

Apple Tree Care Limited

Apple Tree Care Home

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 Care Home is a care home that was providing personal care to 18 older people and people living with dementia at the time of the inspection. The service accommodates up to 20 people.

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

People received a very caring and responsive service. Staff were highly motivated, sensitive to people's emotional and physical needs and committed to providing good quality care. Staff were aware of risks to people's safety and wellbeing and acted to minimise these risks. People received their medicines in line with their prescription.

People received care from staff who were appropriately recruited, trained and supervised. There was a focus on employing staff with strong person-centred values. 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 systems in the service supported this practice.

Relatives were highly complementary about the compassionate end of life care provided by staff. They praised the support and sensitivity shown to themselves and their loved ones.

Care plans included information for staff about people's needs and preferences and supported staff to provide person-centred care. People took part in a range of activities.

Systems were in place to check the quality and safety of the service. These systems had not identified some minor issues in relation to record keeping and accident monitoring. We have made a recommendation about quality assurance. Relatives told us the registered manager was very dedicated and caring. Feedback from people, relatives and staff indicated high levels of satisfaction with the service.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated Good overall (published 29 March 2017).

Why we inspected:

This was a scheduled inspection based on the service's 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 are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Apple Tree Care Home

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. This inspection was planned to check 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

The inspection was conducted by two adult social care inspectors and an Expert by Experience on the first day of 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. Day two was conducted by one inspector.

Service and service type

Apple Tree Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 CQC. 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 looked at information we held about the service, including information the provider is required to send us about events which occur. We reviewed the provider information return. 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 received feedback from external agencies. We used all of this information to plan the inspection.

During the inspection

We spoke with four people who used the service and seven relatives. We spoke with six members of staff including the registered manager, two team leaders and three care workers. 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 looked at records related to people's care and the management of the service. We viewed four people's care records, medication records, four staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.

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

- The provider assessed risks to people's safety and acted to minimise risks. Risk assessments were regularly reviewed.
- Staff were very attentive to people's safety and well-being. People told us they felt safe because, "There is a lot of good people" and "Everyone looks after us properly."
- Environment and equipment safety checks were routinely conducted.

Learning lessons when things go wrong

- Staff completed accident and incident records and these were reviewed by the registered manager to identify any further action required.
- Responsive action was taken when incidents occurred, to prevent the risk of recurrence. However, accident monitoring was not always as effective as it could be, due to how accidents and falls were recorded on the provider's electronic recording system. The registered manager updated us after the inspection to confirm the action they had taken to investigate this issue and ensure all accidents were included in their analysis of accident patterns and trends.
- The registered manager provided an example of the action taken since a recent safety incident, to learn from what happened and prevent a reoccurrence.

Using medicines safely

- The provider had a safe system to manage medicines.
- Since our last inspection the provider had changed their systems, in line with updated best practice guidance.
- Staff who supported people with their medicines were trained and had their competency checked.
- The registered manager conducted regular medicines audits to ensure people received their medicines as prescribed.

Staffing and recruitment

- There were sufficient, appropriately skilled, staff to meet people's needs.
- People, staff and relatives told us there were enough staff available to care for people safely.
- Recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training; they were aware of indicators of potential abuse and knew how to report any concerns.

- The provider had a safeguarding policy and referred concerns to the local authority safeguarding team when required. On one occasion a referral was delayed; the registered manager had updated their records as a result, to ensure they had the correct local authority contact details to refer any future concerns.

Preventing and controlling infection

- The home was clean and there were no malodours.
- Regular cleaning took place and the registered manager conducted audits of cleaning and infection control practice to make sure standards were maintained.
- Staff used personal protective equipment when required, such as disposable gloves and aprons, to reduce the risk of spreading germs or infections.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications when required.
- Staff sought people's consent before providing care.
- The provider kept evidence where people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation made decisions on people's behalf. In some instances, care plans needed more clarity about the scope of the representative's authority. The registered manager addressed this straightaway.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care plan and people's weight was monitored.
- People were offered a choice of food and received meals in line with their needs. Snacks were always readily available.
- People's fluid intake was inconsistently recorded in the provider's new electronic care recording system. The registered manager was taking action to address this, to enable more accurate monitoring.

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and regular supervision. The registered manager conducted checks of staff competence.
- The provider tracked when staff were due refresher training.

- Staff were satisfied with the training they received.

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

- Systems were in place to assess people's needs and preferences.
- The registered manager kept up to date with best practice; they were involved with a number of multi-agency networks and projects.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had good access to health and social care professionals, including the GP and specialists.
- Information about people's health needs was recorded in their care plan.
- Relatives provided examples to show how staff responded very promptly to any concerns about people's health and the positive impact of this.
- The provider participated in projects with local healthcare professionals. This included one aimed at identifying early signs of pressure damage and another on responding to early changes in health and wellbeing to prevent hospital admissions. We received positive feedback regarding the provider's engagement in this work.

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

- The environment was suitable for people's needs.
- The provider had used dementia friendly design principles, including clear signage and colour contrasting décor to assist people to find their way around the home.
- People had access to the equipment they required.

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

- Staff were very caring and sensitive in their approach with people. They spoke about people with warmth and respect. People told us staff were, "Very nice" and "Lovely."
- Relatives described the service as "amazing", "brilliant" and "superb and very caring". One said, "From the moment [my relative] came in they have been treated with respect, care and love." Relatives and visitors told us the staff and registered manager were extremely caring and considerate towards them and their loved ones. Their comments about staff included, "I cannot praise the them enough" and "The carers are wonderful."
- There was a very strong and visible person-centred culture; staff ensured people were treated fairly and their diverse needs respected. Staff had provided additional support to people in their own time; to take them out, visit them in hospital and attend special events in the home for instance. A relative confirmed, "The staff are really motivated."

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

- People were involved in decisions about their care.
- Not everyone using the service could express their views verbally, but staff knew people well and were able to understand their wishes. This included responding to people's non-verbal communication and using knowledge of people's life histories and preferences.
- 'Relatives and residents meetings' took place to involve people in decisions.
- People had access to independent support with decision making and expressing their views, where required. People had support from advocates or relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated great sensitivity in promoting people's dignity and wellbeing. Relatives provided numerous examples of staff going beyond their expectations in this regard. For instance, when one person was in hospital for a period of time, staff had gone into to see them on their days off to curl and style the person's hair, because they knew how important it was to them.
- People's independence was promoted; staff encouraged people to maintain their skills and do things for themselves where possible.
- People could have privacy when they wanted it and confirmed their dignity was respected.

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

- Staff were very responsive and understood people's individual needs and preferences.
- Relatives confirmed staff adapted their support according to each person. One told us, "All the people are treated as individuals." Another commented, "Everything is based around the people. It doesn't feel like a care home, it's just people's home."
- Care plans were in place with information for staff about how to support people. These were regularly reviewed and updated when people's needs changed.
- Since our last inspection the provider had introduced a new electronic care planning system, to improve the records and make it easier to monitor the care provided. This was still being fully embedded when we visited.
- One person's care plan lacked clear instruction for staff about how they should respond when the person was distressed and presented behaviours which were challenging to staff. The provider acted to address this.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information about people's communication needs in their care plan. This information was available should someone need to go into hospital or access another service.
- Not all significant information on display, such as how to make a complaint, was in large print or easy-read format, but staff advised information could be made available according to any particular needs people had.

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

- There was a lively atmosphere in the home and people were supported to take part in a range of activities.
- There were individual and group activities available, including singing, games, quizzes and trips out. The service hosted events, such as BBQs and summer fairs.
- Staff were very proactive in building good relationships with relatives and encouraging them to visit at any time. This helped people maintain contact with their family and friends. Relatives told us, "It's so welcoming and homely here" and "Staff say you can treat it as your own home."

- People were also supported to keep in contact with relatives further afield via the internet and social media.
- Special occasions were celebrated, such as birthdays, and personalised cakes baked for people.

End of life care and support

- The provider ensured people received highly compassionate end of life care.
- People's advanced wishes were explored with them and recorded in their care plan. The provider worked well with other healthcare professionals to ensure people's needs were met and anticipatory medicines were available to relieve symptoms, where required.
- Relatives praised the staff, a volunteer and the registered manager for the sensitivity, support and compassion shown to them when their relative was dying. They described how staff had paid great attention to ensuring their relative's dignity and comfort during this time.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints and compliments were recorded, along with information about how these had been investigated and resolved.
- People and relatives confirmed they felt comfortable raising any concerns with staff or the registered manager and were very confident they would be dealt with.

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 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 registered manager was aware of regulatory requirements and attended a number of local professional networks and forums to keep updated about best practice.
- Staff were clear about their role and responsibilities from attending staff meetings, daily handover meetings and training.

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 requirements in relation to the duty of candour.
- On one occasion prior to our inspection there had been a delay in a family receiving information about an incident that had occurred. The provider had learnt from this and records showed the registered manager usually informed relatives promptly, offered an apology and an explanation of what had happened. Relatives we spoke with were very confident they were kept well informed.

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

- People, relatives and staff spoke highly of the registered manager. One relative told us, "I've never come across a person so passionate about caring for elderly people." Relatives commented how the values of the registered manager were very evident and shared through the whole staff team
- Staff were very motivated and demonstrated commitment to providing high-quality, person-centred care. Staff spoke about how much they enjoyed their job. A survey completed by the local clinical commissioning group, as part of a quality improvement project, indicated highly favourable staff satisfaction results.
- There was a quality assurance system and the registered manager conducted checks on the quality and safety of the service. These checks had not identified some minor issues we found during our inspection, such as the incorrect information in accident and incident analysis reports and aspects of the care plans.
- The nominated individual visited the service weekly but did not conduct formal audits of the service. They had plans to improve their monitoring of the service by commissioning independent audits.

We recommend the provider reviews the quality assurance system in line with best practice and continues to monitor the effectiveness of this.

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

characteristics

- Feedback was gathered from people and relatives. This included individual review meetings and satisfaction surveys.
- Staff were engaged in the running of the service and had opportunity to provide feedback in staff meetings. Staff confirmed they felt listened to, and one told us, "[Registered Manager] is a lovely manager. Any problems their door is always open."

Continuous learning and improving care; Working in partnership with others

- There was a culture of continuous improvement at the service. The registered manager and staff were receptive to feedback and suggestions for improvement. Since the last inspection they had made changes, such as the introduction of an electronic care planning system.
- Staff worked very well in partnership with other health and social care professionals to meet people's needs. Prior to the inspection, a healthcare professional provided very positive feedback about how well the service engaged with local best practice initiatives.
- The provider worked well with other organisations and developed good links within the community. This included the local school and community facilities.