

Barchester Healthcare Homes Limited

Appletree Grange

Inspection report

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Date of inspection visit: 29 July 2014
Date of publication: 17/12/2014

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 

Overall summary

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 2012, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 29 July 2014. At the last inspection on 20 June 2013, we asked the provider to make improvements in the management of medicines. We visited the service in October 2013 to confirm this action had been complete.

Appletree Grange provides person care for up to 32 older people and people living with dementia. At the time of our inspection there were 30 people living at the service.

Summary of findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe living at Appletree Grange. All staff had received training in safeguarding vulnerable adults. The staff members we spoke to were knowledgeable about the safeguarding procedures and could talk us through the process they would follow if they had any concerns.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that where required the registered manager had submitted applications for DoLS.

We looked at four staff member's recruitment files and noted all appropriate checks were complete prior to them starting work. Staff told us they received sufficient training for their role and they regularly received supervision and had an appraisal with their line manager on a yearly basis.

During our inspection we spoke to the cook who was knowledgeable about people's individual dietary needs. The cook explained how all things were cooked fresh, including cakes and scones. We saw, where required, people were assisted during meal times by staff members.

Everyone we spoke to gave us positive feedback in relation to the care and support they received at Appletree Grange. We observed all staff members had good interactions with the people who lived at the service. Relatives told us they felt staff helped promote people's privacy and dignity.

We noted the service employed an activities coordinator and a wide variety of activities were available to people on a daily basis, both in and out of the service. Relatives told us staff were responsive and mindful of people's needs.

People told us they were aware on how to raise a complaint. We looked at the complaints log and noted no complaint had been raised in the last 12 months.

Staff told us the manager was approachable. We spoke to staff about their roles and responsibilities and they were clear as to the management structure as well as their individual responsibilities or who they would go to for support.

We saw the provider conducted an inspection on a monthly basis to look at the quality of the service provided. The registered manager told us an action plan was produced for any areas of development. The senior care workers told us about other audits that were complete on a regular basis such as medication and health and safety.

Summary of findings

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 safe. People told us they felt safe at Appletree Grange. All staff we spoke to were knowledgeable about the safeguarding vulnerable adult's process and records show all staff had received training in safeguarding.

People and relatives told us there were sufficient staff on duty. The registered manager showed us the staffing tool that was used to work out staffing requirements on a monthly basis.

Senior care workers and the registered manager were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. We saw that where required the registered manager had applied for a DoLS application.

Good



Is the service effective?

The service was effective. During our inspection we spoke to the cook and care staff, who were all knowledgeable about people's individual dietary needs. We noted the daily menu was displayed in the reception and communal areas and snack boxes were available throughout the home.

We saw that where required external professionals had been contacted for further healthcare support.

People were complimentary about the staff and their skills. Staff told us there was sufficient training available for them. We looked at records and saw staff received regular supervision and yearly appraisals.

Good



Is the service caring?

The service was caring. Everyone we spoke to at Appletree Grange was positive about the care and support they received. We observed good interactions between all members of the staffing team and people who lived at the home.

Staff we spoke to were knowledgeable about people's individual needs. Relatives told us they felt, and we saw, staff promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. Relatives told us staff were responsive and mindful of people's needs. We saw a wide variety of activities were provided on a daily basis, which varied between in-house activities and arranged outings. The home employed an activities coordinator who completed group and one to one activities with relatives.

People and their relatives told us they were confident they could raise any concerns or complaints to the registered manager or any staff member. We looked at the complaints log and saw no complaints had been received in the last 12 months.

Good



Is the service well-led?

The service was well-led. Staff told us the registered manager was approachable. All staff we spoke with told us the staffing structure was clear and they always knew who was responsible for which tasks, or who to go to for support.

Good



Summary of findings

We saw the provider conducted an inspection on a monthly basis and the registered manager took responsibility for an improvements identified. Staff told us additional audits were also complete such as medication and health and safety.

Appletree Grange

Detailed findings

Background to this inspection

The inspection consisted of a lead inspector, a second inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home and contacted the local authority commissioning and safeguarding team. The provider completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who living at Appletree Grange. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to 12 people who were living at Appletree Grange, 11 relatives, seven care staff and the registered manager.

We looked at five people's care records, four recruitment files and the training matrix as well as records relating to the management of the service. We looked around the building and spent time in the communal areas.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

Everyone we spoke to told us they felt safe living at Appletree Grange. Relatives we spoke to told us they felt their family members were safe living at the home. One relative said, “She’s safe as houses here.” Another said, “I know her and I know that she feels safe here.”

Staff were knowledgeable about what they would do if abuse was suspected. Staff told us they would have no hesitation in reporting any concerns they may have. One staff member said, “I would report anything, it wouldn’t bother me if I huffed anyone as long as the residents are alright, that’s all that matters.” Staff told us and records confirmed training in safeguarding had been undertaken. The registered manager provided us with information which showed 100% of staff had completed this training.

We noted safeguarding incidents had been recorded and reported to the Local Authority and Care Quality Commission (CQC) as required. We saw investigations had been completed, appropriate action was taken and disciplinary procedures were instigated where necessary.

Relatives told us their family member’s needs were met by the number of staff on duty. One relative said more staff would be appreciated. She said, “Mum’s needs are always met, it just takes a little longer at times.” We saw staff carried out their duties in a calm unhurried manner. We saw some people at Appletree Grange chose to spend their time in the room. We saw staff regularly checked on those individuals throughout the day.

The registered manager showed us the staffing numbers varied monthly depending upon people’s dependency. We were shown how each person’s dependency and support required was rated as low, medium or high and the result of which fed into the number of staff required. We saw the staffing levels had changed as and when people’s individual requirements had.

We looked at four staff recruitment files. The manager told us a Disclosure and Barring Service check (DBS); previously known as a CRB check was always carried out before staff started work. This check helps providers to make sure staff are suitable to work with vulnerable people. They also

explained two written employment checks had been carried out before they started work. One staff member said, “I couldn’t start work before they were all back (DBS check and references). We saw these recruitment checks were received back in a timely manner in three of the files we looked at. We noticed one staff member had commenced employment in 2012. We saw although these checks had been carried out, these had not all been completed prior to them commencing work. The registered manager explained this would never happen now and it was company policy to, “Always wait.”

The registered manager and staff we spoke with all had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). CQC monitors the operation of the DoLS. DoLS are part of the MCA. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they were aware of the recent changes in relation to Deprivation of Liberty Safeguarding (DoLS) and they had already submitted four applications to the relevant local authorities. The registered manager showed us a letter which had been sent to all relatives and next of kin explaining the recent changes to DoLS and what this meant for them and their relative.

Where people did not have mental capacity to make complex decisions, the registered manager was able to explain the process they followed in ensuring best interest meetings were held involving relatives and other health and social care professionals. The registered manager told us the seniors and assistant manager completed MCA assessments for everyone and records were in each person’s care plan. We saw evidence of this in the care records we reviewed.

There were detailed risk assessments in the care records which showed how staff would manage any individual risks whilst keeping people safe. We saw individual assessments had been completed depending upon people’s requirements and preferences. For example, we noted one person had a risk assessment completed for the support they would require when going on holiday.

Is the service effective?

Our findings

During our inspection we spoke with the cook on duty who was very knowledgeable about people's dietary needs and could explain these to us. They showed us a whiteboard in the kitchen which was used to document people's specific dietary requirements. We noticed some people required a high calorie diet. We asked the cook how they ensured extra calories were provided for these people. They explained, "I add cream and butter to potatoes and I make smoothies out of bananas or peaches with cream and milk."

We saw the menu was displayed on a menu stand in the entrance of the home. We asked the cook about this feature. They explained, "Well, when you go into a restaurant you want to know what you can have to eat and it's exactly the same here. It's important so the residents and their relatives can see what there is to eat." The cook spoke passionately about their role in ensuring people not only had enough to eat, but also enjoyed their meals. They explained all the cakes and biscuits were homemade and we saw they were in the process of making two cakes and had already baked cherry scones for supper. The cook said it was Barchester's policy to have, "Plenty of food" and, "Quality food." We looked around the kitchen and saw fridges were stocked with cream, eggs, cheese and cooked meat. There was also a good supply of fresh fruit, salad and vegetables.

We spent time looking around the home and saw there were a number of snack boxes strategically placed around the home to encourage people to pick out various snacks such as fruit, crackers and biscuits. There were juice machines located in communal areas. The cook explained how extra vitamins had been added to the juice.

We saw drinks were offered regularly throughout the day. The tea trolley came around in the morning and afternoon. Staff assisted people to have drinks of juice, tea, coffee and milk. One staff member explained one person had a cup of tea in the morning but preferred a glass of milk throughout the day. Staff gave another person a china cup, which they explained the person preferred as it as lighter to hold. One

relative visiting said, "The food always seems nice. They know her well and what she likes to eat. They know she likes gravy but doesn't like fish and chips" and, "The food is always well presented, she hasn't lost weight."

We spent time with people over lunch time. Staff assisted people to eat at the table in the dining areas of the lounge. They explained this gave people the opportunity to socialise and experience a change of environment during the meal time. We saw staff provided support in a calm unhurried manner. Staff discreetly prompted people with their meals and asked if 'seconds' were wanted.

We spoke with staff who were knowledgeable about people's dietary needs. We read in one care plan the person had lost weight. There was evidence the GP and dietitian had been contacted for advice. A nutritional supplement had been prescribed. Staff had given extra support and monitored the person's dietary intake. We noted the person had since put on weight and therefore the involvement of the dietitian had stopped.

People and relatives were complimentary about the staff themselves and their skills. One relative said, "They definitely know what they're doing. They're very capable. (The registered manager) keeps them on the ball."

Staff told us there was, "Plenty" of training available. One staff member told us how much they had enjoyed a recent dementia awareness course they had completed. "It gives you a deeper insight into the illness", they stated. Another said, "All my training is up to scratch." Staff informed us and records confirmed they had carried out training in safe working practices and also training to help them understand the needs of people who lived there, such as training in dementia and behaviour which challenged the service.

The registered manager provided us with an overview of staff training which showed 100% of staff had completed moving and handling training and 91.67% had undertaken infection control training.

Staff told us and records confirmed regular supervision sessions were carried out. Supervision sessions are used amongst other methods to check staff progress and provide guidance. A yearly appraisal was also held.

Is the service caring?

Our findings

We spoke with three relatives who spoke positively about the, “Caring nature” of the staff. One relative said, “Look over there, that’s what I mean by caring.” We noticed one staff member gave a person a hug. The person said, “I do like a hug,” the staff member said, “I know you do,” and smiled. Another relative said, “It’s my lifeline. It’s definitely caring. She gets lots of love not only from us as a family, but also from the staff here. She loves company and the girls (staff members) spend time talking to her.”

People we spoke to gave us positive feedback out the care they received at Appletree Grange. One person said, “The staff are nice and pleasant.” Whilst another person said, “They are nice and will talk to you.”

We noticed positive interaction not only between care staff and people who used the service, but also from other members of the staff team. We observed domestic staff and the kitchen assistant spend time talking to people. We saw people recognised them and appreciated these interactions. One domestic staff member told us, “I always talk to people when I go into their rooms. I always give (name of person) a duster, she likes to walk with you and dust, it makes her feel useful.”

All staff we spoke with were knowledgeable about people’s needs. One staff member told us how one individual disliked having their fingernails trimmed. The staff member explained how they cut one nail at a time and kept going back throughout the day until all their nails had been trimmed. We saw another staff member talking with a person. They said, “You used to work in the fish shop didn’t you.” Another staff member told us, “I’m always talking to people, they tell you what they remember, the olden days, their families, things that are important to them...they are just the same as us, you don’t talk to the residents like they’re kids, they’re not.” We considered this knowledge of people’s life histories and their likes and dislikes helped staff care for people in a more personal way.

Relatives told us staff promoted privacy and dignity. One relative told us, “Oh they definitely do (promote dignity), definitely.” Another relative said, “Everything they do is dignified. She has a buzzer to call for attention.” This was confirmed by our own observations. We saw staff transfer a

person from their armchair to a wheelchair using a moving and handling hoist. Staff covered the person with a small rug to preserve their dignity whilst they carried out this transfer.

We were sitting next to one person and a staff member discreetly came over and said, “I’m jealous of those legs.” They both smiled and the care staff carefully pulled down the person’s skirt.

At lunch time people were asked if they wanted to wear a clothes protector. Napkins were available and staff assisted people to clean their mouths and hands after lunch. We observed one person sat on their own at lunch time. We spoke to a staff member who explained this was the person’s choice as they had a tremor in both arms and therefore found it difficult to eat without spilling their food. We observed staff speaking to the person throughout the meal and allowing them to eat in whatever way was best for them. For example, we noted they were drinking soup from the bowl. The person told us this was because using a spoon was too difficult so staff encouraged them to think of other options. The person was full of praise in relation to the support they received from the staffing team.

We noted staff referred to people by their first name and always knocked and waited before entering anyone’s bedroom. We saw throughout the day examples of staff treating people with dignity and respect, also we saw staff asking people about their relatives and building a rapport with the people who lived at the home.

Relatives we spoke to told us they were involved in their family members care choices. They told us they supported their family to make choices. They explained how they attended reviews in relation to their family member’s care and got to feedback their views, whether they were happy or whether any changes were needed. People we spoke with told us how they were involved in their care. One person told us how they had been asked the way they liked things when they first moved in. They explained how a staff member went through lots of scenarios and talked to them about their preferences and choice. People told us they were confident if they wanted something changed in relation to their care they would always be able to discuss this with staff.

Is the service responsive?

Our findings

Relatives said staff were responsive. One relative said, “X coughed and staff came running in to check she was alright” and “She’s had quite a few blackouts. Staff called the paramedics after one episode.” Another relative told us how staff promoted her family member’s mobility. We saw two members of staff assisting this person. We heard the staff between them saying, “Right foot, great, left foot...come on you’re nearly there...you’re doing really well. Now rock those hips a little...great, the chair’s right behind you now.” One staff member told us how important it was to promote people’s mobility. They said, “It promotes their independence and makes them feel better about themselves.”

We observed one person stated they felt unwell whilst having their hair set by the hairdresser. Staff took the person out of the hairdresser’s room and assisted them back to their own room to rest and monitor them.

We read one care plan and noted the person had fallen on a number of occasions. They had been referred to the falls clinic for an assessment. We saw this individual had not had any further recent falls.

Staff were mindful of people’s needs. We sat it one corner and had not realised an individual was trying to speak to us as a chair was blocking our view. A staff member came over and explained the person wanted to speak with us. We immediately went over and talked to them. They showed us their doll “Buttercup” who they said they were looking after. After we had spoken with the person, the staff member explained the person enjoyed cuddling the dolls and this activity gave them, “Comfort”. Doll therapy is an expected practice for services providing care for people with dementia.

We saw there was a wide variety of activities provided at the service. An activities coordinator was employed to help meet the social needs of people who lived there. We spoke with the activities coordinator who told us they had taken people out on the mini bus in the morning to visit a local garden centre and afterwards they had gone to a nearby village where one of the people used to live. “I promised (name of the person) we would go. He was brought up

there and he hasn’t been back for 50 or 60 years.” One of the staff members told us how this person had thoroughly enjoyed the outing and showed them where they had lived and the local church.

We saw the service had a tea party planned for July and for the Dementia Awareness Week in May they had completed a project called ‘memory selfies’ with people living in the service and using items to help them remember.

In the morning of the visit, people enjoyed playing dominoes. In the afternoon there was a sing-a-long. People enjoyed singing along to various songs such as Ring of Fire by Johnny Cash. Staff were dancing and people were tapping their feet. One person who was unable to communicate verbally was tapping the table along to the music. The activities coordinator was assisting people to make bunting for a Macmillan charity event they were holding later in the week. Following this activity, they started a conversation about famous Hollywood stars of the past. They used photographs to aid people’s memories. We heard them saying, “Now do you know who this is...yes, James Stewart, he was in one of my favourite films – ‘It’s a Wonderful Life’, remember Clarence the guardian angel?” Conversations ensued about these stars and people’s memories. One relative who we spoke to said, “Mum can’t join in with some of the activities, but they sometimes take her across the road to the village hall to watch the sequence dancing. They also take her downstairs if there are singers and entertainers in.”

We looked at a number of care plans and saw where applicable people had a completed ‘This is me’ document. The document has been produced by the Alzheimer’s Society and is designed to provide information about the person, and help staff members get a better understanding of who the person is and their personal preferences.

Relatives with whom we spoke were aware of what they should do to raise a complaint. However, nobody said they had any concerns about the care provided by staff. One relative said, “I just can’t fault the place.” Another relative told us they had complained in the past. They said, “They dealt with things appropriately.”

We saw the complaints procedure was advertised in communal areas of the service and had an accompanying leaflet for people explaining how they would raise any concerns.

Is the service responsive?

We spoke to the registered manager who told us they had received no complaints in the last 12 months but they did keep a daily concerns book so if anything was raised, no

matter how small, they documented it. The registered manager said they used this to try and resolve any concerns early but also so they could see if there was any patterns identifying areas for improvement.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. They had been in post since 2011.

Relatives told us they felt the home was, “Well-led.” One relative said, “It’s well led definitely.” Another said, “The manager is always around. There’s meetings too. There was one on Saturday I think. You can raise any concerns you have and they’re dealt with.” Staff told us they kept a copy of people’s notes in their individual bedrooms so their relatives could be involved and have a look at what people had been doing since their last visit.

Three staff with whom we spoke informed us the registered manager was always approachable. One staff member said, “Her door’s always open. She’s very approachable with work issues or any personal problems I’ve had.” Two staff told us more support would be appreciated. One staff member said, “I think she comes down a little heavy on us sometimes.” Relatives we spoke to told us the registered manager was always walking around the home and they felt comfortable talking to them about anything.

All staff members we spoke to told us the management structure was clear and they always knew what their responsibilities were. One senior care worker said, “All the seniors do the review of care plans, we review them all monthly and then do a six monthly review with the family.” We spoke to one of the care staff who told us they were always told when a care plan had been changed and they each had a handover sheet which they completed daily. The registered manager told us they had recently introduced the care staff handover sheet. They said, “The care staff have so much hands on time with people we wanted to capture what they had experienced throughout the day, so we introduced the handover sheet for them to record key bits of each person’s day.”

In the reception area we noted there was a book which had been produced by Barchester homes in conjunction with Alzheimer’s Society. The book was designed for children visiting their relative at the home. The book was called, ‘Visiting Grandad’s (or Grandma’s) new Home.’ The registered manager told us the book was designed to help children understand and also provide a support mechanism for family and the people living in the home.

We saw the provider conducted an inspection of the home on a monthly basis. The registered manager told us each month there were different themes, for example June had been the environment, cleanliness and service delivery. We saw the themes for May were recruitment, induction and training. Following each visit we noted a report was written, with the registered manager taking responsibility for any areas identified for improvement.

We noted Appletree Grange had a detailed process for recording accidents and incidents. Each accident and incident was graded in relation to the severity and a graph was produced to look at the times of day accidents happened. For falls the staff told us they recorded falls on a floor plan to chart where and when the falls had happened. We saw where people had a number of falls a referral was made to the falls team and in one instance, where it was suspected an increase in falls was related to dementia, an age psychiatrist was involved.

We saw a number of monthly meetings were held at the home on a regular basis. One such meeting was a monthly nutrition meeting. The registered manager told us they discussed anyone at risk of losing weight, people who had dietitian involvement and any ideas to promote good practice. The service had started a cookery club and the monthly meeting was where the main ideas were generated. In addition to meetings we saw regular audits took place, for example medication audits were completed twice a week and safety devices were checked once a month.