

Brancaster Care Homes Limited

Appleby Grange

Inspection report

Bongate
Appleby-In-Westmorland
Cumbria
CA16 6HN

Tel: 01768351503






Date of inspection visit:
18 February 2016

Date of publication:
31 March 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

This was an unannounced inspection that took place on 18th February 2015. This was the first inspection of the service since it was registered to Brancaster Care Homes Limited in August 2015.

Appleby Grange is a care home with nursing that is registered to take up to twenty seven people. The service supports older adults, younger people in need of nursing care and people living with dementia. Accommodation is on one floor with mainly single occupancy rooms. One room may be shared by two people. Rooms have ensuite toilet facilities. The home has suitable lounge and dining areas. The home is situated in a residential area of Appleby and is near to the amenities and the transport links of this small Lakeland town.

The home had a registered manager who was going to step down from the post. A new manager was in place and she was preparing to apply for registration. 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.

Safeguarding was appropriately managed in the service and staff had received suitable training. Staff said they understood how to contact the company and external organisations. People told us they felt safe. Risk assessments were in place along with emergency planning. Accidents and incidents were recorded and analysed. Some fire safety needed to be updated to ensure all risks were reduced.

We made a recommendation that a check was completed to ensure that all staff members had received appropriate fire drills and instructions.

Staffing levels were suitable. Recruitment and disciplinary actions were in place and ensured good staffing arrangements.

Medicines were managed fairly well but some records had not been signed. The manager was dealing with these issues.

We recommended that medicines audits continue and that failure to record administration be dealt with.

Infection control was managed appropriately.

All of the staff team had undergone what Brancaster Care considered to be mandatory training for their care and nursing staff. Supervision, appraisal and staff development was underway.

Steps were being taken to ensure that the service met with the requirements of the mental Capacity Act 2005. Restraint was not used in the service.

People who lived in the home received good levels of hydration and nutrition. The food was of a high quality.

The building was being refurbished with decorating, building work and replacement fixtures and fittings underway.

Staff were caring, respectful and kind. People told us they were treated with dignity and their privacy was maintained.

Care planning was being developed to ensure that people got the support they needed and wanted.

People told us they had suitable activities and entertainments and that more activities were being planned.

Complaints were handled correctly.

The service was in transition in relation to the registration of a manager. The new manager was a suitably experienced and qualified person.

The company had a suitable quality monitoring system and we had evidence that this was in place in the home.

The service reflected the vision and values of the company.

There had been considerable changes made in the six months since Brancaster bought the home and more were planned.

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 understood their responsibilities under safeguarding vulnerable people.

Fire safety procedures were in place but not all drills and instructions had been recorded.

There were enough staff on duty to give people good levels of care and support.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff development had started but needed to be developed further.

Staff understood the need to comply with the Mental Capacity Act but were still in the process of assessing whether people might be deprived of their liberty.

The environment was being refurbished.

Is the service caring?

Good ●

The service was Caring

We observed kind, sensitive and caring interactions.

People were treated with dignity and respect.

End of life care was managed appropriately.

Is the service responsive?

Good ●

The service was Responsive.

Care planning was being suitably developed.

A range of activities and entertainments were on offer.

Complaints were managed appropriately.

Is the service well-led?

Good ●

The service was Well-led.

The service had a new manager who was planning to register with the Care Quality Commission.

Quality monitoring was in place and improvements underway in all areas.

The vision and values of Brancaster were known to people in the home and to the staff team and were being promoted by the company.

Appleby 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 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 was an unannounced inspection that took place on Thursday 18 February 2016. The inspection team consisted of the lead adult social care inspector and a specialist nurse advisor. The specialist advisor was a fully trained nurse with experience of the care of older adults and people living with dementia. This was the first inspection of this service since it was registered with Brancaster Care Homes Limited in August 2015.

Together the team met with all of the twenty two people living in the home and with three visiting relatives. We spent time in lounges and shared areas and we observed the care delivery. We looked at ten care files which included assessments, reviews of care and care plans.

We also met with the newly appointed manager, the deputy manager and a project manager for the service. We spoke with six care staff, a nurse and with three domestic staff and the cook. After the inspection we spoke with the operations manager and with the provider.

We looked at six staff files. These included information about recruitment and staff development.

We looked at quality monitoring records, the fire log book and food safety records.

Is the service safe?

Our findings

People in the service told us they felt safe in the service. One person told us that they were "much less scared here than at home. The staff are really nice and they come straight away when I ring the bell." No one had any concerns about the conduct of staff. "The staff are all fine...nothing wrong here." People said that they were given support to take their medicines and that the home was clean and tidy. One person said, "My room is always kept nice and so is (the main lounge) and my washing is done properly. Very efficient staff."

We spoke to staff about their understanding of safeguarding. Staff could talk about their responsibilities and they told us that they had received recent updates to their safeguarding training by an external trainer. The operations manager had talked to them about safeguarding and one of the local authority safeguarding officers had held two discussion sessions with them about these issues. Senior staff in the home were aware of how to make a safeguarding referral to the local authority.

Staff told us that they felt confident in the management team and in the organisation. They said that they would report any concerns straight away to management. They also told us that they had contact numbers for the operations manager and for other senior officers of the company. They had been told that they could contact the organisation if at any time they were concerned about anything in the service.

We saw that there were suitable risk assessments in place for most aspects of the operation. The service had an emergency plan. Risk assessments were in place for most of the environmental risks and we judged the environment to be safe for people in the service. Accident and incident reporting was in place.

We looked at fire safety in the home and we saw that fire safety systems were suitable and that emergency lighting and fire extinguishers were checked regularly. The home had recently had an external fire safety specialist make an assessment of fire safety. This report was sent to us after inspection visit. We noted that fire safety issues were to be improved on as part of the general refurbishment.

Several members of staff were trained as fire wardens. The operations manager was to deliver further fire safety training after our visit. We looked at the fire log book and we saw that routine checks were made on fire alarms and fire fighting equipment. Fire training had been recorded alongside other training. We could not find consistent records of fire drills and instructions held in the home. Staff said that they had received instructions but records were not robust enough to prove that every person had received the right levels of drill and instruction. We asked Cumbria Fire and rescue service to visit the home to give staff some guidance about fire safety.

We looked at the last four weeks' worth of rostered hours for the service. We saw that from 8 AM to 8 PM there had been four care assistants on duty and one nurse. At night there was one nurse and two care assistants. We looked at dependency levels for the 22 people in residence. We judged that staffing levels were suitable. Staff confirmed that there was always a minimum of four staff on duty and a nurse and that sometimes there were six care assistants supporting the nursing staff depending on needs of people in the home.

We looked at recruitment files and we saw that there was a robust process for recruitment. Suitable background checks were completed and nursing staff were confirmed as having the appropriate registration to practice. We had evidence to show that disciplinary and grievance procedures were in place in the company and that senior management could deal with any issues around conduct or practice.

We looked at medicines in the service. We saw that these were stored securely and we observed the nurse on duty giving medicines to people, reassuring and explaining to people the necessity of medicines. We noted that some of the records were missing some signatures but that generally medicines administration was being managed correctly. The newly appointed manager said that she would be assessing nurse competence and had already discussed the gaps in signing.

The home was somewhat 'tired' in places but we saw that staff kept the home as clean and tidy as possible. Individual bedrooms, shared areas and the kitchen and laundry were all clean and orderly. Staff understood how to prevent cross infection and personal protective equipment and cleaning materials were readily available.

We recommended that drills and instructions were completed with all staff to levels expected by the fire service.

We recommended that recording of medicines administration is audited and necessary steps taken if recording is not completed appropriately.

Is the service effective?

Our findings

We asked people who lived in the service about staff skills and knowledge. People told us that they judged that the staff were "...very good... Know what they're doing." We were told that "They've been having a lot of training recently."

We also learned from people in the home that consent was always sought. A person told us that their care plan was updated "...but only after I had agreed to what they wanted to do." Another said "The staff always ask and wouldn't do anything I didn't want. I do dig my heels in a bit and they are Ok with that...they know what I will accept...and what I won't."

People told us that they were "Well fed and watered... We have a proper breakfast and dinner and a knife and fork tea every day."

We spoke to staff on duty and we saw that staff understood the needs of people in the service very well. We judged that they had suitable skills and knowledge to be able to care for people appropriately. The deputy manager was on duty and she was a fully trained nurse and she explained how the nursing team kept up with their practice.

We received a copy of the training records for the home and saw that Brancaster Care had ensured that the entire team had attended what they considered to be mandatory training. This included moving and handling, safeguarding, first aid and health and safety. For some staff members in specific roles mandatory training had also included safe handling of medicines, specific nursing procedures and things like advanced fire and food safety.

We looked at staff files and we saw that supervision had not been done routinely for two or three months after the new registration. We noted that from around November 2015 formal supervision had restarted. There were some records of formal supervision and some records of observation of practice. One of the management team had devised a supervision programme which had started and which would ensure that all staff received suitable levels of supervision. Nurses had received some supervision, both clinical and general, but this needed to be improved on. The new manager had completed a group supervision session where her expectations of the nursing team were discussed. We judged that supervision needed to be progressed in the service. The programme of appraisal had been started but no appraisals had been completed.

We looked at systems in the service that allow for good communication between team members and with other visiting professionals. Staff had a good understanding of guidance and instructions. Daily notes, diaries and other records gave us evidence to show that communication worked well within the service.

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 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 were being met.

Staff in the service understood their responsibilities in terms of the Mental Capacity Act 2005. They had identified the possibility that some people in the service were being deprived of their liberty. Applications for Deprivation of Liberty authority were yet to be made. The management team were planning to complete "best interest" meetings and, where appropriate, assessment of capacity so that they could then progress the applications appropriately.

People in the service said that staff always asked them about consent. Restraint was not used in the service. They said that the information in care plans was agreed on with them. People had been asked about Do Not Attempt Cardiopulmonary Resuscitation by staff and local GP's.

We observed and were part of the lunchtime meal. People were given the choice of nutritious, well prepared food. We saw that people ate well and enjoyed their meal. We were told that the food was of high quality and that there were plenty of options and choices. We went into the kitchen and saw that there was a wide range of fresh food available. Kitchen staff were suitably trained. Menus were varied and well-balanced. The catering staff understood the needs of people in the service and were preparing soft diets so that these were still appealing and nutritious. Where people had problems maintaining a healthy weight foods were fortified. We looked in care files and saw that people had nutritional plans in place when necessary. We also saw that food and fluid charts were maintained on a daily basis. We asked staff to put in a little more detail in some of these charts but overall we judged that people were given suitable hydration and nutrition.

We asked people about health care support. We were told that the nurses in the service gave people appropriate care. One person said "The nurses do my (nursing procedure) really well and they explain all the time what they are doing." We looked at care planning and we saw that there was suitable guidance in the care plans to ensure that people were given the right levels of health care support. The deputy manager told us that they had a good working relationship with local healthcare professionals. We noted that people saw their GP, opticians, dieticians, chiropodists and other health care specialists. Some people in the service saw consultants and specialist nurses. We judged that health care support was given in a suitable manner.

Appleby Grange was an older listed property which had been adapted and extended more than 30 years ago. One part of the property was a more modern addition and this area of home was of a good standard. The main part of the home looked a little tired. During our inspection decoration of bedrooms was being done, new flooring was on order with a date for bedrooms and corridor upgrades. Bathroom and lavatory upgrades were being planned. We were sent a refurbishment plan by the company which included planned improvements for fire safety. We judged that the environment was being suitably upgraded.

We recommended that supervision and appraisal be progressed in the service as soon as possible.

We recommended that decision making and applications for Deprivation of Liberty authority were progressed as soon as possible.

Is the service caring?

Our findings

People in the home told us that the staff were "...very good and polite...caring I feel." One person said that "...they know you as a person...they understand what you are going through." We had positive responses from people who lived in Appleby Grange who judged the staff to be caring.

We also measured this outcome by observing interactions between staff and people who lived in the home. We also looked individual records. We saw that staff recorded interactions in a respectful and polite way. The written plans of care described people's strengths and needs in an appropriate way.

We observed staff working with people in a caring and appropriate manner. People were treated with dignity and staff were sensitive to their individual needs. At lunchtime we observed staff keeping a careful watch over people. Staff encouraged and supported people in an appropriate way. We also saw people being supported to move around in an appropriate manner. Staff were discreet and mindful of privacy and dignity when they were supporting people to access personal care.

We listened to staff explaining things to people in a measured and patient way. Staff took time talk to people in a way that meet their needs. Staff respected each individual's ability and supported people to be as independent as possible. We also saw very sensitive interactions with people were both physically and mentally frail.

Staff said that they could access advocacy support if necessary but that many of the people in the home preferred their relatives supporting them. This was arranged if the person allowed it. People told us that they also had friends and solicitors who acted on their behalf.

People told us that they trusted staff to keep their confidence. All of the staff had signed saying they had read the company policy on confidentiality.

We spoke to the nurse on duty and to the care staff about end of life care. Staff were sensitive to people at this stage in their life. On the day of our visit staff had attended the funeral of one of people who had lived in the home. We learned that end of life care was shared with primary medical services in the area and that people were kept as comfortable as possible in the last stages of life.

Is the service responsive?

Our findings

We spoke to three people who discussed their individual care plans with us at length. One person said "Yesterday (one of the nurses) spent some time with me because my care plan needed to be changed. I was consulted about this and am happy with my new plan..." Another person told us that they were asked about their preferences and that they had been able to check these were all written into their plan. They said "I wanted some bits about activities and socialising and these were put into the plan. I didn't want it to just be about my ailments."

We were in the office when the new manager explained to a prospective service user how assessments were made prior to admission. We saw suitable assessments in place on individual service user files. We noted that some files needed further assessment where people lacked capacity but that this was underway. We saw that there was on-going reassessment of nursing and care needs with suitable support from health care professionals.

We looked at a number of care plans. We saw that details related to nursing processes were of a reasonably good standard. We also judged that some care plans gave good levels of guidance on delivery of personal care. We saw that staff had started to include planning on things like social and emotional support. The senior staff team were in the process of transferring all information from older files to the new Brancaster care planning system. They were taking this opportunity to improve and update the care plans. We saw that good progress was being made in this. We did however judge that care planning needed to be more person centred and that the care plans would benefit from taking a more holistic approach. This had started with a new 'wish list' in place for people so they could give staff a good understanding of what mattered to them. Some files had life story work in them and staff wanted to do more of this.

People told us that they judged that they were given individualised care and support. Some people did tell us that they would like more activities that reflected their personal preferences but that they had started to talk to the staff about their preferences. People did say that they enjoyed the music sessions, exercise classes and entertainments that were provided. One person told us, at some length, about a visit from a "petting zoo" where they have the opportunity to handle different animals.

People spoke about outings locally and we were told that staff were happy to take people out wherever possible. The senior staff team told us that they were keen to have transport for the home so they can take people out more often as the home is in a rural location. We learned about local groups who came to the home and people were looking forward to an afternoon tea that was being provided by local retailer. The new manager said that they were in the process of employing an activities organiser but that in the meantime staff did their best to organise activities, entertainment and outings.

We looked at the complaints logged for the service. We saw that complaints had been dealt with appropriately, with relevant outcomes sent by letter to the complainants by the operations manager. We were also given information about actions that had been taken by the provider in relation to these complaints. We judged that these had been managed appropriately. People in the home said they knew who to complain to and no one had any complaints on the day. The provider had a suitable complaints

policy and procedure which had been shared with people in the service and their relatives.

Is the service well-led?

Our findings

We spoke to people in the home who were fully aware of who the new manager was. One person said "Yes she will do for us...very nice woman I think and knows what the job is." Another person who was in receipt of nursing care told us "She is a fully trained nurse you know...and she looks the part. I feel confident that she will be fine...but it is early days."

When Brancaster Care limited had taken over the home there was a registered manager in post. There had been some changes in the six months since the new registration and the previous manager was still registered. This person had applied to de-register as a new manager was in post. The provider had appointed a new manager and the new manager was applying to register.

The new manager was an experience and well qualified nurse manager who had previously been registered with the Care Quality Commission for a different service. At our inspections she had been in post for four days. She had already started to communicate her strategies to the nursing staff, had been in discussion with the care assistants and other staff. She had planned some meetings with staff and outlined her plans for the future. She had also started to get to know the people who lived in the home and could talk about their needs. She had made some referrals to health and social care providers where she judged people needed more support. She had also arranged a service user and relatives meeting where she planned to explain the building work and environmental changes. We spoke to a relative who said that they had asked about future planning and had felt reassured by the professional response they had received.

The provider had a quality monitoring system in place which had recently been updated and improved on. Questionnaires had gone out to all service users, their relatives and other stakeholders. These had been kept anonymous and someone at the company headquarters had analysed the returns. The new manager was working on the outcomes of these surveys. There were daily, weekly and monthly checks on all aspects of the service. Medicines were checked routinely by nurses with controlled drugs being checked twice a day. The new manager had audited the medicines administration systems. She had also checked on money kept on behalf of people in the home and on other financial systems.

Care plans were being checked. Nursing processes were being monitored. Staff supervision was underway. The deputy manager and a fairly new project manager had supported the introduction of new quality monitoring systems, had done some supervisory work and had updated care files. The senior care staff (known as care co-ordinators) in this service had introduced quality checks on direct care delivery and were checking on these twice daily to ensure good standards were in place for everyone in the home.

Staff development was at an early stage but we noted that management staff had done their best to start some of the necessary systems. We judged that good foundations had been set to ensure that staff development was underway. For example we saw that staff had been registered for NVQ qualifications and basic care principles had been discussed with the entire staff team.

We saw that the home had a culture of its own which promoted a caring, kind and considerate approach.

The provider had ensured that each member of the team had signed to say they understood the vision and values of the company. For example every staff file we looked at had documents about confidentiality in place that the staff member had signed.

We judged that there had been some issues in the first six months that had not always reflected the values of the company. We spoke with the operations manager and were satisfied that these matters had been dealt with appropriately. The operations manager had kept a watching brief on quality issues since the provider took over the service.

Staff told us that they had found change and the prospect of change to be unsettling but that, as one person said, "We need to change and to improve...early days yet but we now have a manager in place, plans for improvement, lots of training, new care plans and...well I am still here and I want to be here. The (provider) seems sound and this is a good place that just needs to move forward."

We judged that there had been enough direct work completed to show that the planned changes were being made in a timely fashion.