

Review of compliance

Apple Tree House Residential Care Home Apple Tree House Residential Care Home Limited

Region:	Yorkshire & Humberside
Location address:	31 Norwood Beverley East Riding of Yorkshire HU17 9HN
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	<p>Apple Tree House 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 local shops.</p> <p>On the ground floor there is a conservatory and dining area, lounge, kitchen and one bedroom. Further</p>

	bedrooms and bathrooms are up on the first floor. In addition there are three self contained flats off the courtyard area.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Apple Tree House Residential Care Home Limited was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Apple Tree House Residential Care Home Limited had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 17 - Complaints
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 August 2011, talked to staff and talked to people who use services.

What people told us

People we spoke with were complimentary about living at the home. One person remarked it was clean and looked nice. Another person was enthusiastic with regard to the activities the home provided such as holidays and recreational activities.

What we found about the standards we reviewed and how well Apple Tree House Residential Care Home Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider ensured that people and their representatives were involved in the planning of their care.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People using this service were protected from inappropriate care by staff seeking their consent or if they lacked capacity; clear procedures were been used to safeguard their interests in seeking their best interests.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received safe and appropriate care through coordinated assessment and planning.

Outcome 05: Food and drink should meet people's individual dietary needs

People were supported in having access to adequate nutrition and hydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider had taken steps to ensure people who used the service were protected from abuse or risk of abuse.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Medicines were handled safely, securely and appropriately.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who used the service were in safe accessible surroundings that promoted their well being, and fire protection procedures were in place and these promoted that aspect of their care.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People who used the service were safe and have their needs met by staff who were appropriately recruited.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People who used the service have their welfare needs met by sufficient numbers of appropriate staff.

Outcome 14: Staff should be properly trained and supervised, and have the chance

to develop and improve their skills

People who used the service have their welfare needs met by competent, supervised and trained staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had taken steps to ensure a continuous program of quality monitoring was in place and could demonstrate how this was being used to ensure people who used the service could benefit from safe care due to effective decision making and the management of risks to their health, welfare and safety.

Outcome 17: People should have their complaints listened to and acted on properly

The provider had developed a system for handling complaints. People who used the service were assured that their comments and complaints were listened to.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People who used the service could be confident that their care records were accurate and fit for purpose

Other information

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us that they were always asked what they would like to do and were involved in decision making. One person felt he didn't always understand what he was being asked to agree with but was happy with his care.

Other evidence

We had concerns at the previous inspection with regard to involving people and their representatives in the planning of their care and this visit to reassess following the implementation of an action plan by the provider that detailed how they would become compliant..

The registered manager showed us the new format for care plans and notes that were in use for some people with the remainder being moved to the new system. The three plans we looked at were written in the first person indicating to staff what a person needs, would like and how to care for that person.

We had concerns at the previous inspection regarding restrictions on movement outside of the home. The care plans we saw indicated the need to know where people were rather than restricting them with no rationale noted. Where concerns over a persons ability to look after themselves was noted, these were reflected in risk assessments and

agreements signed by the person to let staff know of their whereabouts.

We saw evidence of group meetings of people who lived at the home, facilitated by staff. One improvement since the last inspection was the ability for issues to be discussed privately rather than people feeling they have to use the meetings for personal issues.

Our judgement

The provider ensured that people and their representatives were involved in the planning of their care.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that staff explained why they need to understand forms to be signed. One person told us about her dental care and how she was asked to agree to treatment by the dentist.

Other evidence

At our last inspection, we had concerns regarding staff training on The Mental Capacity Act 2005, and a lack of written evidence of a clear consent procedure. Some people who did not have capacity to consent used parents or other representatives to advocate for them, but this was not always clear in the records.

During this visit we saw evidence that training on The Mental Capacity Act 2005 had been set up through an "on line" training package and discussion at staff meetings.

The care plans we looked at included, where appropriate, evidence of best interest meetings. One example was for dental care and there were two examples of involvement of the local mental health team being involved in such meetings. Copies of external consent to treatment forms were filed in the care notes.

Our judgement

People using this service were protected from inappropriate care by staff seeking their

consent or if they lacked capacity; clear procedures were been used to safeguard their interests in seeking their best interests.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were happy with their home. One person was complimentary about the staff. Another felt she spent a lot of time bored and the activities didn't always suit her.

Other evidence

At our last inspection, we didn't find personalised care through coordinated assessment and planning.

The care plans and associated files were in the process of being altered into a new system which the manager felt were easier to access and read, more pertinent to the needs of people living in the home. At the time of our inspection, we found that four out eleven files had been completely changed to the new system and the others had new procedures added but were still in the old style, these were currently being changed to the new system.

In the new system, duplications were seen to be reduced, risk assessments and pertinent information were in the files with important information for staff to note put to the front for easy access.

Diary notes that staff completed daily reflected more information than at the time of the last inspection and almost all the entries we saw ran to three or more sentences reflecting mood, activities and well being.

Each care plan had an actions summary which allows for auditing of the records and we saw evidence that this had been used to make staff aware of the need for completing entries correctly.

Our judgement

People received safe and appropriate care through coordinated assessment and planning.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People who used the service did not comment on this outcome.

Other evidence

At the previous inspection, we had minor concerns regarding nutritional assessments and plans to promote adequate nutrition.

We found that each person had completed a likes and dislikes list that was reflected in their care plan and took into account nutritional risk assessments. Care plans also included evidence of monitoring of health indicators such as weight and personal hygiene.

At the time of our inspection, none of the people living in the home was subject to special diet for medical or cultural reasons but we were shown the process for how the service ensured such diets would be accommodated, including pertinent information from care plans being reflected in kitchen management systems.

Our judgement

People were supported in having access to adequate nutrition and hydration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection we had major concerns with the handling of specific safeguarding events that had come to our attention and our inspection highlighted issues with the procedures the service used to address them.

We found that since the last inspection, staff had received training on handling incidents of a safeguarding nature and how to report incidents to the appropriate authorities. Recommendations from the local authority safeguarding adults team following a specific incident had been implemented, such as procedures to allow for concerns raised by people living in the home with regard to the practice of staff to be considered as safeguarding incidents, care plans and risk assessments updated and reviewed and the training of staff to document interventions and address negative dynamics between people.

Specific issues regarding certain inappropriate actions by members of staff raised in the last inspection had resulted in staff leaving their employment with the home.

We saw evidence in care files of recently completed risk assessments for people being in places away from the home such as using public transport, swimming baths and going to the pub.

Our judgement

The provider had taken steps to ensure people who used the service were protected from abuse or risk of abuse.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection we were concerned to note a request from a member of staff asking if medication for one person could be used for another, and there was no note of a management response. At the time, we could not find any evidence of how this staff member had been trained subsequently on this matter.

During this inspection visit we found that all relevant staff had received recent training on safe administration of medicines. The senior carer was booked to attend extended training shortly.

We inspected the medication administration record (MAR) and found no evidence of incorrect administration of medicines.

Our judgement

Medicines were handled safely, securely and appropriately.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we had concerns that fire drills were not taking place.

During this inspection visit we found documentary evidence of regular alarm testing and that fire drills had taken place regularly since the last inspection.

Staff had received training on fire procedures on 8 August 2011 and had received certificates to that effect.

Our judgement

People who used the service were in safe accessible surroundings that promoted their well being, and fire protection procedures were in place and these promoted that aspect of their care.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we had concerns that staff had commenced employment prior to Criminal Records Bureau (CRB) disclosures having been returned. Our concerns were heightened by the layout of the home meaning it was difficult to keep new staff members supervised at all times.

During this visit we looked at staff files and noted that all staff CRB disclosures were in place and up to date. We saw evidence of the provider using a CRB disclosure not to employ a prospective staff member and checked that the last new member of staff had not commenced work until the CRB disclosure was received.

With regard to another observation during the previous inspection, we saw that the provider asks for start and stop dates in employment history to ascertain a continuous employment history of prospective employees.

Our judgement

People who used the service were safe and have their needs met by staff who were appropriately recruited.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we had concerns that due to staff suspensions, the home was facing a possible shortage of staff for the forthcoming weekend and that in general, weekend and night staffing levels needed reassessing.

During this inspection visit we looked at the staffing rota for August and September 2011. We saw that staffing levels had been considered and reassessed with the introduction of new staff since the last inspection. The rota included senior carers in place at all times and night shift staff consisted of one working and one sleeping in member of staff every night, seven nights per week.

Our judgement

People who used the service have their welfare needs met by sufficient numbers of appropriate staff.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we had concerns that staff had not been receiving important key training and that there was only limited evidence of formal supervisory meetings between staff and line managers.

We inspected the training records for staff and asked the manager for information regarding progress since the previous inspection. The manager was in the process of mapping information in individual training records for staff onto a training "matrix" to allow better planning of training needs. Since our last inspection, there was evidence of training being completed in the areas we expressed specific concerns such as The Mental Capacity Act 2005 and deprivation of liberty (DOL,) fire safety and completing risk assessments. In addition, recent training included equality and diversity, autism and food hygiene.

The manager showed us that she kept a diary for conducting supervisory meetings with staff, cascaded so the senior carer provided supervisory support with more junior staff, and the manager provided this for senior carers and other staff members. This system had recently been introduced and the evidence demonstrated that the manager's aim of six meetings per annum for each member of staff to be on target for achievement.

Our judgement

People who used the service have their welfare needs met by competent, supervised

and trained staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we found the provider did not have a system for auditing and demonstrating the quality of care provided for people.

During this inspection visit the manager gave us an overview of how quality assurance systems were being used and examples of auditing monitoring of care and using information from people living in the home to update policies and practice.

We saw that people who used the service participated in a service user questionnaire, and the results analysed to give themes showing where improvements could be made. In addition, comments from meetings were seen to be included in this audit. We were given an example of how this influenced practice by the provision for making it known to people that concerns can be fed back in private and not just during meetings.

The manager showed us an outline for a forthcoming annual report of achievements and actions.

The provider had recently introduced a management monitoring form in order to monitor health and safety concerns, entries from the complaints log and observations noted in care files. We were shown examples of how lessons learned had been reflected in care plans, such as needing to know where people were rather than placing restrictions on

movements outside of the home.

Our judgement

The provider had taken steps to ensure a continuous program of quality monitoring was in place and could demonstrate how this was being used to ensure people who used the service could benefit from safe care due to effective decision making and the management of risks to their health, welfare and safety.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we had concerns that there was no effective system to in place for identifying, receiving, handling and responding to complaints and comments made by people who use the service or their representatives.

During this inspection visit we saw that a complaints log was now in place. Reading it, we saw entries from the period after the previous inspection and noted evidence of praise as well as concerns.

The manager told us that the existence of a complaints system had been raised at residents' meetings and a corkboard had been ordered to allow residents to pin envelopes to the board in which they could address their comments. The manager also told us that staff had been reminded of their duty to listen to and process complaints from people and their representatives over and above the central point corkboard system.

Our judgement

The provider had developed a system for handling complaints. People who used the service were assured that their comments and complaints were listened to.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People who use the service did not comment on this outcome

Other evidence

At the previous inspection, we were concerned that care records were not always clear factual or accurate.

During this visit we noted a new system of care record style and saw that four out of eleven sets of records were fully compliant with the new system the manager had introduced and the remaining were in the process of being updated with key information already in the new style.

Records were seen to include risk assessments in each individual file, that the files were written in the first person wherever possible to allow people to take ownership of their care plans and monitoring notes were present and up to date.

Our judgement

People who used the service could be confident that their care records were accurate and fit for purpose

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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