

Cornelia Connelly Trustees Incorporated

Apley Grange

Inspection report

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Date of inspection visit:
22 June 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 22 June 2016.

Apley Grange is owned by the Society of the Holy Child Jesus which is a religious community of Roman Catholic sisters. The home is registered to provide residential and nursing care for up to 42 people. The service is split into three distinct areas; Hilda House which provides support for people who live relatively independently, Margaret's House which provides nursing care and Cornelia House which accommodates people living with dementia, some of whom require nursing care. Apley Grange is set in extensive grounds and is a short distance away from Harrogate town centre.

At the time of our inspection there were 37 people living at the service.

The service had a manager in post who had submitted an application to the Care Quality Commission to become the registered manager. 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.

People told us they felt safe and that they trusted the staff caring for them. There were sufficient staff available to meet people's needs and people were also supported by a pastoral team who were available 24 hours a day to provide religious and emotional support.

The manager and staff knew how to safeguard people and protect them from avoidable harm. Staff had received up to date safeguarding training and were confident any concerns they raised would be investigated appropriately. Risks to people were identified with risk management plans in place to ensure people received the support they needed to stay safe.

Medicines were safely managed. Some people were supported to manage their own medicines. Where this was the case clear risk assessments were in place.

Staff were provided with the support, training and supervision they needed to deliver effective care.

The service followed the principles of the Mental Capacity Act (2005). Detailed mental capacity assessments were completed and we saw evidence the service had taken all practical steps to support people to make their own decisions. Where people were unable to make an informed decision there were best interest decisions in place which took into account their previous known wishes.

People told us the food was of a good standard and lunch time was a relaxed and enjoyable experience.

The décor throughout the service was to a high standard. All areas of the service were light and airy and

there was lots of interesting art work on the walls for people to enjoy.

Everyone we spoke with described a high standard of care. People told us kindness and compassion was integral to the service.

Plans were made to support people to direct their care at the end of their life and the service focused on the celebration of life.

There was a strong sense of community within the service and support based on mutual respect. Care plans focused on the strengths people had and what they offered to the service as well as the support they required to live well.

Care planning documentation was in the process of being updated and the new care plans we reviewed were much improved.

People had access to a range of meaningful activities which they told us they enjoyed. Support from a pastoral team complimented the support provided by nursing and care staff and focused on ensuring people's religious needs were met.

The manager had worked at the service for a number of years, although they were relatively new to the role of manager. People, staff and visitors spoke with confidence about them and described feeling well supported.

The service had an open and transparent culture and there were effective systems in place to monitor the quality of the care provided.

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.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of how to safeguard adults.

Risks were assessed and risk management plans were in place which provided staff with guidance to support people to remain safe. Medicines were managed well with safe systems in place.

There were sufficient staff available to meet people's needs. Staff were recruited safely. The service was supported by a pastoral team who were subject to the same recruitment checks and provided with the same support as employed staff.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an effective induction programme and had access to ongoing training. Staff told us they were well supported by the manager.

The service was working in line with the principles of the Mental Capacity Act (2005). Where people were unable to make their own decisions we saw assessments in relation to this and best interest decisions were recorded.

People were complimentary about the food and the dining experience was relaxed and enjoyable for people.

Is the service caring?

Good ●

The service was caring.

People and relatives described a high standard of care. The service had a strong sense of community and people had a shared belief system and value base.

Relatives and visitors were welcomed into the service and

described feeling welcome and supported by staff.

People were supported to plan their care at the end of their life and the care plans provided detailed guidance for staff about how to meet people's wishes, both practically and psychologically.

Is the service responsive?

Good ●

The service was responsive.

Care planning documentation had recently been improved. Care plans focused on people's strengths and provided staff with clear information about what was important to people along with the support people needed.

People had access to a range of activities which they told us they enjoyed.

People's religious and spiritual needs were integral and the service used innovative methods to support people to continue to enjoy the religious activities on offer.

The service had not received any complaints. People were confident if they raised any concerns with staff or the manager these would be resolved.

Is the service well-led?

Good ●

The service was well-led.

People, visitors and staff all spoke positively about the manager who was described as approachable and supportive. The manager had worked at the service for a number of years but was new to the role of manager. They had applied to the CQC to become the registered manager.

The service had effective systems in place to monitor the quality of care being provided. There was an open culture and a desire to continually improve the service.

Apley 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 inspection took place on 22 June 2016 it was unannounced and was carried out by two adult social care inspectors. The nominated individual and the manager were present.

Before the inspection, we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us of. A notification is information about important events which the registered provider is required to send us by law.

We requested feedback from Healthwatch however none was provided. Healthwatch are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any feedback about the service, and we have incorporated this in our report.

During the inspection we spoke with seven members of staff this included the manager and nurses, care staff, volunteers and ancillary staff.

We spoke with 13 people who used the service and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with two relatives and a friend who visited people at the service.

We carried out a tour of the premises which included communal areas and people's bedrooms. We reviewed four people's care plans and associated records. We looked at medicine administration records for six people.

We reviewed records associated with the running of the service such as staff rota's, training records, audits and policies and procedures.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. One person said, "I don't think that you will find anywhere as nice as here. Yes we feel safe. If we use the call bell, the staff always come quickly." Another person told us, "Everything is good here. We would always be safe here." A relative we spoke with said, "I trust the manager and care staff implicitly. I am so relieved [relative] is here, it has taken a big weight from me."

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff had received up to date safeguarding training. They told us they would always share any concerns with the manager or a senior member of staff and they were confident their concerns would be taken seriously and action would be taken to keep people safe.

Since the last inspection the service had made one safeguarding alert and had worked with North Yorkshire County Council to support the person. This was related to alleged abuse outside of the service.

Risks were identified and risk management plans were in place to ensure people were protected from avoidable harm. For example one person became distressed due to their dementia, the service had sought advice from the person's doctor and community mental health team and they had been prescribed some medicine to alleviate their distress. There was a step by step risk assessment in place which provided staff with guidance about how to recognise the person's distress and how they should support the person before using the medicines which were a last resort. A member of staff said, "We try to keep the environment as calm as possible and we work with the person to try and understand their experience. We use a lot of distraction techniques and this usually helps people who are upset."

Accidents and incidents were reviewed by the manager. They looked at trends or patterns of incidents and learnt from these to enable the right support for people. For example one person had been identified as being at risk of falls and the service had requested the involvement of the falls prevention nurse who had contributed to the falls risk assessment.

There were sufficient staff available to meet people's needs. People told us there were lots of staff around to support them and that call bells were responded to quickly. A visitor said, "There's plenty of staff around and they are always pleasant and helpful."

The manager explained the staffing levels were determined based on the needs of the people who lived at the service and were increased if someone was unwell or receiving end of life care. The core staffing levels were two nurses and five members of care staff and the management team. Overnight staffing levels were one nurse and two members of care staff.

In addition to this the service had a pastoral team who provided spiritual and emotional support to people who lived at the service. The pastoral team were described as, 'a mixture of sisters and others who have a special responsibility for the religious activities and work closely with the staff to ensure the aims of Apley

Grange are maintained.' Two of the pastoral team lived on site and were available 24 hours a day should they be needed.

The service had effective recruitment and selection processes in place. We looked at four staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Checks were carried out to ensure nursing staff had the required qualifications and professional registration.

Medicines were safely managed. The service used a monitored dosage system (MDS) which was prefilled by the local pharmacy. Medication administration records (MAR) were completed accurately by staff and contained no gaps. This meant people's medicines were administered in line with prescribing instructions.

We saw staff patiently give people their medicines explaining, where appropriate, what these were for.

Some people had been assessed as being able to administer their own medicines and these were kept locked in their bedrooms. The deputy manager told us they encouraged people to be as independent as possible and completed risk assessments with them to make sure it was safe. This demonstrated a positive approach to risk management.

We reviewed the storage and administration of controlled drugs. Controlled drugs are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. These were managed appropriately and in line with good practice guidance.

The deputy manager and clinical lead carried out a monthly audit of medicines this meant medicine errors could be picked up and learnt from.

Essential safety checks such as gas and electrical safety had been completed, by an external organisation, on a regular basis. The service had detailed personal emergency evacuation plans in place. A recent fire risk assessment had been completed and had identified some areas of improvement required; the manager confirmed these had been actioned. This meant people, staff and visitors could be assured the environment was safe.

Is the service effective?

Our findings

People were provided with effective care. One person said, "Staff understand what is important to us and make sure we have the support we need."

An information leaflet had been developed to support new staff to understand the religious ethos of the service. This explained the difference of the care home because of its religious foundation and ensured staff had a basic understanding of the values and ethos of the service.

The manager explained new members of staff were allocated a mentor to provide them with support and to help them build their confidence. New care staff shadowed more experienced staff before they were included in the staffing ratio. The manager told us, "There is not set period for this, it depends on the individual member of staff. Staff start to work on their own when they feel confident and we feel confident they will provide the standard of care we expect."

Staff told us they felt well supported by the manager and had access to regular supervision and training. One member of staff said, "The manager is brilliant. We all get plenty of training I have just finished my infection control, CPR (cardiopulmonary resuscitation) and I did dementia care training last year. I have also done my safeguarding training." Another member of staff said, "Yes we are well supported we all care about the residents and each other."

The manager told us staff supervision took place every three months with an appraisal annually. They had developed a matrix to enable them to keep track of when this was due. Records we saw confirmed these took place on a regular basis. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice.

The manager had a training matrix which enabled them to keep a track of when refresher training was due. All of the staff files we checked contained up to date training records and certificates. Staff had completed mandatory training and additional training. Staff told us they could go on a variety of training. Despite this only the nurses went on first aid training, we discussed this with the manager and she agreed this was something they could offer to all of the staff team.

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had applied for a DoLS for

three people who lived at the service, these were awaiting approval by the authorising body which is North Yorkshire County Council. The deputy manager explained they had more submissions to make and were working through these at present.

People had mental capacity assessments completed as required. These were detailed and provided staff with guidance about how to support people to make their own decisions. One assessment read, 'I am capable of making all decisions to do with my own life and care for myself if things are clearly explained to me. However, if I am tired things become more muddled so if decisions of importance are to be made the time of day is significant.' A principle of the Act is that all practicable steps must be taken to support people to make their own decisions and this example demonstrated that the manager understood and adhered to this.

For people unable to make an informed decision best interest decisions were recorded within people's care plans. A best interest decision is taken on behalf of people unable to make a specific decision themselves. We saw people, their families and relevant health and social care professionals were involved in the decision making process. This meant the manager was adhering to the principles of the MCA.

Everyone we spoke with said how much they enjoyed the food which was home cooked. We sat with people whilst they ate lunch. There was a relaxed and calm atmosphere. In one of the units, Margaret House, people supported each other with things like getting a drink or cutlery and there was a strong sense of community based on mutual respect and shared support. Lunch was a sociable occasion and people shared their plans for the afternoon.

The service had effective links with health care professionals. The local doctor visited every week and reviewed people as required; this was in addition to visits when these were requested by the person or care staff. People told us care staff would arrange a doctor whenever they requested one. We saw records of other health professionals who had provided advice and support to ensure people's needs were met. These included community nurses, community mental health team and the speech and language therapists.

The décor throughout the service was to a high standard. On the dementia unit the service had made the environment dementia friendly to help people know which part of the unit they were in. Throughout the service artwork filled the walls and there were photographs of the staff team with their names to help people know who was supporting them.

The service was set in extensive landscaped grounds and people told us how much they enjoyed spending time in them. One person described the garden as, "paradise." On the dementia unit there was a large enclosed courtyard where people could safely enjoy the fresh air. Staff had laid sun hats on chairs to remind people to wear them as it was a warm day. The manager explained they were looking to develop part of the garden next to the dementia unit so that people could spend time in the grounds. This demonstrated a commitment to ongoing improvement.

Is the service caring?

Our findings

People told us they were happy living at the service and were provided with a high standard of care. One person said, "The care we receive is second to none." All of the people and relatives we spoke with said they would recommend the service.

A relative we spoke with said, "This place is reflective and peaceful. People are well cared for and calm. The staff are great with people. They are empathetic and have really helped me to cope with my own feelings associated with [relative] moving into 24 hour care." A visitor told us, "It's like a five star hotel. They have got my friend back to the person she was [before hospital admission]. The staff are fantastic, so kind. I have visited people in lots of care homes and this is well and away the best."

A member of staff said, "This is a peaceful and relaxing environment. Residents spend time in the gardens. They walk, reflect and reminisce together." Another member of staff said, "I love it here. It is a fantastic place to work. If I had a choice to retire to a home, this is the one I would like to live in. Staff take pride in the home. They [staff] treat the resident's like they were their own mother. I would not hesitate to have put my mother here."

During the inspection we noted the service had a strong sense of community, people had chosen to live together based on their shared values, beliefs and life experiences. Some of the sisters had known each other since they were young women and told us how important these connections were. The day before our inspection the service had celebrated a person's 100 birthday, there was a buzz and excitement about the day and lots of guests had been invited to join the celebration. One person said, "Any excuse for a celebration and we do it."

Staff supported people to live as independently as possible and people supported one another to live happily together. People told us the ethos of caring, compassion and kindness was integral to the service. One person told us, "The staff are very kind to each other and this is fundamental to good care for each other." Another person said, "I can come in anytime and [relative] looks immaculately clean and smells beautiful."

The service worked with people to plan how they wanted their end of life care to be provided. The plans were centred on what was important to the person and included both practical aspects such as funeral plans but also the emotional support and intervention people wanted whilst dying. One plan read, 'Whilst I am dying I do not want anyone to sit with me. I would like everyone to leave me alone. I only want nurses or carers [care staff] in my room to tend to my care needs.' Another person's read, 'I would like staff to be in the room with me comforting me.' This demonstrated an open approach to discussions about dying and meant people were comforted knowing their views would be respected.

A relative had written, "Here, you made death such a part of life." An information booklet provided to staff, which described the ethos of the service read, 'Funerals are usually wonderful celebrations of a person's gifts and service to others.'

Is the service responsive?

Our findings

The service was responsive to people's needs. One person said, "I am well looked after the staff are wonderful and they know what is important to me." A relative told us, "The manager helped me to come to terms with every part of the process. She assessed [relative] and spent time with me so she understood her needs. It was a relaxed assessment and I felt a huge relief when [relative] came here. The manager and staff have helped me to adjust and they make things easier for me to cope with."

The manager completed a detailed pre admission assessment with the individual, their family and relevant health and social care professionals. This meant the service considered whether they could support the person before they agreed they could move in.

Not everyone who used the service was Roman Catholic however the manager explained that when they assessed new people this was discussed and people had to understand the ethos of the service and respect this.

Care planning paperwork was had recently been redesigned and had been signed off by the senior leadership team. The deputy manager explained they were in the process of transferring the existing care plans onto the new paperwork. We reviewed two new care plans which were clear and easy to follow. They contained information about what was important to the person and how their care needs should be met. We reviewed two of the previous care plans and whilst they contained information which provided guidance to staff they were more difficult to follow and contained information which could have been archived. The transfer to the new paperwork meant the service had acknowledged the need to improve the care planning documentation and had facilitated this.

Care plans focused on people's strengths and what they could offer to the service and other people. For example one care plan stated, 'I am a very sociable lady and enjoy visiting other sisters especially those who are frail and unwell. I like to make myself useful.' Staff had recorded, '[Name] enriches the other sister's lives by being here.' This showed a strength based approach which highlighted that the service valued people who lived there and what they could contribute to others and the running of the service.

The manager sought support and guidance from relevant health professionals in response to people's changing needs. This guidance was used to formulate people's care plans and risk assessments. For example one person had been having swallowing difficulties and the service had sought advice and guidance from the speech and language therapist this was recorded within their care plan and staff were aware of the support the person required.

Reviews of people's needs took place on a regular basis. The manager explained that when people's needs changed they could move within the service to ensure they had the support they required. People told us they were kept up to date about their relatives changing needs. One person explained the doctor had visited and identified that their relative was reaching the end of their life. They said, "The manager was so kind, they arranged for the doctor to contact me so I could ask any questions I had and then they talked things through

with me. It meant I was able to deal with it more easily."

Relatives were welcome to visit anytime and the service had a small flat which visitors could stay in. This had a separate external door which meant that visitors had their own entrance and meant people's privacy was respected. One relative said, "They always make me feel welcome. The home is always kept clean. The residents are all a family. The dinners are lovely. The staff are great."

A daily Mass was conducted by the chaplain, people and staff attended this in the Chapel. For those not well enough to attend the Mass was broadcast, via video link, into the communal lounge on the dementia unit or to people in their bedrooms. This demonstrated the service recognised the integral part this played in people's lives and ensured they were able to have their religious needs met.

Each year the service held retreats during these time people who were participating were given more time and space for silence. The deputy manager explained the focus was on prayer and reflection and staff, and those people not participating, tried to provide a quieter environment for people. This meant people's choices were respected.

The service had a pastoral care team which provided spiritual support and activities for people who lived at the service, along with providing emotional support to families where this was needed.

The manager told us residents meetings had not proved successful, however, they had allocated a member of the pastoral team to work with people and gather their views. Alongside this there was an 'ideas board' where people could share their views on the service.

The service was installing computer screens around the service to support people to be as involved as possible in upcoming activities. The deputy manager told us they thought these would be particularly beneficial on the dementia unit to support people to be as orientated as they could be about what was happening around them.

People told us they enjoyed the activities on offer which included; word search, bingo, scrabble, quizzes, they had visiting speakers monthly. One person said, "It keeps the brain going."

Every two weeks people have drinks and nibbles and a sing song, one of the sisters played guitar and there was a weekly movement and dance session which people could join in. All of the people we spoke with told us there was always something to do.

The service had an up to date complaints policy which was accessible for people and visitors. We checked with the manager who confirmed the service had not received any complaints since our last inspection. People told us they were confident in raising any concerns they may have. One person said, "I would speak with [the manager] or staff if I had a complaint. They [care staff] are all lovely and caring. We have several staff that have been here a long time. It's like a family firm. There is not a high staff turnover. We are all well cared for and nothing is too much trouble for staff and [the manager] is so approachable."

Is the service well-led?

Our findings

People told us the service was well-led and that the manager was approachable. A relative said, "The manager is fantastic." The nominated individual told us, "[The manager] has become central to the place; she is an integrating person and welcomes the skills and ideas of others. She is doing extremely well, the place is very happy."

The manager had worked at the service for approximately 20 years in different roles and had recently been appointed the manager. They had applied to the CQC to become the registered manager and this was being considered. They were supported by the deputy manager and the clinical lead, both were registered nurses, as well as nurses, care staff, ancillary staff and the pastoral team.

The service had been through a period of change in the last 12 months following the departure of the previous manager. However, we found staff morale was high. Staff spoke passionately about their roles and how much they enjoyed working at the service. The clinical lead told us, "I love it, as soon as I came here I knew it was where I wanted to work."

The deputy manager had worked at the service for the last eight years as a nurse and had recently been promoted to the role of deputy manager. They had completed a Dementia Degree at Bradford University. They explained they used this knowledge to ensure people living with dementia were supported to have a good life. They said, "It is important we work with the person and their reality." The deputy manager explained they had been focusing on developing their role and in the future they wanted to offer more specialised training for staff about psychology and dementia. This demonstrated a commitment to ongoing development within the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the manager sought ideas and suggestions on how care and practice could be improved. The manager was described as being open and friendly and there was an open door policy as far as they were concerned. The deputy manager told us, "Its lovely here, completely different to anywhere I have ever worked. We are under the umbrella of the society there are no funding issues and we work closely as a team."

The nominated individual told us they were plans to extend the dining room in Margaret House and to provide a secure garden for people living on the dementia unit. This demonstrated the organisation supported the service to develop and improve.

A management company was involved in supporting the manager and the nominated individual to ensure the service kept up to date with good practice and policy changes. They had supported the work around the development of the care planning paperwork.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Policies and procedures were up to date and provided staff with good

practice guidance.

There were effective systems in place to monitor the quality of the service delivered. We saw clear evidence of audits completed by the manager and deputy manager. These included audits of medicines, mattress, care plans and accidents and incidents.

In addition to this the manager carried out a daily walk around and spoke to people living at the service to gather their views. They had a weekly meeting with the deputy and clinical lead to discuss progress of developments within the service and of individual's needs. Staff meetings took place on a regular basis and staff told us they felt able to contribute to these.

The senior staff team attended a local registered managers forum and had the opportunity to learn from other providers and registered managers. The last event had focused on the new inspection process with the CQC. The clinical lead told us this information was then shared within the staff team and this meant people were supported by a staff team who kept up to date with good practice guidance.

The service had links with Harrogate College and took students for work placements whilst they completed Health and Social Care courses. This demonstrated an open approach to the service and meant that staff and people could hear about any new developments within social care and students could gain an insight into supporting people living in 24 hour care. The manager explained these were additional hours and not included within the core staff team.