

## Appleby Rest Homes Limited

# Appleby Lodge

### Inspection report

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### 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

About the service: Appleby Lodge provides residential care to people over the age of 65.

People's experience of using this service:

People and staff told us the service was well managed. People said they were treated with kindness and compassion and felt respected. Staff showed a true fondness for the people they cared for and there was a warm, friendly and welcoming atmosphere. People's wellbeing was promoted.

There were positive working relationships with external professionals and a passion for continuous learning and improvement.

People were kept safe and protected from avoidable harm and abuse, and people now had their medicines safely managed. New processes had been put into place to ensure a more robust oversight. People now lived in an environment which was fully assessed for safety.

People received personalised care and support, and had their human rights protected. Staff were competent in their roles and were well supported. Quality monitoring systems had been further developed. However, we have recommended the provider takes action to continue to strengthen their overall governance systems, because the system had not identified that some records were not always in place, or up to date.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (published 21 March 2018).

Why we inspected: This was a planned inspection. At this inspection we rated the service Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Appleby Lodge

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted on one inspector, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

**Service and service type:** Appleby Lodge is a residential care home. It is registered with the Commission to provide personal care to 18 people, over the age of 65. On the day of our inspection, there were 16 people living at the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection we used information, the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we contacted and spoke to:

- Five people
- Two relatives
- Six members of care staff

- The registered provider
- The registered manager
- A community nurse
- Healthwatch Cornwall
- Cornwall County Council, Quality and Service Improvement Team

We looked at:

- Notifications we received from the service
- Policy and procedures
- Five people's care records
- Complaints and compliments
- Four personnel records
- Medicine administration records (MARs)
- Audits and quality assurance reports
- Training records

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were now safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Polices in respect of safeguarding were in place. Staff received training and had a basic understanding of what action to take if they suspected someone was being abused, mistreated or neglected.
- People's personal belongings were kept safe. People who chose to have their money held by the service had it managed safely. With robust systems in place to protect people from the risk of financial abuse.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the service. Families also confirmed they felt confident when leaving their loved one. With one relative telling us "We have become increasingly confident with the support that [...] is getting. I can't tell you what a relief it is to find this place".
- Risks associated with people's health care were not always recorded, for example if someone was diabetic or moving and handling needs. However, despite the records not being in place, staff were knowledgeable about how to keep people safe and what action they would take in the event of someone becoming unwell. The provider told us, they would take immediate action to review all care plans to ensure that risk assessments were in place as required.
- The environment was now being fully assessed for safety. Hot water outlets were now being checked to ensure people were not at risk of being scalded and cleaning products were stored securely.
- People were protected in the event of a fire. The system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.

Staffing and recruitment

- Overall, appropriate checks were completed to ensure staff were suitable to work with vulnerable people. However, action was required to ensure that employment history was being fully scrutinised.
- People told us there were enough staff. The provider had increased staff in the morning to help ensure people's medicines were administered in a timely manner, and to stop staff from being disturbed from this important task.
- The registered manager used a staffing dependency tool to help determine staffing levels. Staff told us the registered manager also actively listened to their views about staffing within the service.

Using medicines safely

- People's medicines were now managed safely. New systems to check the safe administration of people's medicines had been introduced.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed.

#### Preventing and controlling infection

- The service was odour free. Bathrooms had a good supply of paper towels and soap.
- Staff were supplied with personal protective equipment (PPE) for use to prevent the spread of infections and this was worn appropriately.
- Staff received training in infection control.
- Since our last inspection, action had been taken to improve the laundry area in line with infection control best practice guidelines.

#### Learning lessons when things go wrong

- Management were keen to develop and learn from events.
- Medicine practices had been reviewed, and a significant amount of action had been taken as a result of previous medicine errors and past inspection feedback.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs were completed, expected outcomes were identified and care and support, was regularly reviewed.
- Checks of staffs practice helped to ensure people received a good standard of care and support.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and carried out their roles effectively.
- Staff received an induction which was in line with national standards.
- Staff undertook training to meet people's specific needs, such as dementia and diabetes.
- A community nurse told us staff were well trained.

Supporting people to eat and drink enough to maintain a balanced diet

- One person told us, "The food is good".
- People's care plans were detailed to ensure they received consistent support with their nutrition.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns. Those who needed assistance were sensitively supported with their drinks and meals.
- People's who had dietary requirements based on their own cultural wishes were flexibly catered for.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- A weekly GP visit ensured that changes to people's needs were managed effectively.
- New systems had been introduced to ensure that referrals were made promptly to external professionals and people's care plans were updated as required. A community nurse told us they had no concerns about the service.

Adapting service, design, decoration to meet people's needs

- The service had disability access.
- Some dementia design principles had been used in some bathrooms and shared areas to help orientate people who may be living with the onset of memory loss.
- The provider was in the process of upgrading the standard of people's bedrooms, by re-decorating and purchasing new bedroom furniture.
- New dining room chairs had been purchased to help people slide the chairs in and out of the tables more



easily.

- The providers initial needs assessments ensured people were asked if they needed documents in a different format, such as large print, or pictorial format.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external health and social care services as needed.
- Staff encouraged people to get out of their homes, to enjoy a walk and take in some fresh air.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 were encouraged to make decisions for themselves.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
- Staff had a basic understanding of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. Commenting, 'Everyone is very friendly and helpful' and 'The staff are always ready to help'. One person told us, 'The atmosphere here is inviting, homely, one big family'.
- People's relatives and friends were warmly welcomed, with one relative telling us 'It's absolutely wonderful, we feel part of the home too'.
- People were kind towards each other, and respectful of each other's differences.
- Staff spoke fondly of the people they supported, with one member of staff telling us 'If I've gone home making the residents smile and laugh, I feel that I have done a good job'. It's not just about helping people getting washed and dressed".
- Personal histories in people's care plans had been documented to enable staff to have meaningful conversations with people.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen Faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff told us how they encouraged people to do as much for themselves as possible, whether it was helping them to button up their own cardigan, or by finding equipment to help facilitate ongoing independence, such as specialist cutlery and crockery.
- People's independence was encouraged. People were empowered to be part of their 'own Home', by helping with daily tasks such as folding washing and cleaning up after meals. One Relative told us, 'They helped him make his own pasty, he was really quite proud of himself'.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- People's wellbeing was promoted by the variety of social engagement and activities available. People were also encouraged to continue to be part of the community, with some people attending the local church, different clubs and the pub. One relative told us, "They know what he likes to do and encourage him to do it. [...] He loves his trips out".
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place.
- People and relatives said that they felt able to speak to the manager at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- People, as needed had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. Care plans took account of people's religious wishes.
- Some staff had received training in end of life care.
- There were positive links with external professionals, such as GPs and community nurses.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere.
- Staff told us the service was now well managed and they felt valued.
- There was a person-centred culture which kept people at the heart of the service.
- The registered manager and provider admitted when things went wrong. All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider now had an improved oversight of what was happening in the service.
  - The registered provider was now more visible in the service and took an active role in the running of the service, with staff telling us how they also arrived unannounced at the weekends.
  - There had been a significant amount of systems which had been developed to help monitor the quality and safety of the service. However, despite these systems being in place, they had not been fully effective in identify gaps in employment history and that care records had not always been in place.
- Therefore, we recommend the provider takes action to strengthen their overall governance systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to complete regular questionnaires to obtain their views. Feedback was used to help positively improve the service. For example, in response to people's feedback there was now access to snacks throughout the day, in the lounge.
- There was an open-door policy.

Continuous learning and improving care

- The registered manager and provider were passionate about continuous development.
- The ongoing improvements found at this inspection demonstrated the provider had learnt from past failings and continued to improve and develop the service in line with regulations and best practice.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision

and improve service development. For example, the local skills for care managers network, and other local care home providers.

- The provider's local authority service improvement action plan had been fully completed.