

Appledown Care Home Limited

Appledown

Inspection report

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Date of inspection visit:
03 October 2023

Date of publication:
01 December 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Appledown is a residential care home providing personal care for up to 6 people. At the time of the inspection the service was supporting 6 people.

People's experience of using this service and what we found

Right Support

The service's kitchen was dated and worktops and flooring were damaged and difficult to clean. Staff recognised this environment did not provide a positive environment to support people in developing new skills.

Following feedback, action was taken to make improvements to the kitchen environment prior to its planned replacement in the summer of 2024.

We have recommended the provider implement additional systems to ensure the service's environment consistently supports people's wellbeing.

People received their medicines as prescribed. However, we have recommended the service seek guidance on how to monitor the conditions in which medicines are stored.

People had choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported effectively to make meaningful decisions and choices.

People were supported to access medical appointments and regular health checks. People were encouraged to act upon advice from health professionals but were able to make unwise decisions.

Right Care

People had told us they felt safe and staff responded promptly to people's requests. Staff had a detailed understanding of people's individual needs and enjoyed their role in supporting people to be as independent as possible.

People were protected from all forms of abuse and discrimination by the dedicated staff team. The service had enough skilled staff to meet people's needs and keep them safe.

Right Culture

People and relatives were complementary of the service's compassionate culture. The staff team were well trained and dedicated to meeting people's needs. Staff knew people well and were able to communicate effectively with people using appropriate aids as necessary.

Managers provided effective leadership, guidance and support to the staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Appledown on our website at www.cqc.org.uk.

Recommendations

We have made recommendations about the storage of medicines and the management of the service's environment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Appledown

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Appledown is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under a contractual agreement dependent on their registration with us.

Appledown is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We met and spoke with 5 people living at Appledown. We also spoke with 5 care staff and the deputy manager and received information from the provider about maintenance plans. Following the site visit, we spoke with 3 people's relatives by telephone.

We reviewed a range of records, including 2 people's care records, medication records, staff recruitment and training records, maintenance plans, rotas and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable in the service and told us they felt safe. Their comments included, "I think I am safe here" and "If I have a problem they come and ask me, what is it?"
- Relatives were also confident people were safe and well cared for. They told us, "[My relative] is happy and safe there" and "I have no concerns about how staff treats my relative".
- People were kept safe from avoidable harm as staff and managers understood their roles and responsibilities in relation to safety. Information about how to report safeguarding concerns was readily available to staff. Managers had worked collaboratively with the local authority to ensure safety concerns were fully investigated.
- People were protected from the risk of financial abuse. Receipts were maintained for all purchases made by staff on people's behalf and the service had systems to support people to manage their money.

Assessing risk, safety monitoring and management

- Staff had assessed and appropriately mitigated risks in relation to people's specific care and support needs.
- Staff knew people well and understood how to support people if they became upset or anxious. Restraint was not used and we observed staff proactively using appropriate techniques to help people manage their emotions.
- External contractors carried out regular checks to help ensure the safety of the service and its utilities.
- Fire risk assessments had been completed and Personal Emergency Evacuation Plans (PEEPS) had been developed detailing how to support each person in the event of an emergency.

Staffing and recruitment

- Staffing levels were safe and people's relatives told us, "They have enough staff, there is always someone to help".
- Staff were confident the service was constantly safely staffed. Their comments included, "There are enough staff", "I think we are fully staffed, there are 12 of us altogether and 1 on bank" and "We have plenty of staff and there are always [staff] who want extra hours so we can get cover for leave and sickness".
- Rotas reflected people's needs and showed that staffing levels had been planned to maximise people's opportunities to access the community.
- Staff were recruited safely. All necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Using medicines safely

- People received their medicine as prescribed. Medicine Administration Records (MARs) were accurately completed and in line with national guidance.
- Staff received training in medication management and their competence in managing people's medicines had been assessed. This helped ensure staff consistently worked in line with best practice. Staff told us, "They checked after the training that I was ready to do the medications."
- Medicines were stored securely. However, the temperature of the area in which medicines were stored was not routinely monitored.

We recommend the provider seeks guidance from appropriately knowledgeable experts on how to monitor the storage of medicines to ensure their efficacy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to people's risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were encouraged and supported to take on responsibility for cleaning tasks in their own rooms and told us, "Tomorrow is my bedroom day so I will be cleaning and dusting, then I go out if I am not tired".

Visiting in care homes

- Families and friends were encouraged to visit the service when they wished and people were supported to maintain relationships that were important to them.

Learning lessons when things go wrong

- All accidents and incidents that occurred were documented and investigated by the registered manager to identify any patterns, learning or areas of possible improvements. This helped minimise the risk of similar incidents reoccurring.
- When changes in people's well-being or support needs were identified guidance was promptly sought from health professionals on how specific risks could be reduced.

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.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service's kitchen was tired and in need of replacement. Worktops were wearing through in places and in 1 area a worktop joint had failed and become difficult to clean. A drawer facing was missing and the flooring was damaged. This meant the kitchen did not provide a positive environment for people to spend time in while developing new skills.
- Staff recognised that the kitchen was in need of replacement and told us, "Kitchen is very outdated, it is just very dated" and "The kitchen and the environment could be better, I know there is talk about sorting out the broken drawer and upgrading the kitchen but I don't know when that is due to happen".
- In addition, a radiator in the downstairs bathroom was heavily rusted and a lockable cupboard, needed to ensure people's safety, had broken in the week prior to our inspection.
- Audits had identified that improvements to the service's environment were needed, and plans were being developed for the replacement of the kitchen. These works were due to be completed during the summer of 2024 when the service would be empty while people were enjoying their summer holidays.

We recommend the provider seeks guidance from reputable sources on the implementation of robust systems to ensure all aspects of the service's environment supports people's wellbeing.

- Following feedback during the inspection process, action was taken to make interim improvements to the service's environment. Contractors were appointed to replace the damaged kitchen worktop, fix the drawer and cupboard, and replace the rusty radiator.
- There were plans to redecorate areas of the service including people's bedrooms and 1 person told us, "My room is going to be done soon, I am going to have it painted white and green".
- Outside areas adjacent to the property were appropriately maintained with seating and shade provided to enable people to relax outdoors during periods of mild weather.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were complimentary of the meals provided and involved in choosing their food, shopping, and preparing meals. People told us, "The food is good" and "I help with the cooking sometimes".
- Where concerns had been identified in relation to an individuals' food and fluid intake, guidance had been promptly sought from health professionals. Advice provided had been acted upon and incorporated into the person's care plan.
- Staff supported and encouraged people to keep active and to make health lifestyle choices.

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

- The provider had systems and procedures to assess people's needs before they moved in. This helped ensure the service would be able to meet people's needs and expectations without impacting on the experiences of individuals already living in the service.

Staff support: induction, training, skills and experience

- Staff had the skills necessary to meet people's needs and records showed training was regularly refreshed and updated. Staff told us, "All my training is up to date" and "They are pretty hot on training for all of us". All staff had received training in supporting people with a learning disabilities and autistic people.
- All newly employed staff completed an induction process, including a period of shadowing more experienced staff. Where staff were new to the care sector, they were supported to complete the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The staff team were well supported and received regular supervision from the registered manager.

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

- Records showed people were supported to attend regular health check-ups and other medical appointments.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions had been appropriately assessed and the service had systems to ensure, where necessary, any decisions made were in people's best interests. Relative told us, "Any decision that needs to be made I feel involved in".
- Where people lacked the capacity to consent to restrictive care practices, necessary applications had been made to the local authority for their authorisation under the Deprivation of Liberty Safeguards (DoLS). Recommendations made as part of the authorisation process had been acted upon.
- Staff sought people's consent before providing support and people were able to make unwise decisions and to change their minds.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a full-time registered manager who was supported by a full-time deputy manager. The roles and responsibilities of each manager were well understood by relatives and the staff team. Relatives were complimentary of the established registered manager who knew people well and understood their individual likes and preferences.
- Staff felt well supported by their managers. They told us, "[The Managers] are always there to help. I can't fault them" and "The managers are amazing, they have been absolutely superb in supporting me".
- Managers had completed audits regularly to monitor performance and drive improvements in the service.
- Records were stored securely, and people's privacy was constantly respected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was caring and compassionate and the staff team were focused on supporting people to live their own lives. People said, "The staff are all nice and pleasant". While relatives told us, "I have no concern about Appledown. [It is my relative's] home and when visiting us [My relative] misses their home". We observed that people were confident requesting assistance and that staff responded promptly and positively to people's requests.
- Staff valued and promoted people's independence and individuality. People were supported to participate in voluntary work placements and a range of activities within the service and the local community. The service also supports people to go on holiday annually. Staff told us, "I love it here. It is the best job ever, so homely and relaxed. It is great".
- People's communication needs and preferences were understood by all staff and care plans included information for any new staff on how to communicate effectively with people.
- Regular house meetings were held to enable people to meaningfully participate in planning and decision making. Staff meetings were also held regularly where staff were able to voice concerns or make suggestions.
- The service had appropriate complaints procedures available, and staff were confident any concern they raised with the manager would be addressed.

Working in partnership with others

- The service worked collaboratively with involved healthcare professionals and supported people to attend

all appointments necessary.

- Staff encouraged people to follow advice provided, for example in relation to stopping smoking but respected people's ability to make unwise decisions.
- The provider valued feedback and surveys of people, their relatives and staff had been completed regularly. The feedback received in response to surveys completed in 2023 was overwhelmingly positive and complimentary of the service's performance. One relative had commented, "I know [my relative] is happy at Appledown and is included in decisions about [their] care".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood the requirements of the duty of candour. People's relatives told us they were kept well informed of any significant events or incidents that occurred.