

# The Orders Of St. John Care Trust

# Apple Trees Care & Reablement Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Apple Trees Care and Reablement Centre is a care home registered for 64 older people including people living with dementia. The home is split into four households with 16 bedrooms in each. At the time of our inspection one unit was being used as a designated setting for transitional care for people who had been discharged from hospital recovering from COVID- 19.

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

The staffing levels at night did not always meet the needs of people at the service. Since the introduction of the designated setting the way staff had been allocated had affected staff's ability to provide timely care. People's medicines were overall managed safely, but we were told of minor medicines errors not being reported.

People had information in the care plans about how to manage the risks to their safety, however some risks to people's safety were not always managed effectively

There were quality monitoring processes in place, however the analysis of incident such as falls of care did not always show theme and trends.

Staff were aware of how to protect people from the risks of abuse. There was infection prevention and control (IPC) practices in place so people were protected from the risks of infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us the staff team treated them with care and respect, and their views on their care were listened to. Staff showed a good awareness of supporting people's privacy and encouraging their independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for Apple Trees Reablement Centre was Good (published 8 August 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about the management of staffing since the introduction of the designated unit at the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, caring and well-led only.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led section of this report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apple Trees Reablement Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Apple Trees Care & Reablement Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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 was carried out by two inspectors and one assistant inspector. The two inspectors undertook the site visit and the assistant inspector supported the inspection by speaking with relatives on the telephone and reviewing documentation off site.

#### Service and service type

Apple Trees Care and Reablement Centre 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with eleven members of staff including the registered manager, head of care, senior care workers, care workers and a member of the kitchen staff.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection –

We spoke with six relatives by telephone about their experience of the care provided for their family members. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to protect people from abuse. Relatives told us their family members felt safe.
- Staff told us they had completed their safeguarding training.
- We saw posters showing "making safeguarding personal" displayed around the home to raise awareness of safeguarding people in their care.
- There were processes in place to review incidents and accidents to allow learning from events. Such as staff supervisions and staff meetings. The registered manager told us they and their staff also had open discussions to develop new strategies to support similar situations in the future. There were daily meetings call 10 at 10. These meetings helped to highlight issues as they arose that would be discussed with the wider teams. The staff team undertook reflective practice using workbooks to assist them record their thoughts.

Assessing risk, safety monitoring and management;

- People had individual risk assessments in place to mitigate risk. However, the information in some people's care plans was inconsistent. For example, one person was rated as a high falls risk in one section of their care plan and medium risk in another section. This inconsistency meant staff may not always have the correct guidance for them to provide safe care for this person.
- We also found concerns around the number of falls at the service and the way themes and trends were monitored. There was a lack of analysis of the time of day when the most falls occurred. Over half the falls at the service took place between the hours of 7pm and 7am. Staff told us the falls at night had increased and felt the changes to staff allocation had impacted on this. However, evidence the provider sent us following our inspection did not support this. It did support that there were peak periods of time when the numbers of falls increased. Such as between 7pm and 12 midnight, which supported staff's assertion that they struggled to provide effective support for people during those times.
- The Speech and Language therapy (SALT) Team had made recommendations for a person to have a trial of a soft diet. The person's care plan also stated the person should have a soft diet. At lunch time we observed this person was given a normal diet. When asked why the person had a normal diet, a staff member told us that offering the person soft foods had not been successful. We were unable to find any communication to the SALT team to show the person was not tolerating the soft diet and if the present dietary arrangements were appropriate for the person.
- People had personal emergency evacuation plans (PEEP)'s in place with information to ensure staff could safely support them during an emergency.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the care Quality Commission (CQC) or other relevant authorities.

## Staffing

- Some staff raised concerns that there was not always enough staff on shift to meet people's needs. The majority of concerns related to the staffing arrangements for the night shifts. The introduction of the designated setting had had an adverse effect on the rest of the service's staffing levels at night. The service had altered the way the staff were allocated to accommodate the new unit. Staff felt this affected their ability to provide safe care. One staff member told us they felt the care they gave was rushed as there were so many people who needed their support.
- Some staff told us they had raised concerns about the staffing levels at night, with the management team, but they felt they had not been listened to. We raised this with the registered manager and area manager who told us they would go back and discuss the issues with staff. Following our inspection, the area manager emailed and told us they had put dedicated roster support in place during the hours of 7pm to 7am. Staff we spoke with after the inspection told us the staffing levels had been reviewed and they felt better supported.

## Using medicines safely

- Majority of people's medicines were administered safely. However, one member of staff told us one person received their medicines in a hot drink. There was no information or guidance from the person's GP to show if the medicines were safe to give in this way. We raised this with the head of care who told us they would clarify this with the person's GP. Following our inspection, the registered manager told us they had investigated this issue and was satisfied the person was receiving their medicines safely.
- Staff also told us that on occasions minor medicines errors were not always reported as they were too busy and rushed. We raised this with the registered manager who told us they would address the importance of reporting medicines errors with staff as part of staff meetings and supervisions.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 assured that the provider's infection prevention and control policy was up to date.



# 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 Outstanding. At this inspection this key question has deteriorated to Good. 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

- We saw positive caring interactions between people and staff throughout the inspection. Staff spoke respectfully with people, offering reassurance. However, staff told us they often did not have time to spend with people. One staff member said. "The residents are not getting any time. They want to chat with you, but you do not have the time."
- Whenever they had the time, staff showed people they mattered by their kind and compassionate approach. On the day of the inspection one person using the service was having a birthday. Staff ensured they made the person aware of their birthday. Telling them they would be seeing their daughter for a window visit later in the day.
- We were shown a small sitting room that had been turned into a painting studio for a person who used the service. The registered manager told us they worked to provide people with person centred care and encourage people to follow their hobbies.

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

- People were supported to express their views about their care. Their wishes and choices were considered, for example, how they wished to receive their day to day care. Such as choosing when they wanted to go to bed or get up and when they wanted help with personal care.
- Records showed both people and their relatives had been involved in care planning. The reviews of care plans were undertaken by senior carers. They involved people, relatives and key workers to ensure the information in people's care plans reflected people's views and choices on their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was maintained by the staff who supported them. There was information in people's care records to guide staff to support people maintain their independence.
- People told us staff spoke with them in a respectful way, and throughout the inspection we saw staff maintaining people's privacy and dignity when they provided care. People were able to spend time privately when they wished.
- During the COVID-19 pandemic the provider had organised for people using the service to interact with their family via video calls. They had also been doing window visits. During our inspection there was a COVID-19 outbreak in the home. This had meant that only window visits were available. However, the provider was working on using their café area in the downstairs lobby for visits, once they were COVID-19 free.

# 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 now deteriorated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were positive about the service. One relative we spoke with said, "My daughter says the home is leagues above many others."
- Staff gave mixed views about the leadership at the service. As reported in the safe section some staff did not feel the management team had listened to them when they had raised concerns about staffing levels. We spoke with the registered manager and area manager about this who told us they would address this and encourage staff to talk with them about their concerns.
- However other staff told us the registered manager was open and approachable, and worked to support them. One member of staff said, "Yes., [manager] very approachable. I think [Name] is the best manager I have ever had. She is always open for people to come to, however (she) does get busy, (I) feel staff are shocked when [name] says No. She is a person with bosses as well. It must have been really difficult when the head of care was on a secondment to help with other homes."
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The registered manager told us staff had taken a new project to her during the pandemic, to develop a sensory room and pub for people at the service. She told us staff were engaged in this project and designed and constructed many of the items. The output was positive for both residents and staff and had an impact on all mental health well- being during the pandemic.

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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

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Continuous learning and improving care

- There were quality monitoring processes in place at the service. These processes had highlighted when

people needed specific changes to their care. However, the processes had not highlighted the concerns we found around the number of falls and themes and trends, and the staff's concerns around the falls at night.

- The system in place to assess people's needs was not used effectively to determine safe staffing numbers. We found an example in which the provider's dependency tool had been completed which showed a person may have needed a higher level of care than a residential care service. This meant people at the service may not have been provided with the correct level of care.
- The registered manager was aware of her legal responsibilities and had submitted CQC statutory notifications where required.

#### Working in partnership with others

- Staff worked closely with the community nursing team who supported the service. Over the last year the registered manager and head of care had worked to improve communications by the introduction of a communication book. This was used daily by the senior care worker on duty and the community nurses. There was evidence to show this had been a successful initiative.
- The manager worked in partnership with other agencies and referred people to specialist services when they needed extra support to meet their needs. This included community psychiatric nurses and occupational therapists. This promoted the delivery of joined-up care.