

Royal British Legion Industries Ltd

Appleton Lodge

Inspection report

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Date of inspection visit:
12 May 2021

Date of publication:
14 June 2021

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

Appleton Lodge is a residential care home providing personal and nursing care for up to 15 people aged 65 and over at the time of inspection. The service was supporting 15 people with a range of needs including dementia, physical disabilities and learning disabilities. Each bedroom has their own en-suite facilities. Appleton Lodge accommodated people on two floors. People were able to access each floor via a lift.

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

People told us they felt safe living at the service. Risks assessments were in place for people and gave guidance for staff to follow. Medicines were managed safely and there were enough staff deployed to keep people safe. The service was working within current infection control guidance.

People were supported by staff who were adequately trained to meet their needs. The service assessed people's needs before admitting them to the service. People were supported to have maximum choice and control of 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 and relatives told us the support they and their loved ones received was caring, kind and compassionate. Staff encouraged people to be as independent as possible. We observed caring and compassionate interactions between people and staff throughout inspection.

People were receiving person-centred care and their communication needs were met. Relatives were able to visit and told us they were happy with the visiting process. The registered manager supported a positive, person centred culture.

The registered manager worked well with other agencies to ensure joined up care was provided for people. Audits were in place to ensure the quality of the service delivered by staff. Staff spoke positively about the management team.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Although the size of the service was not in line with the principles of right care, right support, right culture, the staff delivered nursing care in a person-centred way that offered people choice and independence. Peoples outcome reflected the principles and values of right care, right support, right culture as people were supported to live inclusive and empowered lives.

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

Rating at the last inspection

The service was registered with us on 14 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time service is registered with us.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Appleton 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. 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 Care Act 2014.

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 team consisted of two inspectors and both visited the service.

Service and service type

Appleton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with six people who used the service and four relatives. We spoke to eight members of staff including the registered manager, unit manager, registered nurses and care workers.

We reviewed a range of records. This included two people's care plans and some medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and health and safety records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person said, "Yes I feel safe and the staff help me" A relative told us, "I think they are very safe here; they have a really good rapport with the staff."
- People were protected from the risk of abuse and harm. The provider had a safeguarding policy in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke to understood how to identify and report safeguarding concerns. One staff member said, "I would inform my line manager and nurse in charge of any concerns."

Assessing risk, safety monitoring and management

- People's risks were well managed and individualised care plans included risk assessments specific to each person. For example, one person was at risk of falls and had multiple falls prior to admission. A falls risk assessment was put in place which included ways to help reduce the risk, such as keeping the bedroom free from clutter. The person had not had a fall since admission to the service.
- The provider had completed environmental risk assessments to ensure the premises were safe. This included regular checks on hoists, water temperature checks, fire safety checks and regular fire drills.
- Fire risks were well managed. The provider had fire risk assessments and systems in place. Staff had guidance to support people in the event of a fire. Staff had fire safety awareness training and people's individual personal emergency evacuation plans were in care plans and by the main exit.

Staffing and recruitment

- There were enough staff to meet people's care needs. One staff member said, "We have pretty good levels at the moment." We observed staffing levels were appropriate to respond to people's needs.
- All shifts included a variety of trained staff to help care for people with a range of support needs. For example, a nurse was available on every shift and care staff had a variety of qualifications. Qualifications included different levels of National Vocational Qualification in Health and Social Care.
- Safe recruitment processes were followed. The provider ensured pre-employment checks were complete before staff began working at the service. These checks included a current Disclosure and Barring Service criminal records check (DBS). DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- People's medicines were safely managed and risk assessed. Staff had training and were competency assessed. Staff said, "We do monthly medication audits and regular competency assessments online."

- Guidance for 'as required' medication was in place to inform staff what the medication was and when it may be required. One person said, "They always give me my tablets, I can ask if I'm not well and they get me my tablets."
- Medication administration records were up to date and accurate. A random stock count of two people's medicines matched the tally for those people.
- Medicines were stored safely in a locked room. Temperature checks were regularly completed which ensured medicines were being stored in line with recommended guidance.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated where appropriate. The registered manager carried out monthly audits to identify any potential trends or patterns. Investigations and actions were recorded in an action log.
- People's needs were reassessed following an analysis of accidents and incidents that had occurred. Action taken included risk assessments and care plans being updated. For example, a person's cigarettes were placed in the office for their safety, they gave consent to this. One relative said, "They always ring me, always inform me about things."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's needs were fully assessed prior to moving into the service to ensure staff could meet people's needs safely. This was carried out in line with best practice guidance including protected characteristics under the Equalities Act 2010. This ensured people's protected characteristic such as disability or religion were positively promoted.
- People's care plans included different assessments around communication, mobility and social needs. People's needs were accessible by staff via the electronic care plans.
- Staff were able to tell us about people's needs. One staff member told us about a person who lived with diabetes. The staff member knew the signs and symptoms when the person's blood sugar levels increased or decreased.
- People's needs were delivered and reviewed in line with best practice guidance. Staff followed NICE guidance for a variety of care needs. This included wound care, one person told us, "My lower legs need dressing every few days, it gets regularly attended to". The care plan stated dressings needed to be changed twice weekly by a nurse.

Staff support: induction, training, skills and experience

- Staff received training to be able to deliver safe care responsive to people's needs. People and relatives felt staff had a good knowledge of their relative. One person told us, "I can't fault the carers at all they are lovely, they know me well." One relative told us, "They definitely know what they are doing when they interact with them."
- Staff completed various training sessions to support people. Extra training sessions were available to staff to cover specific areas such as diabetes and epilepsy. New staff received an induction period and shadowed experienced members of the team. We observed the staff carrying out good and safe practice.
- Staff did not always receive supervisions. This had been identified by the new management and an action plan put in place. However, staff told us the manager had an open-door policy and were comfortable to raise concerns. One staff member told us, "I can come and tell the manager if I have any issues and she is very approachable."
- The registered manager had plans in place to improve the frequency of staff supervisions. An action plan was put in place to ensure staff received at least six supervisions a year. Staff told us the manager had an open-door policy and were comfortable to raise concerns. One staff member told us, "I can come and tell the manager if I have any issues and she is very approachable."

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

- People's care plans outlined the support they needed from staff at mealtimes. One staff member told us,

"We have a person who is on a level 5 diet and needs assistance at mealtimes."

- People were supported to eat and drink a balanced diet. Staff were observed supporting people at lunch time by offering drinks and choice of dessert. Staff also offered people drinks outside of mealtimes.
- People's individual dietary needs and preferences were met. People living with diabetes were supported to manage their diet safely. Low sugar puddings were available for people, staff told us, "[person] has special homemade ice cream for puddings because they are diabetic, and we monitor their sugar levels".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. Staff told us, "The GP does weekly rounds but they can be contacted outside of those days if we need them."
- The registered manager has a close working relationship with the GP and other healthcare professionals. When people's needs changed support was sought from relevant agencies such as speech and language therapists. Staff followed guidance for continued monitoring from other professionals.
- People had hospital passports in place to ensure safe care between different services. Up to date and personal healthcare information was detailed, for example current medication for that person.

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

- The home was newly built and decorated to a high standard. The home was clean and odour-free. There were two floors in the home with secure access to the front.
- The home has made adaptations to be Dementia-friendly. We observed people moving around freely accessing the dining room and lounge. People's bedroom doors were painted different bright colours for easier identification.
- The layout of the service enabled people's social needs to be met. The second floor had tea and coffee making facilities including another lounge area. The extra space allowed for more people to see their relatives on the second floor.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of their responsibilities regarding DoLS and MCA. Staff had training in both these areas. Staff were able to tell us who were subject to a DoLS authorisation.
- Authorisations had been obtained when a person lacked capacity and needed a DoLS in place. The service knew how to manage conditions set by the DoLS team. Conditions are put in place to help ensure people's lives are restricted in the least possible way. For example, supporting people to have regular access to the community.

- The registered manager ensured people's mental capacity assessments involved relevant health care professionals. Relatives were also present where appropriate. One care plan stated the power of attorney was involved with the decision for the person to be supported in bed with bed rails to keep them safe.

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 .

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated and supported well. One person told us, "The staff are very kind, always laughing with me and not at me, I'm very happy here." A relative told us, "They are very caring."
- We observed positive interactions between staff and people. We observed staff comforting a person who was upset. Staff gave one to one reassurance and spent time with them until they felt better.
- People's equality and diversity needs were supported. Pre-admission assessments covered equality and diversity and fed through to the care plans. For example, a care plan was in place which detailed the support a person needed to express their individuality.

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

- People were able to be involved when making decisions with their care. One person told us, "I have a choice of things and when I want to voice things, they welcome that."
- Staff supported people to make their own decisions. One staff member told us, "I will give them a choice, for example picking their own clothes or if they want to walk, we will support them, we don't automatically do things for them."
- People were supported to have choice and freedom around their care. For example, people were able get up when they wanted in the mornings. One staff member told us, "If [person] has a lay in we get them breakfast when they are ready and push lunch back for them."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. Staff told us they encourage people to be independent. One person told us, "The staff wait for me and let me lead, they don't take over or rush me."
- People's independence and dignity was maintained. People's appearance was well maintained with the support of staff. Care plans detailed what areas of care they could do independently. One person's care plan stated the person can chose what hot drinks they like and can eat independently.
- Peoples privacy and dignity was supported. Staff were observed being discreet when speaking to people regarding their personal care needs.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving person centred care. Care plans identified individual needs and preferences. One person required emotional support and could become frustrated. Staff had clear and detailed guidance to follow when supporting the person.
- The registered manager recognised formal care plan reviews needed to take place. Although a system for a formal review of care plans was in process, feedback were sought from people and their relatives in regards to different aspects of care. One relative told us, "Any request we've had have been fulfilled by staff."
- People were able to maintain a personal routine that suited them. Care plans described one person liked their breakfast in their room but liked their meals in the dining room. Staff told us, "Some people have breakfast in their room, or they come down to the dining room."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager ensured staff were able to effectively communicate with people who had individual communication needs. Care plans provided detail and guidance for staff to follow. For example, the registered manager provided picture cards so staff could support a person who was struggling to express themselves.
- The registered manager has installed technology to aid people with visual and hearing difficulties. People were supported by staff to use a large rainbow screen in the home to aid communication. A rainbow screen is an interactive board to enhance person-centred care by using applications such as sensory games and quizzes and trivia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of activities such as flower arranging, armchair exercises and balloon volleyball. One relative told us, "They took time to spend and play scrabble with them."
- People had been supported to maintain contact with relatives through Covid-19 pandemic. One relative told us, "We did a skype call with my [relative] and were having problems with my Ipad and the manager offered us hers."
- The service had identified people's individual interests. These were clearly recorded in people's care plans

and staff were able to tell us what people liked. One staff member told us, "[Person] enjoys wood carvings, we are looking at ways to support this."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints policy and action log in place. One Relative was unhappy a male agency carer was supporting their loved one. The registered manager acknowledged their complaint and explained actions they will take. The registered manager advised they were in the process of recruiting so aim to use less agency in the future.
- The registered manager listened to and acted upon complaints made by staff. For example, a staff member told us, "I felt an agency care staff member was not fulfilling their duties. The registered manager acted upon this the same day and there was no more issues with that person."
- People's complaints were responded to. People told us they didn't always like the food. The registered manager told us, "We are looking into a different supplier for the evening meal to enhance what we can do."
- People told us they didn't always enjoy the evening meal. The provider was temporarily providing meals from an external company while essential building works are being carried out. The registered manager is looking at different catering companies as response to the people's feedback. People told us they can chose something else if they don't like the option. One person told us, "If we don't like something, we can ask for something else."

End of life care and support

- People's care plans discussed end of life care. Staff demonstrated a good understating of what good end of life care should be. One staff member told us, "We make sure they are comfortable, and all care needs are being met with dignity."
- People's physical needs were met, and end of life medication was available where necessary. Staff understood when end of life medication was needed, and guidance was in place to support staff.
- One person was receiving end of life care. Their social and emotional needs were considered during this time. One relative told us, "I was able to spend time in the garden with [relative] and residents, I was lovely to see [relative] with their friends [other people living in the home]."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about their care. One relative told us, "They do a fantastic job, staff are really good, considerably good with my [relative] but good with us as well." One person told us, "The staff are very kind."
- The registered manager encouraged staff to raise concerns or ideas. Staff meetings were held via Zoom calls through the covid-19 pandemic. One staff member told us, "We have staff meetings, it's very open, people are able to air their views,"
- The registered manager had an 'open door' policy and encouraged positivity within the home. The service had a whistle blowing policy in place which protected staff to raise concerns. The registered manager told us "We have a whistle blowing policy in place and encourage staff to raise concerns if they have any."
- Staff and relatives spoke highly of the senior management team. One staff member told us "the [registered manager] is a ray of sunshine". One relative told us, "They go the extra mile in my opinion." Another relative told us, "The registered manager always comes to talk when I visit, they are very friendly."
- The registered manager had systems in place ensure a positive culture within the home. The Registered manager told us, "Every day I do a walk around and speak to staff and residents." One staff member told us, "The registered manager pops in at least every day to speak to us and ask if we are okay."

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 law requires providers to follow a duty of candour. This means that any unexpected incident or accident occurred regarding a person using a care service, the registered person must provide an apology and explanation to their representative. The provider understood their responsibilities regarding this. One relative told us, "They keep me up to date if anything happens."

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

- The registered manager had only been in post since December 2020 and highlighted supervisions and 1-1's for staff had not always taken place in line with their policy. However, a plan of action was already in place for staff to have at least six supervisions moving forward. Staff felt very comfortable to approach management with issues. One staff member told us, "There is a new contract that we have agreed with to make sure we get our supervisions, but I come and tell [unit manager] if I have any issues and [unit manager] is very approachable."

- The registered manager had good quality assurance systems in place. A range of regular audits were carried out such as medication, infection control and training audits. Where issues were found actions had been taken. For example, a medicine audit had identified some homely remedies were running low and needed to be re-stocked.
- The registered manager understood their legal requirement to notify the Care Quality Commission about events and incidents regarding the service. Their rating was not on display as not previously inspected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager understood the importance of engaging people with the community. They had regular volunteers that came into the service, but due to the pandemic this was put on hold. The registered manager was in the process of reinstating them.
- Staff had regular meetings to ensure good communication. This included handovers on each shift with updates and changes regarding people and the service.
- The registered manager worked in partnership with other agencies. The unit manager told us the Speech and language therapist team were visiting regularly along with the physiotherapist and chiropodist.
- Feedback had recently been sought from people and relatives. Analysis of the feedback was in progress at the time of inspection and unavailable for us to view.

Continuous learning and improving care

- The registered manager arranged additional training around dementia to enable staff to support people. The staff will be able to take part in the 'dementia bus'. The 'dementia bus' gives staff an opportunity to virtually experience some aspects of living with dementia.
- Staff were positive with the outcomes they had achieved. One staff member told us, "We have done a great job of keeping COVID-19 out of the building, we are really proud of that."
- The registered manager told us the plans to continue with fundraising for the home. This included fundraising events with the local school and the Women's Institute. Through fundraising people are supported to build relationships with the community.
- The registered manager kept up to date with current guidance. Mental wellbeing webinars were attended to support staff in their roles. The registered manager had support and guidance from the in-house COVID-19 mental health and wellbeing manager. This ensured the registered manager kept up to date with government guidance for COVID-19 practices