

Key inspection report

CARE HOME ADULTS 18-65

Apple Tree House Residential Care Home Ltd

**31 Norwood
Beverley
East Yorkshire
HU17 9HN**

Lead Inspector
George Skinn

Key Unannounced Inspection
4th August 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
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Internet address	www.cqc.org.uk

SERVICE INFORMATION

Name of service	Apple Tree House Residential Care Home Ltd
Address	31 Norwood Beverley East Yorkshire HU17 9HN
Telephone number	01482 873615
Fax number	01482 872322
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Apple Tree House Residential Care Home Limited
Name of registered acting manager (if applicable)	Acting manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Learning disability (10)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home only - Code PC

To service users of the following gender: Either

Whose primary care needs on admission to the home are within the following category:

Learning Disability - Code LD
2. The maximum number of service users who can be accommodated is: 10

Date of last inspection 2nd June 2008

Brief Description of the Service:

Apple Tree House opened in March 2007, and is a Victorian terraced property in a residential area, close to the centre of the market town of Beverley. It is situated adjacent to a main road offering easy access to public transport, and within walking distance of the local shops and markets.

On the ground floor there is a conservatory/dining area, lounge, kitchen and one bedroom. Further bedrooms and bathrooms are on the on the first floor. There are two self-contained flats in the courtyard area and they have their own bathroom, kitchenette and lounge. The courtyard offers a small garden area to people.

The home does not have a stair lift so accommodation on the first floor is not suitable for people with mobility problems. One bedroom is part of the main building of the home, but is only accessible by a rear staircase.

The weekly fees range from £526 to £1226. In addition people pay for toiletries and hair care.

More information about the home and the current fees can be obtained directly from the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is two star good service. This means that the people who use this service experience good quality outcomes.

The key inspection has used information from different sources to provide evidence these include:

- Reviewing information that has been received about the home since the last inspection.
- Information provided by the registered person on an Annual Quality Assurance Assessment (AQAA).
- Comment cards returned from eight (8) people who live at the home; five (5) staff and one (1) health care professional.
- A visit to the home carried out by one inspector

A site visit was carried out at the home over 6 hours. We spoke with the people who live at the home and staff. We looked at records relating to the people who live at the home, staff and the management activities.

During the visit care practices were observed where appropriate, and time was also spent watching the general activity within the home.

We have reviewed our practice when making requirements to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

The date of the last inspection was 2nd June 2008.

The acting manager was available to assist throughout the day.

What the service does well:

People's needs are assessed before they come to live at the home; the move into the home is done over a long period time until the person is ready to move in permanently. This makes sure the person is confident that the home is suitable for them and it can meet all of their needs.

Detailed records are kept about people's needs and they are involved in planning the care they receive. This makes sure the staff know how to help

and care for the person, and the person is receiving care of their own choosing.

People are supported to lead a life style of their own choosing. The staff support people to maintain contact with family and friends; people are also supported to attend adult education classes. This ensures that people can access and be part of the local community and maintain good relationships with families and friends.

Complaints are handled properly and investigations are carried out. People are kept safe by the policies and procedures in place to handle any allegations of abuse or misconduct. This means that people have access to a robust complaints procedure, are protected and kept safe from harm.

The home is well maintained and clean; all of the equipment used at the home has been checked at the intervals specified by the manufacturer; safety checks have been carried out on both the gas and electric supply. This means that people live a safe well maintained environment.

All the proper checks are made before staff start working at the home and staff have attended, and have access to, training which is specific to the needs of the people who live at the home. The staff have also received training on how to keep people safe. This means that people are cared for by staff who are well trained to meet their needs and are not exposed to anyone who may not be fit to work with vulnerable people.

What has improved since the last inspection?

The way that peoples care plans are written has improved these are now more person centred and describe people's needs better. This makes sure that the staff know how to care for the person and make sure they receive the best care possible.

The way that staff are recruited has improved and all of the proper checks are now done before staff start working at the home. This means that people are cared for staff who have been recruited properly and are not exposed to staff who may be unfit to care for vulnerable people.

The way medication is stored has improved; this is now stored safely and checks are done when the medication comes into the building. This means that medication is now handled safety and people are not exposed to risk.

Staff now receive better training about the needs of the people who live at the home and now do a better induction when they first start working at the home. This means that people are cared for by staff who are better trained and better equipped to met their needs.

What they could do better:

A full risk assessment must be in place which instructs staff how best to support someone who may display behaviour that challenges. This will ensure that the person is properly supported and all involved are protected from harm.

The acting manager should submit a full and up to date registration application to the CQC. This will ensure that they are properly registered and have been assessed as being fit to manage the home.

More than 50% of the staff should be trained to NVQ level 2

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

2

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are assessed before they come to live at the home.

EVIDENCE:

We looked at files which belonged to the people who live at the home; we saw that thorough assessments had been made by both the home and the placing local authority prior to people moving in. This means that the home and the person can be confident their needs will be met.

We saw that there is long transitional period before someone becomes permanent and the person set the pace for this. For example we saw that one person had made a few visits to the home for a look around, then for a meal and then stayed for a night; this exercise took about one month before they thought the home was right for them and decided to move in permanently. This means that the person can be confident that home is right for them and they will be happy living there.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 & 9

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have a detailed plan of care which they are involved in; however lack of information about how to support people who may display behaviour that challenges could put the person and others at risk. People are enable and supported to lead a life style of their own choosing.

EVIDENCE:

Every one at the home has two (2) files. One (1) consisted of details about the personal health needs, admission details and a monthly diary. The other file consisted of a care plan which contained detailed information about the person's social activities, day time routines, communication skills, family contact, health care needs, how they like to manage their finances and level of support they need to do this, religious needs and their level of involvement in domestic tasks around the home.

When we spoke with the people who live at the home they were aware of the information kept about them and the need for this to be reviewed and updated on a regular basis.

The care plans contained information about how to manoeuvre people safely, for example one of the people who live at the home is a wheelchair user and needs to be lifted using a hoist and lifting aids. Their care plan contained detailed information about how the staff must use the equipment provided and ensure his safety and comfort at all times.

The care plans contained risk assessments concerning the daily living tasks of the people who live at the home; however we saw no risk assessments about how to support and protect someone who sometimes displays behaviour which challenges. For example one person can display behaviour which challenges and an entry had been made in their daily notes about an incident between them and someone else who lives at the home. We did not see any risk assessment on their file which would instruct the staff on how to deal effectively with this and keep the person and others safe from harm.

People are supported to lead a lifestyle of their own choosing and this is fully detailed their care plans. One person told us that they attend adult education classes and have plans to attend further training about media studies. One person told us that they like to DJ and have recently undertaken this at a local club.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

12, 13, 15, 16 & 17

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to undertake activities which are of their choosing and appropriate for their age. People are provided with healthy and varied meals.

EVIDENCE:

Peoples care plans contained detailed information about how they like to spend their day and what activities they enjoy. For example one person has to get up slowly in a morning, due to their disabilities, and move at their own pace.

One person told us they attend adult education classes at the local college and is planning more courses for the future in media studies.

We saw that the home supports people to use local facilities; for example some people enjoy going to bingo, bowling, the local pub and eating at restaurants.

One person told us that they are going on holiday to France soon with their family. Another person told us how they enjoy going home at the weekend when they help their father cut the grass. This person told us about how they enjoy doing the garden at the home and showed us the plants they had grown and the hanging baskets they tend; they had recently started a compost heap.

People told us that they enjoy the meals at the home and we saw that these are based on a healthy eating plan. People get involved with the preparation of meals and take it turns to help in the kitchen; some people are keener to help in the kitchen than others but the home includes everyone in this seeing this as an important part of someone's development.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 & 20

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are involved with the formulation of their care plans and have agreed with the care they receive. People are protected by the homes handling of medication.

EVIDENCE:

All the people who live at the home have a plan of care. We saw that they had been involved with its formulation and people we spoke with told us they knew information was held about them and why. People told us they understood the importance of this information and were involved with reviews. Every one had a risk assessment about aspects of their daily lives and routines and people had signed to confirm their agreement of these.

We saw that people's care plans detail their health needs in the form of a health action plan. These are written in the first person for example I like, I don't like. The health action plans have been formulated with input from the learning difficulties team and contain information about people's specialist

health care needs. The health action plans contain information about the person's medication and how this monitored closely by health care professionals and the staff at the home.

People's care plans contain information about their hobbies, interests and what is important to them, for example it is important for one person to have regular contact with their family and to be involved with family holidays and celebrations. For another person it is important that their electrical equipment is kept in good working order and they have access to a computer.

Each person has a storage box in their room for their medication. These are secured safely to the wall and can only be opened with a key. We saw that people's medication is closely monitored by the staff at the home and medication is checked into the home. We saw that staff have received accredited medication training. No one currently at the home self medicates; all are happy for the staff to handle their medication. The acting manager told us that if anyone were to self medicate this would be supported following risk assessments as to their safety and the safety of others at the home.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have access to a robust complaint procedure and complaints are handled properly. People are protected by the procedures in place for the reporting of any abuse.

EVIDENCE:

No concerns have been received by the CQC about the service provided at the home since the last inspection. The local authority safeguarding team are currently investigating an incident under the safe guarding adult procedures. The acting manager acted appropriately and followed the correct procedures for safe guarding adults. The AQAA told us that five (5) complaints had been made to the home and one is still ongoing.

There is a robust complaint procedure which is displayed around the home and this is included in information which is given to people who are thinking about moving into the home. There is a complaints log which details the content of the complaint, the outcome of the investigation and if the complainant was satisfied with the outcome.

We saw that staff have received training about the protection of vulnerable adults (POVA) and they were able to describe what they would do if they suspected any one was being abused.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a clean well maintained environment.

EVIDENCE:

We saw that the home was clean and tidy; all areas both communal and private were well maintained and welcoming.

People's rooms were personalised and people use their own space quite a lot. People have their own TVs, computers and music playing equipment including turn tables.

Lifting aids are provided for those people who need these and we saw that all of the maintenance certificates were up to date.

The home is furnished to a high standard and people have plenty of space to use other than their rooms if they want to be quite and on their own.

The home has a secure garden and people get fully involved with planting flowers and tending the hanging baskets. One person has started a compost heap which they tend.

There continues to be no fixed programme of re-decoration and rooms are refurbished when required, this continues to work well.

New rooms are being built at the back of the house and these will be registered soon.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are cared for by right amount of staff who are well trained to meet their needs. People are protected by the homes recruitment and selection procedures.

EVIDENCE:

The people who live at the home are cared for by staff who are provided in enough numbers to meet their needs. The home has a robust recruitment procedure which keeps people safe. We looked at staff recruitment files and we saw that these contained evidence of references being taken from previous employers and evidence of enhanced Criminal Records Bureau (CRB) checks being undertaken before some starts working at the home. This means that people are not exposed to staff who may not be fit to care for vulnerable people.

We saw that staff files contained information and copies of certificates of training undertaken. The training ranged from mandatory training like health and safety, basic food hygiene, fire, first aid and moving and handling to more

specialised training based on the more complex needs of the people who live at the home.

We saw that when staff are first employed they undertake an induction based the Learning Difficulties Qualification (LDQ) then go on to do NVQ level 2 or 3. Currently less than 50% of the staff are trained to NVQ level 2, the acting manager told us that this is because staff have gained the qualification then left.

We saw that staff receive regular supervision and during these sessions their training need are discussed. This means that the staff training is always up to date and they can access training which relevant to the needs of the people who live at the home.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a home which is generally run in their best interest, however because the manager is not registered with the CQC the service may not be managed by someone who has been assessed as being fit. People are kept safe because of policies and procedures in place and they live in a safe environment.

EVIDENCE:

The acting manager is not registered with the CQC. A current application has been refused due the elapsed expiry date of the CRB check. The whole application should be submitted again with up to date information so this can be processed and the acting manager registered.

The acting manager is still undertaking the registered manager's award; she told us keeps her practice up to date by attending other training along with the staff. Staff told us that acting manager was approachable and they could ask her for advice and guidance.

There continues to be a quality audit system in place which gains the views of the people who live at the home and their relatives, this should be expanded to include the views of any visiting health care professional. This will mean that the home takes into consideration the views of all stakeholders and values the opinions of others about the running of the home and will demonstrate that the running of the home is transparent and open.

We saw that the staff have undertaken mandatory training which includes: health and safety, basic food hygiene, moving and handling, fire and first aid; this is up dated when required. This means that the people who live at the home are in safe hands and are cared for by staff who have received appropriate training.

We saw that all of the equipment used at the home is serviced at regular intervals as recommended by the manufacturer and the gas and electricity supply has been tested. This means that people live in a safe well maintained environment.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	X
9	2
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	2
38	X
39	3
40	X
41	X
42	3
43	X

Yes

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

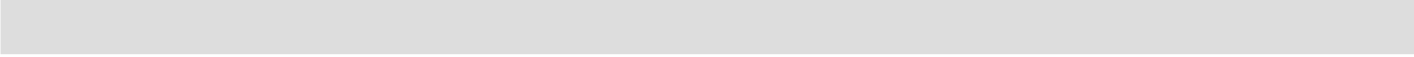
No.	Standard	Regulation	Requirement	Timescale for action
1.	YA9	13 (4) (c)	Potential risks to people who live at the home must be assessed and risk management strategies agreed. This will make sure the risk of harm is minimised. Timescale of 30/09/07, 30/09/08 not met	30/09/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA32	50% of the staff team should be qualified to National Vocational Qualification (NVQ) level 2 or equivalent in care.
2	YA37	A full, up to date and complete application should be submitted the CQC for the registration of the acting manager.
3	YA39	The opinions of other stakeholders like health care professionals should be included in the quality audit

		systems.
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