

Barchester Healthcare Homes Limited

Appletree Grange

Inspection report

Durham Road
Birtley
Chester Le Street
County Durham
DH3 2BH

Tel: 01914102175
Website: www.barchester.com

Date of inspection visit:
12 January 2022
19 January 2022

Date of publication:
05 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Appletree Grange is a care home providing personal care to up to 32 people. The service provides support to older people some of whom had a dementia. At the time of our inspection there were 30 people using the service. The care home accommodates people across two floors.

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

The home's policy on visiting was not aligned to government guidance. The home had taken some actions to mitigate potential impacts on people from not following the guidance, but these were not always robustly explored and documented.

People received safe care. There were systems in place to safeguard people from harm and abuse. Risk assessments were in place to support people to be as independent as possible. Staff were aware of their responsibility to keep people safe and were confident that any concerns raised would be acted upon by the management.

Medicines were administered safely, and staff were knowledgeable about people's needs. Staff undertook training in the safe management of medicines and regularly had their competencies assessed to ensure they were following the correct practices.

The service followed safe recruitment practices. There were enough staff to meet people's care needs and there were systems in place to allocate and deploy staff safely.

The service sought and responded to feedback. People told us that day to day issues they raised would be quickly resolved. There were some planned improvements to how staff feedback was gathered and responded to.

Quality assurance systems were in place to monitor the quality of care and support people received. When people had accidents or incidents these were recorded, and actions taken to minimise the risk of reoccurrence.

Management had clear oversight of the service. The registered manager and other staff we spoke with had detailed knowledge about the service. The service had processes for continuous learning and improvements and linked with partner agencies to deliver joined up care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 April 2021).

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about visiting. A decision was made for us to inspect and examine those risks.

We inspected and found there were some further concerns about visiting, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for this service has remained good.

We found no evidence during this inspection that people were at risk of harm from this concern. We have found evidence, however, that the provider needs to make improvements. Please see the well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Appletree Grange on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Appletree Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 Care Quality Commission. 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. We visited the service on 12 and 19 January 2022.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

During the inspection we spoke with five people who used the service and three relatives. We spoke with seven staff including the regional director, registered manager, operational trainer, senior care staff, care staff and domestic staff.

After the inspection

We spoke with a further three relatives by telephone and requested some further quality assurance documents, such as audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections.

The home's approach to visiting was not aligned to government guidance.

We did not find evidence that there was significant impact on people's health and well-being. The home had mitigated some of the potential risks created when they had deviated from government guidance.

On 19 January when we returned to the home, we were informed the provider's policy was aligning to government guidance from 24 January 2022, and individual concerns would be addressed sooner. We received confirmation from the registered manager that they had taken steps to immediately address the concerns raised with the home.

On the whole systems were in place to prevent the spread of infections, such as checking visitor's COVID-19 test results. We found one example where necessary testing had not taken place, but this had been identified and rectified by the home.

- We were somewhat assured that the provider was meeting shielding and social distancing rules.

The home's approach to visits out the home was not aligned to government guidance. The home had not robustly documented decision making around visits out of the home.

The home aligned its policy with government guidance on 24 January 2022 and the registered manager told us visits out of the home would be assessed on a individual basis with immediate effect.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

The policies in place reflected government guidance accept in relation to visiting.

We have also signposted the provider to resources to develop their approach.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service did not have effective measures in place to make sure this requirement was being met.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place for people and staff to report any concerns about potential abuse and to respond to safeguarding concerns.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and managed. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Care plans and risk assessment were reviewed to ensure they reflected current needs. We found one example where a person's care plan did not fully reflect the recent guidance issued by a health professional. The care plan was updated during the inspection.

Staffing and recruitment

- Recruitment was safe. There were processes in place and recruitment checks were carried out before staff were appointed.
- Staffing was managed safely and there were clear processes in place to monitor staff performance and adherence with allocated tasks.
- People were supported by a consistent team of staff who knew the person's needs. The home had been reliant on using agency staff for some roles, where this happened the same staff were used as far as possible. Recruitment had taken place to reduce agency use going forwards.

Using medicines safely

- People's medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- Care staff received training and competency checks to ensure they were administering medicines safely.
- Staff were knowledgeable about which medicines people needed and how these should be given.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them happening again in the future. There were processes in place to share learning with staff.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Visiting restrictions were considered on an individual basis and visiting supported wherever possible. Assessment and planning documentation around visiting was not always robust or person centred and would have benefitted from more detail. Preferences had been explored with people, but records did not always reflect the decision making around assessing risk and impact when visiting did not meet their preferences.
- We did not find evidence of significant impact on people during the period the provider's policy deviated from guidance. Some of the potential risks had been mitigated but this was not clearly recorded.
- During our inspection the provider changed its policy on visiting to reflect government guidance, the registered manager confirmed that individual visiting concerns would be addressed immediately. The registered manager confirmed that relatives were informed of the policy changes the day following the inspection.

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, Continuous learning and improving care

- The management team understood their role regarding regulatory requirements and the need to be open and honest. For example, they notified CQC of events, such as safeguarding concerns and serious incidents as required by law.
- The service had processes to reflect on and improve care. Results from audits, investigations and surveys were used to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems and governance arrangements were in place to identify areas for improvement and the actions needed to address them. Checks were made on the service to monitor standards of care.
- Staff understood their roles and the provider's expectations of them. Staff received guidance on the care tasks they were required to complete and had support from management if they had any queries or any issues arose.

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

characteristics

- People who used the service told us they were asked about their experience of the service. The organisation gathered feedback from telephone calls, meetings and surveys and acted on the responses they received.
- Most people and relatives told us communication was good and they were informed of any changes to people's care.
- There were avenues for staff feedback. Some staff, however, were not sure how feedback drove improvements. The management told us there were planned improvements around two-way communication, one example was promoting the use of the home's suggestion box and sharing actions taken based on these suggestions.

Working in partnership with others

- Staff and management worked with partner agencies and health care colleagues to deliver joined up care. This included reporting concerns about individuals care and signposting people to other organisations for support.