Care Quality Commission

# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Apple Tree House Residential Care Home Limited

31 Norwood, Beverley, HU17 9HN

Tel: 01482873615

Date of Inspection: 11 January 2013

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✗ Action needed |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Apple Tree House Residential Care Home |
| Registered Manager | Mrs. Kathleen Ivy Vassilakopoulos |
| Overview of the service | 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.<br><br>The service supports up to 12 people who may have a learning disability. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with carers and / or family members.

### What people told us and what we found

People told us they were happy living in the home, they told us there were plenty of activities and they liked the staff. We observed that interactions between people who lived in the home and the staff team were positive and people told us they felt safe in the home.

We saw that care planning systems took into account the views and wishes of the people who lived in the home. People's wishes and choices were recorded and staff told us how they respected these.

People were supported by adequate numbers of staff who had received training on the safeguarding of people. However the manager was on call to the home seven days a week and the provider may wish to note that this may impact on their ability to perform their role.

There were monitoring systems in the home to ensure people received the appropriate care although the formal quality assurance system had not been utilised over the last year.

You can see our judgements on the front page of this report.

### What we have told the provider to do

We have asked the provider to send us a report by 06 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

### Reasons for our judgement

When we spoke with the manager they told us that no-one who lived in the home was supported by the use of formal advocacy services but that people were supported by their family. They also confirmed that no-one had been formally assessed under the Mental Capacity Act 2005 (MCA) as to their ability to make decisions but people had been supported through the use of best interest meetings. Best Interest meetings would be organised by social care professionals and would include health care professionals, relatives and other interested parties. The people who attended the meeting would be invited to make decisions about a person's life when they were unable to make a decision for themselves.

When we looked at people's care files we saw that one person had been supported through a best interest meeting to make decisions about their health and that as part of this process their capacity had been assessed.

People care files included a section relating to respect and this recorded that staff should knock on the person's door before entering their room, call the person by their first name, listen to their choices and respect their human rights. When we spoke with people who lived in the home they confirmed that staff always knocked on their bedroom doors before entering and that they were polite. When we spoke with staff they gave examples of how they maintained people's privacy and dignity and this included building up a bond with the individual, making sure people were covered discreetly when undertaking personal care and knocking on doors before entering people's rooms.

Care files also included a section regarding people's choices and these included 'my clothes', food and what time to get up or to go to bed. Again when we spoke with people who lived in the home they confirmed to us that they were able to choose what to do each day. Staff also told us about the choices that people made each day and these included that people would tell staff what they were going to do each day, what to wear and what to eat and drink and which activities people wished to attend.

People's care files recorded their likes and dislikes including foods and what relationships were important to them. This helped to ensure that staff were aware of people's preferences and able to respect these.

There was an additional document that recorded people's wishes as to whether they wished to be checked throughout the night that had been signed by the individual to record their preferences.

We observed the interactions between the staff and people who lived in the home and saw that these were respectful and appropriate.

People were supported in promoting their independence and community involvement.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

Peoples had individual files with care plans that recorded their strengths and needs in relation to a variety of areas. These included completing laundry, cooking, communication, mobility and education. Each section was written to describe what the person could do and what support they then needed from the staff team to be able to complete this activity. Staff had signed to confirm when they had read these files and was aware of the person's individual needs. When we spoke with staff they had a good knowledge of the needs of individuals and this included reading care files and spending time working with someone getting to know them.

We saw that risk assessments were in place to support people with the meeting of their needs so that they could live their lives as fully as possible. These covered for example going swimming. The provider may wish to note that these were at times limited in the information they provided.

We saw that records were kept of any support the person required with health needs in their 'Health file'. For example records of visits to the doctors or dentists, referrals for tests, feedback from any health meetings and monitoring of health conditions forms. We saw that records were kept of people's weight. The provider may wish to note that for one person and there was not an up to date record and records were not clear of the actions taken when their weight had altered.

Patient passports were also in place. Patient passports record the person's needs and could be shared with health professionals providing information should the person be admitted to a healthcare setting, for example, to hospital.

When we spoke with people who lived in the home they told us they undertook a variety of activities and that these included visiting their relatives and going to college. People confirmed to us "Yes" when asked if they felt their needs were met and there was plenty to do. They also told us that they liked the staff.

We observed the interactions between people who lived in the home and the staff team. Staff were patient and helpful, people's appearances reflected their individual personality. We observed one person being supported to attend college and they confirmed to us that they were happy in the home and with the support they received in living their life. We

observed other people being supported to go on a trip out with one person going to visit a relative. People chatted to us about these events and trips and appeared happy about the trip out. We observed staff supporting people with their personal care and diet, with interactions being positive and staff offering people choices.

Daily diary notes recorded the person's day including the time they got up, any activities they had participated in and their diet. Examples included when people had declined an activity, for example swimming. We saw that these records were summarised monthly to help in assessing that people's needs were being met, this included the activities and support people had received in meeting their needs. The provider may wish to note that for one person this had not been completed for several months and consequently a current summary was not available.

Additional one to one time that people spent with their key worker and these recorded that people had received positive support for example, visiting a relative's grave. The provider may wish to note that not all of these records were up to date.

When we spoke with staff they told us how they were aware of people's needs as they read the persons care plan and talked to the individual concerned.

**Safeguarding people who use services from abuse** ✖ Action needed

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was not meeting this standard.

People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

When we spoke with people who lived in the home they all confirmed "Yes" they felt safe living there.

We saw that there was a policy for the safeguarding of vulnerable adults (SOVA) available within the home that provided staff with information on the actions to take should an allegation of abuse be raised in the home.

When we spoke with staff they were aware of SOVA and were positive in the actions they would take should an incident of harm occur in the home and if someone wished to raise a complaint. They confirmed that they had undertaken training in SOVA.

The manager informed us that 80% of the staff team had completed SOVA training and that 50% of the staff team had completed training on the Mental Capacity Act (MCA) 2005. An overall staff training matrix was not available to record this information for audit purposes.

We looked at the systems in place for supporting people with their personal allowances. We saw that individual records were kept that recorded all outgoings with two signatures next to each entry. We saw that the manager regularly audited these records to ensure no errors. Receipts were obtained for purchases but these did not always match the written records. Without these records it was unclear how the provider could ensure that this system was correct and people were being safely supported.

People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Staffing** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

The manager told us there was not an assessment used within the home to establish the staffing levels. Consequently it was unclear how these had been decided upon. Additionally no agency staff were used in the home to cover any annual leave or staff sickness. These shifts were covered by existing staff.

At the time of the visit 12 people were residing in the home. When we looked at the duty rotas we saw that there were a minimum of three staff during the day but that this varied throughout the week increasing at times to accommodate people's day time activities. At a weekend some of the people who lived in the home spent time away at relative's homes and so staffing levels remained at minimum of three. Each night throughout the week there was one waking night staff and one sleep in staff.

Staff told us that they felt there were enough staff in the home to support people's needs, confirming that agency staff were never used.

The manager told us that they were on call '24/7' for the home. They told us that this and the lack of a senior staff member had impacted on their lives and they were unable to take annual leave as there was no-one available to cover. They informed us they had only been able to take odd days annual leave and that the last holiday had been over one year ago. The provider may wish to note that this does not ensure that people have a reasonable rest break and may jeopardise the managers' ability to undertake their role effectively.

There were enough qualified, skilled and experienced staff to meet people's needs.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

## Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. However this was not through a formal quality assurance system. The manager told us that there was a quality assurance system in the home but that this had not been used over the last year. The system included surveys for people who lived in the home, their representatives and health professionals. Without these it was unclear how people were formally consulted on the systems in use in the home.

We saw that there were meetings in the home for both the staff and the people who lived in the home. These provided opportunities for people to be informed about and consulted on any changes within the home.

We saw that there was a general risk assessment file that recorded a variety of assessments to help ensure that people could live their lives as safely as possible. These included bathing, moving and handling, hot water and lighting. Additionally we saw there was a Control of Substances Hazardous to Health (COSHH) file and a health and safety files which included a variety of policies and procedures to help ensure that staff were aware of safe practices.

A plan for maintenance was provided following the inspection and we saw that ongoing maintenance for example an electrical wiring certificate had been completed.

We saw there was a complaint system within the home and this recorded that all complaints would be responded to within seven days of the complaint being raised. We noted that no complaints had been received. Additionally any accidents were clearly recorded.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | **Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Safeguarding people who use services from abuse** |
| | **How the regulation was not being met:**<br><br>People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.Regulation 11 (1 (3)). |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 06 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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