manager and staff team to make changes across the home. For example by looking to improve the environment and provide private space for families when they visited. Senior staff in the service were able to tell us how the registered manager encouraged them to make positive suggestions for improvements.

The registered manager held regular meetings with the heads of key areas such as care staff, housekeeping and catering as well as daily meetings. These allowed for day to day co-ordination between the teams, information sharing and sharing of good practice. This ensured they were able to deal with any issues and use all the resources and information in the service to effect change. For example, when supporting people to gain or maintain weight, care and catering staff worked together to offer snacks throughout the day.

The registered manager was present and assisted us throughout the inspection. Records we requested were produced for us promptly. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events. We saw the registered manager had a presence within the home and was known to the people using the service and their relatives. Staff and relatives all commented on the deputy manager being accessible and quick to respond to any queries they might have.

Monthly checks and audits were carried out by the registered manager, their deputy or other key staff. For example, these analysed people who had significant weight loss, the use of medicines, care plan reviews, and the accident and incident logs. We saw that this evidence was then used in people's care plans to tackle any areas of concern such as weight loss by highlighting this with the relevant health professionals, for example referrals for additional assessment.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches, as well as encouraging student or work placements in the home. People were encouraged to use the local shops or garden centre with support if needed.

We saw that people using the service had their opinions surveyed. This often involved family members as well if the person was unable to actively contribute. Feedback was positive and we saw that compliments were recorded and shared with the staff team. There was an action plan in place following the latest survey and we saw the actions had been progressed to improve the service. Staff opinions had also been sought in a recent survey and the findings were again broadly positive.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; Regulation 12 (2) (c)