HC-One Limited

Appleton 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

Overall summary

This was an unannounced inspection to this location. This inspection took place on 23 September 2015

The service was previously inspected on 4 September 2013 when no breaches of legal requirements were found.

We visited this location following concerns raised at a Coroner's Inquest in February 2015. We wanted to check that appropriate action had been taken by the service to minimise the risk of other deaths occurring in similar circumstances.

Appleton Lodge is a purpose built care home owned by HC-One, it is a two storey building situated adjacent to a larger sister building on the same site. The home is registered to provide residential care and accommodation for up to 30 people. All bedrooms have single occupancy and some have en-suite facilities. There is a passenger lift providing access to the first floor. There is an enclosed garden area to the rear of the building accessed via a conservatory area. Car parking is available within the grounds.

Summary of findings

When we visited the service there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A home manager was in place and an application to become registered has been submitted to the Care Quality Commission (CQC).

Concerns about the home which were identified at a Coroner's Inquest in February 2015 had been addressed and actioned. There was a clear Falls Protocol in place. All falls were recorded with a full description of how the incident occurred; what immediate action was taken and the level of harm caused. Risk of falls had been assessed for each person living at Appleton Lodge and care plans identified ways of minimising risk

People said they felt safe in Appleton Lodge. One person told us, "I am safe here. They come and check that I'm alright. I sleep well at night." People spoke positively about the care staff and the manager, and we saw that care was provided in a way which promoted people's abilities, needs and wishes.

There were systems in place to ensure that people who used the service were protected from the risk of harm. Staff had received training in whistleblowing and safeguarding adults, and were able to tell us what they would do if they had any concerns about the people who used the service.

Procedures were in place to manage people's medicines safely and to control the risk of infection.

There was enough information in people's care records to guide staff on the care and support needs required.

People and their relatives were involved and consulted (where appropriate) about the development of their care records. This helped to make sure, wherever possible, the wishes of people who used the service were considered and planned for. The care records showed that risks to people's health and well-being had been identified to help eliminate risk. The staff we spoke with had a good understanding of people's individual needs and the support they required, and we found that care was delivered consistently by a team of workers who knew how to support people and meet their assessed care needs.

We saw that arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

There was flexibility and choice at mealtimes. People told us they enjoyed the food provided at Appleton Lodge and we saw that mealtimes were a relaxed and social occasion with good interaction between people. Specific dietary requirements such as sugar free or soft foods were available as required. Staff were aware of people's dietary needs.

We saw that systems were in place to monitor the quality of the service provided. To help ensure people received effective care, checks were undertaken by the management of the home and there were opportunities for people to comment on the facilities and the quality of the care provided. Records showed that systems to manage complaints, incidents and accidents were managed well and measures put in place so that they were less likely to reoccur.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

All falls were recorded, monitored, and investigated with recommendations for further action acted upon.

People told us that they felt safe and there were enough staff to meet their needs. Appleton Lodge has a good system in place for the recruitment of staff.

Staff told us that they were aware of these procedures and had been trained in safeguarding awareness.

There were effective systems in place for managing medicines and the control of infection.

Is the service effective?
The service was effective.

Good

People told us the staff were knowledgeable and we saw that staff receive training to maintain and develop their skills to meet people's needs.

The management and staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and deprivation of Liberty Safeguards (DoLS).

People's health was monitored and referrals to other health and care professionals were made to ensure care and treatment met people's individual needs.

People told us that they enjoyed the food on offer, and we observed that there was a regular supply of snacks and choice of hot and cold drinks throughout the day

Is the service caring?
The service was caring.

Good

People told us that they thought the care staff made an effort to get to know them.

Staff treated people in a caring and compassionate manner Staff agreed that this was important and spoke affectionately about the people they supported.

People's privacy and dignity was respected.

People told us that they were supported in the way they had agreed and that the staff knew what they liked and disliked.

Is the service responsive?
The service was responsive.

Good

People were encouraged to remain independent as long as possible and supported to make choices. Their wishes were respected.

Staff responded quickly to people's needs.

Summary of findings

People knew what to do if they made a complaint and were confident that any concerns raised would be followed up

Is the service well-led?

Good 

The service was well led

There was an effective system in place to monitor the quality of the service.

There were regular meeting for staff, people who use the service and their relatives to raise issues, provide feedback, and share information about the home.

Staff told us, that they were involved in discussions about issues in service provision and we saw that they were encouraged to raise issues and take responsibility for their actions.

Appleton Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 23 September 2015. This was an unannounced inspection which means no one at the home knew in advance of our inspection.

The inspection team consisted of three adult social care inspectors. Prior to the inspection we reviewed information we held about the service. This included previous inspection reports information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners (who fund the care for some people) and the local safeguarding team. no concerns were raised by either about the care and support people received.

During the visit we spoke with seven people who use the service, four visitors, the Manager, the Regional Support Manager, five members of care staff, and the chef on duty.

We observed care and support in communal areas, and looked at the care records for five people who use the service; medication administration records, staff training records and two supervision files. In addition we looked at a range of records relating to the running of the service, including quality assurance reviews and audits carried out by the manger and provider. We also reviewed a range of policies and procedures. We looked at the environment, including bedrooms, bathrooms and communal areas.

Good

Is the service safe?

Our findings

We were aware that concern had been expressed earlier in 2015 relating to an incident where a resident had a fall at the home. The manager and staff had taken steps to ensure that lessons had been learnt from the incident. They had assessed the risk of falls for each person living in the home and had considered ways of minimising risk. For example, they used an electronic beam in bedrooms which would alert staff if a person at risk moved out of bed. Staff were able to respond quickly to help the person or prevent undue injury without minimising their independence.

All falls were now being routinely recorded and monitored, with a full description of how the incident occurred, what immediate action was taken and the level of harm caused. They were investigated fully with recommendations for further action acted upon.

A falls audit was completed each month. We looked at the falls audit for August 2015, which showed 13 falls. Appropriate follow up action was taken. The information and action taken was recorded in case notes and incident forms we reviewed. We also reviewed details recorded in the accident book. This showed that incidents and accidents were monitored, and systems had been introduced to look for trends and issues which might help reduce future risks, for example, analysis of falls.

We also spoke with the relatives of a person at high risk of falls. They informed us that they were told each time the person had a fall immediately after it happened, and that they were satisfied that the service was doing as much as it could to minimise the risk. They told us, "We are informed about what happened and are confident that they'll do something about it." They informed us that the staff regularly checked for risk and would take action to minimise this. The relatives told us, and we checked that staff had installed a device to monitor the person's movement, and had placed a crash mat by their bed.

People said they felt safe in Appleton Lodge. One person told us, "I am safe here. They come and check that I'm alright. I sleep well at night." Another person said, "I am safe, sometimes too safe. They've helped me get my life back." One visitor told us, "I know my mum is safe here. I am never anxious about leaving her. We couldn't get better care anywhere else."

The whistleblowing policy was on display in the staff office, and we were shown a copy of the safeguarding adult's procedures which provide guidance to the staff on their responsibilities to protect vulnerable adults from abuse.

Staff told us that they were aware of these procedures and had been trained in safeguarding awareness. Records showed that 96% of staff had received safeguarding training. During discussion staff demonstrated to us that they knew what to do if they witnessed or were informed of a concern about an individual's safety. One staff member told us "If I saw anything untoward I would report it to my manager immediately. If it wasn't being handled properly I would take it further." At the time of our inspection there were no safeguarding concerns reported to the local authority.

We looked at three case records, which showed that detailed risk assessments had been completed, for risks such as falls, moving and handling, pressure relief and nutrition, with clear plans in place to show how to minimise the risk. We observed staff supporting people in a way that kept them safe, for example, we observed a care worker safely supporting a person to get out of her chair and offering an arm to help her to mobilise safely.

There were clear recruitment procedures in place to help ensure that new staff were of good character to provide care to vulnerable adults. The procedures were in line with regulations. Application forms included previous work history and we saw that satisfactory references were sought prior to new staff starting work at the home, and identity checks made. Further checks through the Disclosure and Barring Service (DBS) ensured that there were no criminal convictions; birth certificates viewed and national insurance numbers noted. These checks were confirmed by a staff member who had recently been recruited to work at the home. The manager informed us that interview notes were also taken and stored securely.

People told us that they believed there were enough staff to meet their needs. One person told us, "They are always there if we need them, but they aren't breathing down our necks." A visitor commented that staff remained at a discreet distance, but that they were quick to respond to any requests.

We looked at the staff rotas, which showed that there were two senior care workers and three care workers working from 8.00 am until 8.00 pm each day maintaining cover on

Good

Is the service safe?

both floors. At night there was a care worker on each floor with a senior working between both floors. A night care worker told us that this was "Manageable". The manager informed us that a night worker had recently left, but was considering using the time to employ a twilight care worker to work a late evening shift, as this would allow for even greater interaction with the people who live in the home during the evening.

Relatives of people who use the service told us that the care staff were attentive to health and social care needs, and they thought the people using the service received their medication as prescribed.

Senior staff were trained to administer medication, and we observed one medication round during our inspection. The senior care worker checked the dosage and that they were for the right person before placing the tablets into a small pot. They approached the person, addressed them by name and explained what they were doing. They then checked the person had a drink to help them take the medicines. Where a person was unable to take the tablets form the pot, the senior care worker placed them in the person's hand, and watched them swallow them before they made the recording appropriately on the medication administration record (MAR) sheet. MAR sheets included a photograph of the individual, and the records we checked were accurate, up to date and matched the medicines in stock. There were no gaps in signatures

We looked at the system for managing medicines. All medicines were stored in an air conditioned treatment room which was kept locked. The senior care worker on duty would hold the keys to the treatment room, with a spare set locked in the manager's office. Two lockable trolleys were used; one for each floor, and medicines dispensed using a monitored dosage system.

We saw that controlled drugs were kept in a separate locked cupboard, and signed for by two staff. Both the fridge and room temperatures were recorded on a daily basis. There was also a signed log of all returned unused medicines to the pharmacy. A member of the night staff informed us that senior night staff completed a nightly spot check of medicines on a random basis. They told us that this ensured that if a variance was discovered it could quickly be tracked and fully investigated.

Prescribed skin creams were kept in people's rooms in lockable cabinets. Administration of creams and ointments were recorded on separate sheets known as Topical Medicine Administration Records (TMAR) which were kept in a separate file which included guidelines for staff to apply creams appropriately. We were assured that these were dispensed as prescribed but we noticed that some charts had not been completed during evening shifts. We spoke to the senior on duty about this, and were assured that this issue was being addressed and staff had been instructed to complete these charts.

The home employed two domestic staff. People told us that the home was always clean and tidy, and we saw on a feedback sheet a visitor had completed which stated, "The cleaners are working particularly hard at present and do well to maintain their very high standards." Corridors were free from clutter. There were no unpleasant odours evident at the time of our visit.

We saw that the home followed the national colour coding scheme for cleaning materials to minimise risk of cross contamination. For example, mops and buckets were colour coded so different ones were used in the kitchen areas, bathrooms and laundry areas.

Fridge temperatures were monitored and recorded to ensure food was stored correctly.

When we walked around the building we saw it was secure. There was a secure and accessible garden area to the rear which people could walk or sit in safely and enjoy fresh air. There was also a covered area, which provided some shelter from the weather.

Communal bathrooms were seen to be clean and hygienic. They were decorated in pastel shades with pictures on the wall and ornaments on the window sill which gave a homely feel to them. The shower chairs were clean but we noticed they had holes in them to allow for drainage.

We looked at maintenance records and safety certificates which were all in order. We saw that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Other equipment used to support care staff with people's personal care, such as hoists, were regularly serviced to ensure safe operation. We observed the maintenance manager checking a profiling bed. We saw them going from room to room where they completed daily room checks for any maintenance issues and checked each profiling bed every day to ensure they were in proper working order.

Good

Is the service effective?

Our findings

The people we spoke with believed that the carers were competent and knowledgeable. One person said, "Oh yes, they know what they're doing and can do anything for us." The relatives of a person living with dementia told us that staff understood their family member, and how best to respond to their needs. They told us that since their relative had come to Appleton Lodge their behaviour had become more relaxed and easier to manage. They thought this was due to a calm and patient approach of the staff who had a good knowledge of "What makes them tick." They said that all the staff treated their relative with dignity and respect and they had worked hard to help their relative to settle and to get their medication right.

We asked the staff that we spoke with what training they had received in order to carry out their role. They told us they had an induction to their role where they received on the job training, and shadowed more experienced workers. In addition to this they were asked to work through a computer based learning package. All staff had access to e-learning through a training package which taught a variety of topics, including emergency procedures, medicine management, food safety, health and safety, infection control, manual handling, safeguarding, safer people handling and diversity training. The training matrix (record) showed that 96% of staff had competed this learning. In addition further training was available, for example, one member of staff informed us they had recently completed training on the Six Steps end of life model of care. We were told by this staff member that this was a very productive course and would be of benefit when they begin to put the learning into practice.

Staff had opportunity for individual supervision sessions with the manager, but we noticed that of twenty five staff only twelve had had two supervision sessions in this calendar year, and eight had only had one. Whilst we accepted that the manager was new in post, the service provide should have ensured that staff were receiving supervision in line with organisational policy. The manager informed us that they were working through individual supervision with all staff to give them the opportunity to discuss care practice and areas for development. Supervision for all staff had been arranged to take place and a schedule of supervision was available for us to look at.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The manager was able to demonstrate a good understanding of the legislation to help ensure that people's rights were protected. The registered manager was able to give us an example of where they had considered the rights of the individual and balanced this alongside duty of care and maintaining the person's independence. We spoke to one person's representative: this is a person appointed to maintain contact and represent the person they are supporting. They informed us that the manager and key worker regularly kept in contact with them and informed them of any issues. When we spoke to care staff they showed an understanding of mental capacity and how it related to the people in Appleton Lodge.

People told us that staff supported them in the way they had agreed and that they asked for the person's consent before carrying out care and support tasks. We observed this in practice, for instance, we saw a care worker knock on someone's door before entering and asked if they required assistance to dress. At lunchtime care workers asked people if they required support to eat their meals.

The care files we looked at showed that attention was given to people's nutritional needs and skin integrity. We saw that Malnutrition Universal Screening Tool (MUST) charts were used. People were weighed on a monthly basis to ensure that they were maintaining weight. We noted that where there were concerns about a person's weight they had been referred to the dietician for further advice and support and their weight was then monitored on a weekly basis.

One person told us, "All the food is really good." We saw the food which looked and smelled appetising. Mealtimes were a relaxed and social occasion with good interaction between people. We saw there was a comments book to record any feedback about the food. The comments made were complimentary, for example "Belting omelette!" or "The chocolate mousse was delicious." Menus were clearly displayed and there was flexibility and choice of meals. Specific dietary requirements such as sugar free or soft foods were available as required. Staff were aware of people's dietary needs.

At the main meal sherry was served to those who wanted it, with Baileys liqueur afterwards which people told us was very popular. Crisps and chocolate were available and

Good

Is the service effective?

there was a cold drinks machine for people to help themselves to a drink. Alternatively they could ask for a warm drink. Most people chose to eat their meals in the dining area, but some had meals in their rooms. We observed one tray being taken to a room and this was well presented.

Each new admission was assessed prior to moving in the home and a short term care plan drawn up. The manager told us that this was to allow a seven day period for the staff to get to know the person. The person's care plan was reviewed on a daily basis to develop a fully informed plan of care. We saw in care records we examined that these plans included assessments from other health and social care professionals.

People told us and we saw documentation in care files to confirm, that people were supported to see other health professionals when required. The manager informed us that all people were registered with the same general practitioner (GP) practice, and a doctor visited the home each week. This helped with communication and to gain a better knowledge of the people who lived there. During our visit we witnessed one person who became concerned about their glasses, and care staff calmly explained that they had arranged for an optician to visit, providing reassurance and efficiently dealing with the situation.

At the time of our visit the home was undergoing some refurbishment. The plans were drawn up in consultation with the people who lived at Appleton Lodge, and they were able to participate in the planning. For example, they chose the colour scheme for communal rooms. When it was proposed that a large fence be put to the rear of the building the residents objected as they enjoyed feeding the horses in an adjoining field, and so an alternative wall was being put up to allow this practice to continue.

The communal areas were free of clutter and obstacles and allowed for social interaction with smaller areas available for entertaining visitors or privacy. Rooms were well decorated with new furniture and carpets. There was a safe garden accessible through a conservatory, with weatherproof garden furniture. Communal areas and bedrooms were personalised according to individual's tastes, were bright and clean and well maintained. Rooms had front door style doors, door knockers and letter boxes, which reinforced that this was the private space of the individual. Toilet and bathroom doors were brightly painted to make them easier for people to find. Toilet seats and grab rails were bright blue so they stood out from tiles and baths.

Good

Is the service caring?

Our findings

People told us that they got on well with the staff at the home. We were told by one person, "We can have a laugh and a joke with them; they are more like our friends." Another person told us that they were particularly helpful with visitors and that they felt supported to keep in touch with them. We noticed a computer with internet and video facilities, and were informed that this was used by people to Skype (this enables you to see the person you are speaking with) relatives, particularly those who lived abroad.

Relatives we spoke to also told us that they were made welcome when visiting the home. They informed us, and we saw that staff knew them and addressed them by their preferred name and were always welcoming. A relative told us that the staff were always available, friendly and knowledgeable. They told us "They are all approachable, and always know where the residents are. It doesn't matter who you ask." There were no restrictions placed on visiting times. "I can come anytime I like and they always have a smile for me. Sometimes we stop and have dinner with [our relative]".

People told us that they thought the care staff made an effort to get to know them. Staff agreed that this was important and spoke affectionately about the people they supported. One staff member told us, "Every resident has their own personal quirk. This is my second family. I feel I can get along with the lot of them!"

Care records for people documented their interests and what they enjoyed doing. People and their representatives told us that they were offered choice in the delivery of their care and support. One person told us, "I can choose to have a bath any time I like. They even offer to stay with me and will wash my back if I want." We were told that there were no set times for people to get up or go to bed. A care worker told us that after supper people would start to retire, and would ask for assistance when they were ready.

We observed staff treat people in a caring and compassionate manner. For example, we saw a care worker talking quietly to a person in a friendly manner. They then shared a joke together and as the care worker left she offered to make the person a cup of tea. When we observed lunch we saw that staff offered to help anyone struggling to eat their food, and allowed people the time to finish their meals without rushing to clear tables.

Staff demonstrated good knowledge of the people living at Appleton Lodge, and adapted their service to meet their needs. For example, the manager told us about a person who had been a night watchman, so they amended his care plan to allow for night time activities. Another person had previously been involved in an incident in a bath tub and was fearful of bathing. By working gently with this person, the manager informed us that staff were able to understand the person's needs and to calm their anxieties.

We saw that staff addressed people by their preferred names, and spoke to them in an unassuming way, making eye contact and touch when appropriate. One care worker told us, "Sometimes I see people getting a bit down, and they may want reassurance or a hug. I go off body chemistry." Whilst we were in the home a person fell whilst attempting to get out of her chair and banged her head against the wall. The staff responded quickly and ensured they were comfortable, stayed with them and provided calming reassurance with comforting touches until the paramedics arrived. They contacted the person's family, and after the paramedic had confirmed the person did not require admission to hospital or further medical treatment the care staff remained with them continuing to provide reassurance until the relative arrived.

Staff formed positive relationships with people and demonstrated a good knowledge of their physical, social and emotional needs. People told us they thought the staff listened to what they had to say. One person told us, "Nothing is too much trouble, no matter how silly it might sound if we ask for something they will try to help."

There was evidence that peoples wishes were taken into consideration in planning their care and for the future. We looked at the care notes of a person who wanted to return to living independently. Whilst the staff did not think that this was a good idea, they were supportive to this person and began to plan for this, drawing in support from family, social services and other professionals to ensure a smooth transition and planned move.

Good

Is the service caring?

The service made use of "My Life" technology, and there was a computer and table to assist people to use this. This is a software system which helps communication and reminiscence with people who experience memory problems.

People's care records made clear what people required support with and what they could do independently. People and their representatives were encouraged to discuss goals about what they would like to achieve, including, for one person, the opportunity to move out into sheltered accommodation. There had been on-going work with the people who lived in the home to develop a life story book which helped to give a greater understanding of the person and recognise their individuality.

Each person's bedroom had a picture and the name of the person's key worker, along with information about their role and what they can do. The manager explained that this made it easier for the individual to get to know the member of staff who had key responsibility for them and it also helped relatives to identify the staff member who would know the most about the person's care.

There was evidence that people's wishes for their end of life care had been considered. Information provided in care records included personal preferences, such as funeral plans where appropriate. Some staff had recently received training on the Six Steps Care Pathway. This is a programme designed to provide quality care to people who are at the end of their lives. Staff told us that they benefitted from this training, and had taken steps to put the learning into practice, for example, they had ordered anti foaming toothpaste to help with mouth care by reducing dryness of the mouth for people who have difficulty with swallowing.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs and provided them with support when they required it. One person said, "You can be on your own knowing you're never far away from help, but it's nice and friendly, there is always someone around." A relative told us, "There's always someone about if you need assistance, and everybody always looks well presented." People told us that they were supported in the way they had agreed and that the staff knew what they liked and disliked. One person told us, "They've always got time for us, and make sure we don't go needy!"

Care plans were kept up to date and reviewed on a monthly basis. Each person had a review every six months and relatives were invited to contribute to the review. People's care records clearly documented their needs and what support they required with day to day living tasks such as eating meals or with personal care. There was also a brief 'daily statement of well-being' which drew attention to staff of any issues which may require attention during their shift. There was information available for health professionals such as hospital staff if a person ever required admission to hospital.

We saw evidence in a care file that the person had agreed to, and signed their care plan.

Records and care plans seen were written in a way which reflected the person's abilities and strengths but did not deflect from their needs, for example "X likes to be independent but occasionally requires prompts for personal care."

A visitor of a person living with dementia told us that the care staff had worked effectively to ensure their relative's well-being. They told us that prior to admission the person was on a high level of medication, and whist in the home this had been reviewed and reduced and that they were now on next to no tablets, but she was more settled than previously. Another visitor told us that their relative had been through an aggressive period, but that the staff handled this calmly and patiently, working to ensure that they settled back into routine, and that they were now much more settled.

We saw that staff showed a good understanding of people, their likes and dislikes and interests. We saw one carer talking to a person about his favourite football team and the results from the previous night's game. Throughout our visit we overheard a lot of conversation and banter between staff and the people who lived there, such as "If you leave, who will I share my birthday with?"

People told us that there was enough to do to fill their time. A visitor told us, "It's friendly and interactive. There is good stimulation without too much activity, but not everyone wants activities laid on for them." On the day of our visit there was 'afternoon tea', and we saw that other activities included coffee mornings or film nights, when a film would be shown on a screen with a projector, and popcorn provided.

One person told us that they enjoyed the bingo and that there were sometimes quizzes. We were told by another person, "They keep us alert I like the quizzes and the bingo." Another person said "It's free and easy. I can go for a walk on my own in the garden when I want, or stay in. There is always something to watch or people to talk to. Or I can find somewhere to be on my own. Staff are very friendly. They always talk to us."

There was a minibus, and people told us that they would occasionally be taken out on a ride, although one person felt that this did not happen as often as they would like. We observed people in the lounges. We saw good interaction between people and the staff and people were happy to converse with each other. There were friendship groups, and we witnessed friendly discussion and debate, for example, about whether it was better to have fruit in the morning or biscuits.

People understood who they could go to if they had a complaint or were unhappy about something. One person said, "I would speak to [the manager] if there was something not right." A relative commented, "If I had a problem, well, all the staff are approachable, and they would do something about it. If they didn't, I'd go to the manager, but we don't have any complaints.

Relatives we spoke with knew how to make a complaint. We were told by the manager that all relatives had been given a copy of the complaints procedure, and were invited to relatives meetings. When we visited we were told that there were no outstanding complaints. We contacted the local authority safeguarding and commissioning teams prior to our visit and no concerns were raised by them about the care and support people received.

Good

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Appleton Lodge is registered with the Care Quality Commission. However when we visited the manager had only recently been appointed. An application had been made in August 2015 and the registration process was underway. This was acknowledged by the CQC Registration Team who confirmed that the application had been received.

The new manager had been appointed internally having previously worked as a carer at Appleton Lodge, and then as the Assistant Manager. This appointment was well received by the rest of the staff team, one member of staff told us "X has been really good for the home; she gives us the confidence to provide good care, and listens to our opinions." However, her promotion had left a vacancy for a deputy manager, and we were informed that the provider was recruiting to this post which would mean there would be a manager on duty each day. The staff team was well established with five senior care staff and fourteen care staff. The manager told us that they had a good staff team who worked well together, and were mutually supportive.

The staff we spoke with had a clear understanding of the role and responsibilities of the manager, and were aware of their responsibility to pass on any concerns about the care being provided. They told us that there was a whistleblowing policy and felt supported to use this if necessary.

Appleton Lodge had a vision statement, which stated that the aim was "to make our house 'Our Home'. We want to provide the kindest care to residents by the most passionate staff". The manager explained to us that she was trying to achieve this by supporting the staff team to "Stand back and see the bigger picture", in order to support people to remain independent. We saw that people and their personal belongings were treated with respect, and that the staff team took time to get to know people's personal tastes and preferences. Key workers were assigned by matching personalities to help develop a person centred approach to care and to assist positive relationships and sharing of information.

There was an effective system in place to monitor the quality of the service. The manager completed a monthly audit and report on falls; pressure sores; weight management; accidents; hospital admissions and infections; and any other incidents which occurred during the month. Incidents were monitored for trends so that methods for reducing incidents reoccurring could be identified.

In addition the provider completed a six monthly assessment of care provision. We looked at the most recent assessment carried out in early September 2015. This showed recommended improvements and areas for development which had been formulated into an action plan to improve the quality of the service, and we saw that actions had begun to meet identified goals, for example implementing a programme for staff supervision.

Staff told us, that they were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to raise issues and take responsibility where mistakes had been made. Staff told us they found team meetings useful, and felt supported to raise issues and suggest changes they felt needed to be made.

The manager was aware of the importance of maintaining regular contact with people using the service and their families. Relatives meetings were advertised and relatives were invited to attend in order to feedback and share information about the home. The manager operated an open door policy and was available to privately discuss issues with relatives or people using the service.

People using the service and their representatives were given the opportunity to give feedback. Simple feedback forms were provided and comments sought on the care and treatment delivered. We looked at two forms both of which were positive, praising the work of staff and the safety, cleanliness and presentation of the people who lived at Appleton Lodge. The manager told us that feedback was welcomed and used to review and improve the quality of service