Royal British Legion Industries Ltd

Gavin Astor House Nursing Home

Inspection report

Royal British Legion Industries
Royal British Legion Village
Aylesford
Kent
ME20 7NF

Tel: 01622791056
Website: www.gavinastorhouse.org.uk

Date of inspection visit:
25 April 2022
27 April 2022

Date of publication:
30 May 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Gavin Astor House Nursing Home is a care home providing personal and nursing care to up to 50 people. The service provides support to people with physical disabilities, older people and people living with dementia. The service also supported autistic people and people with a learning disability. At the time of our inspection there were 37 people using the service. People lived over two floors, the top floor supported people with nursing needs and the ground floor supported people who were living with dementia.

People's experience of using this service and what we found
Systems and processes to safeguard people from the risk of abuse were not effective. Incidents and allegations of abuse had not always been identified by the registered manager or reported to the local authority safeguarding team. There were enough staff to support people safely, but more staff were needed to meet people's social needs. Some people's care plans did not contain information needed to support people safely. Care plans and risk assessments were in the process of being updated.

Medicines were ordered, stored, given and disposed of safely. The home was clean and hygienic, and staff were following infection prevention and control procedures.

The provider's governance systems required improvement to be effective. Systems in place to identify incidents that should be notified to CQC had not always been effective. The home had been through a period of transition and the management team were taking steps to identify and act on issues at the service.

People were positive about their experience of living at the home. One person told us, "Staff are nice to me. I brought my own things and staff helped me put them up in my room. Staff keep me happy and cheer me up." People's relatives felt that they were informed of day to day incidents at the home but would like to be more involved in larger decisions around their loved one's care.

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.

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.

Gavin Astor House Nursing Home had one autistic person using the service. Based on our review of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right

support, right care, right culture.

Right support: Guidance for how to support the person to maximise their choice control and independence was clear. Staff were knowledgeable about how to offer the person choices and support them to make their own decisions.

Right care: Staff knew the person well and how the person wanted to be supported. We saw that the person enjoyed the company of staff and staff spoke to the person with respect.

Right culture: Staff spoke to people kindly and we observed staff making people laugh. Staff were positive about the management team and the support they provided.

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 12 June 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe 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 Gavin Astor House Nursing Home on our website at www.cqc.org.uk.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safeguarding people from the risk of abuse at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Gavin Astor House Nursing Home

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
This inspection was carried out by one inspector.

Service and service type
Gavin Astor House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gavin Astor House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
This inspection was unannounced.

Inspection activity started on 25 April 2022 and ended on 4 May 2022. We visited the location's service on 25 April 2022 and 27 April 2022.

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 (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 used all this information to plan our inspection.

During the inspection
We observed interactions between staff and people. We reviewed a range of records relating to people's care and support. This included five people's care records and multiple medication records. A variety of records relating to the management of the service were also reviewed. We spoke to seven people that lived at the home and five people's relatives. We spoke to nine members of staff, including the registered manager, clinical manager, registered nurse and health care assistants. The management team also sent us information following the site visit to inform us of action they had taken to address shortfalls at the service.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- The provider's safeguarding processes and procedures were not effective in identifying safeguarding concerns. Allegations of abuse had not always been reported to the management team. This meant that action had not always been taken to protect people or prevent incidents from happening in the future.
- Safeguarding incidents which had not been known to the management team, had not been investigated. We identified six incidents which had occurred between people using the service which the management team were unaware of. These incidents had not been reported to the Local authority safeguarding team or CQC. Providers have a responsibility to report all safeguarding concerns to the relevant authorities in order to ensure that the risk of abuse is minimised.

Systems and processes were not established and did not operate effectively to prevent abuse of service users. This is a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we received confirmation that these incidents had been retrospectively reported to the local authority safeguarding team and CQC. We were also informed that a new system had been put in place to identify safeguarding concerns.

Staffing and recruitment

- The registered manager had identified that more staff were needed to be able to support people's social needs. One person told us, "They help me with washing and dressing and any tasks, but nothing outside of that. We used to go for walks in the garden, we don't do that anymore. There's no one to take us."
- Staff told us that there were enough staff to keep people safe, but not enough staff to spend meaningful time with people. One staff member told us, "People don't get enough engagement or enrichment day to day. There are the odd activities that happen but there are some days when nothing happens and we don't have time to make anything happen."
- We discussed staffing levels with the management team, who explained that it had recently been agreed for the home to have extra staff to support people. There had up until recently been a wellbeing co-ordinator in post, the induction of new staff to the service was ongoing and recruitment had recently improved. This included the appointment of a wellbeing team.
- Staff told us they had received training which helped them to support people. We observed staff supporting people which reflected their training. The training matrix being used by the management staff was not up to date due to external data issues.
- The provider undertook checks on new staff before they started work. This included checking their

identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

● Risk assessments and care plan guidance were not always in place to support people. Two people living with epilepsy did not have epilepsy risk assessments or care plan guidance. The risk of this was minimised as neither person was known to have seizures. The provider addressed this during the inspection and put into place risk assessments and epilepsy care plans for these two people.

● Information on people's health conditions and how these affected other aspects of their lives and care was not always clear. For example, for one person with diabetes, it was not clear what diet the person should be encouraged to have. For another person with irritable bowel syndrome (IBS), it was not clear how this person was affected by certain foods. This was actioned during the inspection and people's care plans had been updated.

● There was clear guidance for how staff should support people who could become anxious or upset. Staff we spoke to knew people well and were able to tell us what made people feel better when they became upset.

● One person received their food and medicines via a percutaneous endoscopic gastrostomy (PEG) tube feeding. A PEG is a tube passed into a person's stomach by a medical procedure. It is most commonly used to provide a means of feeding or receiving medicines when people are unable to eat or drink. Guidance for staff on how to support this person safely was clear and easy to follow.

● Where people were unable to use a traditional style of call bell to alert staff, people had adapted call bells which enabled them to call for support when they needed it.

● People had individual personal emergency evacuation plans (PEEPs) to ensure that people were safely supported to leave the building in the event of an emergency evacuation. Staff told us they had recently undertaken a fire drill which helped them to feel more prepared in the event of a fire.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

● There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. Only staff who had received the appropriate medicine training were able to give medicines. There was guidance about how people liked to take their medicines, for example from a spoon or placed into their hand.

● Medicine administration records (MAR) were completed when medicines were given, the number of tablets left in the box were recorded on the MAR. This provided an ongoing audit of medicine stock.

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 personal protective equipment (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.

People were supported to receive regular visits from their friends and family. People's relatives were positive about the infection control measures the provider had in place to support safe visiting. One person's relative told us, "They have handled Covid extremely well. Always had PPE and have been strict with testing and PPE for us visitors which was very reassuring."

Requires Improvement

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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

● Statutory notifications, which are required by law, had not always been submitted. We found six incidents which should have been reported to CQC. The registered manager had not identified these incidents themselves. Consequently, the provider had not sought advice or support from professionals for example, the local authority safeguarding team.

● Following the inspection, CQC received these notifications retrospectively.

● People's relatives told us they were informed when something went wrong at the home and were informed of measures the provider took to prevent the reoccurrence of events. One person's relative told us, "There was an incident recently which had upset [person]. Staff rang us and told us they had a plan in place which they had arranged with [Person]. [Person] was happy with this plan and seems much more relaxed now."

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

● Systems and processes were not robust in identifying safeguarding concerns. Although staff were able to identify and record safeguarding concerns, these incidents were not always reported or identified by the management staff in order to be appropriately reported. Two different systems were being used to record accidents and incidents and only one system was being used to identify safeguarding concerns. Before the introduction of a dual system for reporting, safeguarding concerns were appropriately responded to and reported. We received confirmation during the inspection that this had been addressed and one system was now being used for clarity. The management team kept us up to date with the progress of referrals made to the local authority safeguarding team.

● Although there was a training matrix to record training staff had undertaken, the management staff told us there had recently been an issue with training records being deleted by the external training service. This was a temporary issue. The registered manager told us they had plans to employ a staff member specifically to monitor training for staff to ensure staff received appropriate training.

● The home had been through a recent period of change involving an extensive property refurbishment and a high induction of new staff and people newly admitted to the home. The management team were new in post and were working to identify areas of improvement needed at the service. The management team were open to suggestions throughout the inspection on how to improve things for people.

● Staff undertook regular audits of the running of the service. Audits included infection prevention and control, medicines and health and safety. Actions for improvement were identified through the audit process.
● Staff were positive about the management team. One staff member told us, "I feel the management do very well. They are very supportive; they speak to us nicely. They know what they are doing and they inspire with their ideas. They make it a good place to work."
● The management team held daily meetings where the heads of departments discussed what was happening in the home that day. These heads then shared this information with their staff teams.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The language that staff used to describe people's actions and activities was not always respectful or person centred. We discussed this with the management team. After the inspection, the management team told us that care plans were in the process of being reviewed regarding the language used to describe actions people made. A staff meeting had also been booked to discuss this with staff.

● We saw that people were calm and confident around the staff team and enjoyed being in staff's presence. Staff spoke to people kindly. One person told us, "It's just so nice, they support me with whatever I want, and get anything I need."
● People were encouraged to make their own choices by staff. One staff member told us, "We ask people what they would like and how they would like things done, try to keep to their preferences."
● People's relatives were positive about the support provided by staff. One relative told us, "Staff are very good with [person]. The care and nursing staff who deal with [person] are great." Another person's relative told us, "Staff are really kind and caring."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care
● Opportunities for people to give feedback on their care were lacking. Meetings for people who lived at the home had not taken place recently. The provider told us opportunities had been limited due to the home having been recently closed due to an outbreak of COVID-19. This was something the registered manager was planning to hold soon.
● Feedback about people's and relative's involvement in the running of the service was mixed. Relatives had recently attended a meeting to meet the new management staff but told us they had not been asked for their feedback about the service in any other way.
● Relatives had been receiving regular emails from the registered manager with updates on what had been happening at the home. Relative surveys had recently been sent out but hadn't received any responses yet.
● People's relatives told us that they were always informed if something happened to their loved one. For example, if the person had had a fall or an accident. However, some relatives felt they were not informed or consulted around bigger decisions, such as medicines and care planning.
● Staff had recently completed a survey on various aspects of the home. The majority of staff had answered that staffing levels and skill mix of staff required improvement. This had been identified by the management team and plans were in place to improve staffing.

Working in partnership with others
● Staff worked with other health professionals to help people to live how they wanted to. Some people received their food and medicines via a percutaneous endoscopic gastrostomy (PEG) tube feeding. A PEG is a tube passed into a person's stomach by a medical procedure. Staff told us that the experience of eating was very important to one person and they had worked with the speech and language therapist (SALT) team

to find a way for the person to continue to have this experience as safely as possible.

● Staff also told us about working with the physiotherapy and occupational therapy team to access a new chair for someone with limited mobility to enable them to go outside. This person's relative told us, "The clinical manager said they would sort out person's chair so they could go outside more and we have an assessment in a week so that was sorted quickly."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13(2) Safeguarding service users from abuse and improper treatment. HSCA RA Regulations 2014. Systems and processes were not established and did not operate effectively to prevent abuse of service users.