

# Wellesley House Limited

# Apsley House

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

Apsley House is a large end of terrace property located near the centre of Heywood. It is part of a larger organisation, Wellesley House Limited. Apsley House is registered to provide accommodation and personal care for up to five people with a learning disability / autistic spectrum disorder. On the day of the inspection five people were living at Apsley House.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was an announced inspection which was carried out on the 29 November 2017.

The registered manager visited Apsley House one day per week. There was a day to day manager on site five days per week. There was a manager available by telephone at all times.

People told us that they felt safe at Apsley House. The service used the local authority safeguarding procedures to report any concerns. Staff had received training in safeguarding adults and were aware of their responsibilities to report any possible abuse.

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

Systems were in place to administer and store medication safely. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. There were systems in place to prevent the spread of infection. Staff were trained in infection control.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People who used the service were able to make choices about the activities that they wanted to do. They were involved in reviewing their action plans and setting goals. Person centred care plans and risk assessments were in place which enabled staff to support people with making choices.

The managers and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decisions.

We observed meaningful interactions between staff and the people who used the service. The people we talked to spoke positively about the staff. Staff demonstrated a clear understanding of people's needs.

Effective quality assurance audits were in place to monitor the service. The service sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings. Staff told us that they enjoyed working at the service and felt that they were listened to by the managers.

The service had been developed and designed in line with the principles that underpin the Registering the Right Support and other best practice guidance, these values include choice, promotion of independence and inclusion. This policy asserts that people with learning disabilities and autism using a service should live as ordinary a life as any citizen. This policy can be found on the Care Quality Commission website.

## 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 and remained Good

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding themes and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective and remained Good

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was and how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

### Is the service caring?

Good ●

The service was caring and remained Good

People who used the service told us staff were helpful and kind.

Visitors said they were welcomed into the home.

We saw that people were offered choice in many aspects of their lives and told us they felt they were treated with dignity.

### Is the service responsive?

Good ●

The service was responsive and remained Good

There was a suitable complaints procedure for people to voice their concerns. The manager of the home and area manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were supported to engage in community and individual activities as they preferred.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

### Is the service well-led?

Good ●

The service was well-led and remained Good

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

# Apsley House

## **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 checked 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 29 November 2017. We gave the service 48 hours' notice of the inspection visit in line with CQC policy because this is a small home and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be somebody present during the inspection.

The inspection team consisted of one adult social care inspector and an inspection manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and which improvements they plan to make. We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about events which the service is required to send us by law. We used this information to decide which areas to focus on during our inspection. We contacted the local Healthwatch organisation and the Local Authority Commissioning team to obtain their views about the provider. No concerns were raised about the service provided at Apsley House.

During the inspection we spoke to two people who used the service, two managers in day to day charge of the service, two staff members, four relatives and two health care professionals who regularly visited the service.

We looked at care records and medication records for all five people who used the service. We also reviewed a range of records relating to how the service was managed, including three staff personnel files, staff training records, health and safety procedures, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

The people who used the service said that they felt safe living at Apsley House. One person told us, "I am happy living here, and I feel safe". Another said, "Staff care about me and look after me if I am feeling poorly".

The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents.

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. We saw that safeguarding was discussed in staff supervision and at team meetings. One staff member said, "I know the process for reporting any concerns, I would report it straight to my manager, and if they couldn't deal with it, then I would report it to [named registered manager]". A policy was in place that staff could refer to if they needed to report an incident. People that lived there told us about a weekly meeting at the home which is an opportunity to talk about ways of staying safe both in the home, and when out in the community. We saw that risk assessments would be reviewed as a result of these meetings with input from the people that live there, ensuring that they are involved in any decisions about the risks they may take.

Staff knew how to 'blow the whistle', this is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. We saw that whistleblowing was discussed regularly at team meetings to refresh the team's knowledge of the policy. The management team understood when and to whom they should report safeguarding concerns.

Risks to people and the service were managed so that people were protected. Accidents and incidents were recorded and reported promptly to the managers by staff. The manager would then investigate the accident or incident, take any further necessary action and record the information. We saw that any incidents were discussed on a daily basis at each staff handover. Risk assessments were reviewed when needed following an accident or incident, care records confirmed that these were reviewed annually as a minimum. One person's care plan showed that they had been identified and assessed as at risk in relation to mealtimes, the locking of the bathroom door, mobile phone usage, working outside the home and finances. The risk assessments we saw put the least restrictive measures in place possible to keep people safe. The day to day manager said "We try to balance out the risks to enabling people to live as ordinary a life as possible, we try to be realistic". We looked at all five care records and found that they were regularly reviewed and stored securely, whilst being accessible to staff. This meant that the service looked at ways to minimise any risks to enable people to live their lives in a safe way with the least possible impact.

We found that there were sufficient numbers of staff to keep people safe and meet their needs. People who used the service told us that there was always enough staff on duty. One person said, "There is always

someone about to help me or to talk to. I don't have to wait long for things". We looked at the rotas for Apsley House and saw that there were a minimum of three staff on duty during the day and a member of staff on sleep-in duty at night. In addition the day to day manager and the registered manager were available to provide additional cover. An on-call system was in place to provide support for staff out of office hours. One staff member told us, "We are supported around the clock and the managers encourage us to get in touch at any time, day or night". The registered manager told us that the staff team cover any vacant shifts themselves and that agency staff are not generally used. Although the home are trialling a 'temp to perm' arrangement. This meant that the service are employing an agency worker who works regular contracted shifts with a view to being made a permanent member of the team.

At the last inspection, we saw that a safe system of recruitment was in place. At this inspection, we looked at three staff personnel files and found that the service had continued to recruit in a safe way. The files we looked at included the necessary information including two verified references and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant.

Medicines were managed so that people received them safely. Medicines were stored in a locked cabinet that was kept in a locked room. The temperature of the room was recorded daily in line with the policy. The cabinet was accessible only to the staff on duty. Staff were trained in the safe administration of medicines. A medication profile had been completed for each person, which showed the prescribed medicines that needed to be administered. A Standard Operating Procedure had been written in consultation with Rochdale NHS. This guided staff on the principles of safe procedures when ordering, storing and administering medicines. Medicines were ordered in a timely fashion and we saw a record of unwanted or out of date medicines that had been disposed of safely. We saw that where possible, staff administered medicines in pairs to reduce the risk of errors occurring. Medication Administration Records (MAR) sheets identified when people had received their medicines and staff had signed the MAR to confirm this. The day to day manager told us that staff were observed administering medicines four times per year, with a more in depth competency test taking place annually.

Guidance was in place for people who took medicines prescribed as 'when required' (PRN) so they were administered according to people's individual needs. PRN medicines prescribed to support with challenging behaviour was guided by an appropriate behaviour support plan. Measures were in place to ensure that use of these medicines was only authorised when other means of behaviour management had been considered. During the inspection we observed one person being administered pain relief medication in a responsive and safe manner. We saw that people had their medication reviewed regularly by their doctor. The systems in place reassured us that the risks around medicines were reduced.

We saw infection prevention at the service was good. Appropriate policies and procedures were in place relating to infection control and cleanliness audits were undertaken. Infection control and food hygiene training was an essential part of the training programme for all staff and training had been refreshed earlier this year. We saw staff had access to protective clothing of disposable gloves and aprons when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. Relatives said that the service was clean and it was clean on the day of our inspection. A relative told us, "The home is always spotless and tidy". Staff were enthusiastic about their roles and responsibilities. One staff member said, "We keep the home clean so that people feel well cared for and safe". This showed that the service was committed to a high standard of cleanliness, reducing the risk of infection and illness. The service employed a cleaner who carried out a deep clean of the house one day per week.



We looked at the equipment and facilities at the service and found that the environment was safe for the people who lived and worked there. The water supply was tested regularly to prevent legionella, and safety checks were carried out on the supply of gas and electricity and firefighting equipment. The building was well maintained and we saw that health and safety checks had been carried out in line with the policy. Staff had been trained in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire. Fire drills took place on a regular basis so all staff had practical knowledge of knowing what to do in the event of an emergency. A fire safety risk assessment was in place. These safety checks meant that people were kept safe in the event of an emergency.

## Is the service effective?

### Our findings

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. New staff followed the provider's induction programme and were enrolled on to the Care Certificate. The Care Certificate is considered best practice for staff new to the care industry. In addition, they would shadow experienced staff as they learned about their job role and would get to know people they would be supporting. One member of staff described the induction programme at one of the provider's other locations and said, "The induction is really thorough, you do all your training and loads of hands on work before you start out independently, so you really get to know people". This showed that the provider offered effective support to new carers.

Staff received all essential training, which was managed by the provider, in a range of areas. These related to safety: fire awareness, manual handling, food hygiene, infection control, food and nutrition. Training that focused on people and on communication was also provided, such as, use of pictures. Staff were encouraged to work towards external qualifications, for example, many staff had achieved a National Vocational Qualification Level 2 and 3 in Health and Social Care. The registered manager nominated staff and arranged for them to attend the training. Records confirmed that staff training was up to date. This showed that staff members were equipped with the knowledge to carry out their roles effectively.

Staff had supervision meetings with their managers and records confirmed that staff had received up to five supervision sessions in 2017. Issues such as the care of residents, holidays, handovers, key working, learning and development and medicines were discussed. Progress was measured against the previous supervision, strengths and areas for improvement were discussed and action points set. All staff had an annual appraisal in which issues such as service user interaction, behaviours that challenge, and support with personal care was included. This showed that the provider was committed to working together with staff to develop the service and provide support and training.

Regular team meeting were held and staff were expected to contribute to the agenda. We looked at the minutes from the meetings and saw that the teams discussed; communication, behaviour, risk and best practice in relation to the mental capacity act, alongside more practical issues such as, activities and holidays. Handover meetings were held daily as staff crossed over at the start and finish of their shifts. We saw that staff shared valuable information and recorded what was discussed, to ensure optimal communication and consistent support for those living at the service.

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 the mental capacity to make 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. The application procedures for this in care homes and hospitals are

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 were being met.

Three people living at the home were subject to Deprivation of Liberty Safeguards (DoLS) and the registered manager had applied for authorisation of DoLS from the local authority. Two of these had been authorised and the manager was awaiting authorisation for a third application.

DoLS protects the rights of people by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm in the least restrictive way.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. The people living at the service had good verbal communication skills and were able to make day to day decisions about their care. However, some people needed support from the staff and their families to make more significant decisions. People had been assessed on their capacity to make decisions and records confirmed this. Where people had been assessed as being unable to make a decision, then a meeting was held in their best interests. This is where health and social care professionals, carers and people's relatives, get together to make a decision on the person's behalf. A member of staff demonstrated their understanding of the MCA and said it was about, "Looking at someone and assessing whether they fully understand a certain situation". A relative confirmed, "We are always invited to meetings to agree any major life decisions for [name]".

People were supported to have sufficient amounts to eat and drink and were encouraged to maintain a healthy and balanced diet. The main meal of the day was served in the evening as the majority of people were out during the day. Menus were planned with the people that live at the home and took account of people's likes and dislikes. If people did not like the main meal on offer, then there were always alternatives available. One person told us, "Sometimes we have lasagne or spaghetti, they are my favourites, but if I don't like what's for tea, then I pick something from the freezer". The registered manager said that some people liked to go shopping for food with the staff on Sundays. The menu for one person at the service was carefully considered to accommodate their personal needs and a daily food diary was completed by the staff to monitor the person's food intake. The home purchased halal meat to meet the cultural needs of one person who used the service. This showed us that people's nutritional needs were met and their preferences considered.

People were supported to maintain good health and had access to healthcare services. People received support from a variety of professionals such as a GP, dentist, optician and chiropodist. Some people at the service received specialist mental health services and support from the sexual health team. The staff and managers would ensure any appropriate referrals were made. A member of staff told us, "We take them to hospital, their doctor or dentist. Some people have some specialist support from health services". Care records confirmed that people had visited a range of healthcare professionals. We saw that health needs were clearly documented and the outcome of appointments was recorded. Hospital passports had also been drawn up for people. These provided essential information about people if they had to be admitted to hospital. These measures meant that that people's health outcomes were being supported by the service.

People's individual needs were met by the adaptation, design and decoration of the service. Some people had en-suite bathrooms. People's bedrooms were decorated in their favourite colours and were personalised, with photos and posters on display. One person told us, "The staff have asked me if I want to decorate my bedroom but I like it just as it is, maybe one day I will paint it".

The manager told us that a person had recently returned from a stay in hospital and the team had worked together to ensure the transition was as smooth as possible for that person. A health professional told us, "The service provided excellent support to [name] whilst they were in hospital and liaised with the family to a great degree". They also said "The service is one of the good ones". The home held a best interests meeting to ensure that the move from hospital to Apsley House was the right decision for the person. A relative told us, "I am so happy [name] is back at Apsley, the team have worked so hard to make it happen and to adapt the support she needs". This showed that the provider had effectively managed a transition between services to lessen the impact on a person that was in their care.

We saw that there were various documents specifically aimed at communicating with people that used the service. For example, a leaflet had been produced with pictures on that represented different facial expressions so that people could identify the level of pain they might be in. This gave the people using the service other opportunities to effectively communicate their needs.

## Is the service caring?

### Our findings

The people who used the service spoke with warmth about the staff team and said they were listened to and well supported. One person told us, "It's nice here, I like the staff, and they listen to me". Another person said, "They [staff] absolutely supported me when I have needed it, it's like a family here". We saw that people were invited to weekly meetings to support them with their emotional wellbeing. One person said "I get on well with everyone here, we have meetings together but sometimes I just want to watch telly in my room, I don't have to go if I don't want to".

People described that the staff supported their emotional wellbeing, One person said "I tell staff if I'm fed up and they listen and talk to me. I don't get in trouble for anything". We saw that a meeting was held each week to enable people to talk about their relationships and seek support from staff. This showed that the service recognised the benefits of open discussion and were proactively pre-empting to issues that might occur.

The service showed that they had considered the diverse needs of the people who used the service. One staff member explained how the service was met with a challenge when a person wanted to make a choice that might have been considered to be against the cultural values of their family. The staff member said that they had taken the time to discuss the issues with the person, putting forward all viewpoints so that the person could make an informed choice.

We saw that positive, caring relationships had been developed between people and staff. We observed that people were cared for by kind and attentive staff who understood their individual needs. When asked about people's preferences and choices, one member of staff said, "Everything is written in their [residents] care plans. We just get to know them really and ask people what they would like". One relative said, "I feel that staff love my [name] to bits and always do their best for her". Another relative said, "I have no concerns, [name] seems very happy and all her needs are met and beyond, she loves here".

The service supported people to express their views and to be actively involved in making decisions about their care, treatment and support as much as possible. People were allocated their own keyworker who co-ordinated aspects of their care. Keyworkers met regularly with people to review their care. People worked with carers to set goals for the year and had made books to display their ideas complete with pictures and writing. People contributed to their care plans and had been involved in the decisions about their care, which showed that people had control over the service they were receiving.

We found that people were supported to be as independent as possible, one person said, "They want me to do what I can for myself here and learn new things". Another person said "I do my own cleaning and keep my room tidy most of the time". During the inspection, one person was going out with staff to do some personal shopping and said, "I go shopping with staff for my toiletries and like to pick my own special ones". A relative confirmed, "The staff promote independence, [name] tells me about the things she does for herself".

People's privacy and dignity were respected and promoted. One person told us, "Staff always knock on my

door, they don't walk in without knocking". When staff were asked about this, one said, "It's their home, it's about treating them like you would anyone else". Another member of staff said, "I try and imagine that everyone I'm caring for is like someone I loved to be cared for". When asked how they would assist someone with their personal care, a member of staff told us, "I always ask them. We try and encourage people to be as independent as possible". They added that they would also give people privacy by making sure that they were covered up, curtains were closed and people's bedroom doors were shut. A member of staff explained, "I'm proud of the fact that I always try my best to treat people respectfully". The people who lived at the service were asked if it was ok to share information with their relatives. One person said "If staff want to tell my [relative] something about me, they talk to me first to explain why". This showed that staff considered that adults have choice and flexibility about their privacy and the amount of parental involvement in managing their care and support after moving into adult services. One staff member told us that they took one person out to the local park to have a chat about a sensitive topic so that they could not be overheard by other people living at the home. This showed that the staff had considered the privacy and dignity of people living there.

The service worked closely with local advocacy services and other professionals to provide a holistic model of care to the people using the service. One professional told us "The team at Apsley House have a very person-centred approach to caring, they are very professional and vigilant in terms of protecting the residents".

## Is the service responsive?

### Our findings

We looked at five care records during the inspection and saw that they were person-centred and reflective of people's needs. People had their needs assessed and their care plans demonstrated a good understanding of their individual needs. Care plans were reviewed, updated and evaluated regularly. The service operated a keyworker system. A keyworker is a member of staff who takes a key role in co-ordinating the person's care. We saw that staff worked closely with the local college to provide support. One person said "Staff will talk to college about the work I am doing so they can help me at home and sort out any problems for me". This showed us that the service was keen to provide a holistic approach to care and ensure that people were not being discriminated against.

We found that care records included details of people's chosen daily routines to ensure they received consistent care that met their needs and preferences. Each person had been involved in planning their own care and had identified their preferences. One person told us "I go to bed and get up when I want, I like to have a lie in at weekends and chill out in my pyjamas". Another person said "I have some favourite meals, but if I don't like something I just pick something from the freezer, I like to go shopping at the weekends for food so I can get stuff I want". We saw from the plans of care that we looked at the people's likes and dislikes and past history was recorded so that staff had the necessary information to treat people as individuals. This showed that the service were promoting both choice, and independence.

We saw that three of the residents attended college every day and some people had been supported by the service to undertake jobs within the community.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. We saw that the assessments had been fully completed for each person. This process helped to ensure that people's individual needs could be met at the home.

People were supported to take part in different activities of their choice which the service displayed on a large timetable of social events on the wall in the hallway. Some people attended social groups or discos on a weekly basis. People were also supported on an individual basis to do leisure activities or go out for meals. One person told us "I like to go to the park with staff and they will take me to Zumba when I want to go, they give me ideas of places to go so I can choose". A relative confirmed that "[name] is always getting out and about doing things, she has a better social life than me".

We observed that staff completed a handover at the beginning of their shift to discuss any changes, appointments and plans for the day.

We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. Relatives told us they had never made a complaint but both were quite happy that they could go to the registered manager with concerns, if they needed to. People that used the service could access a complaints procedure with pictorial aids to help to guide them through the process. The service had not received any complaints since the last inspection.

The day to day manager told us about their vision for the future at Apsley House, "We hope to start using technology to improve the service we provide and continue to support people well".



## Is the service well-led?

### Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager visited the service one day per week. They were also the registered manager at other small homes for the same provider. There was also another day to day manager who was at the home up to five days per week. A manager was always available by telephone. On the day of the inspection we spoke with both the day to day manager and the registered manager and gave them both feedback at the end of the inspection. The service held regular team meetings to engage with the staff team.

The managers demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including; accident reporting, finances, laundry, premises safety, food safety, and risk assessments. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. Where action was required to be taken, the evidence underpinning this was recorded and plans put in place to achieve any improvements required. This included implementing an updated cleaning schedule.

All the people we spoke to were positive about the managers and the culture at the home. One person told us, "I can speak to the managers about things if I'm worried or sad". Another person said "The managers are lovely, I see them a lot if I am home during the day".

Professionals involved with the service were also complimentary. One professional told us, "The manager is outstanding in the way she leads the team, she seems very supportive and committed to the overall development of the service". Another professional said, "The [day to day] manager liaises with our service really well which makes it easy to provide good all round support for people". We observed that staff felt comfortable with the managers and discussed various sensitive issues. This showed us that managers promoted a culture of honesty.

A statement of purpose was available to inform professionals of the registration details of the service, key staff and their contact details, the range of staff and qualifications, the organisational structure, aims and objectives, the facilities and services offered and the complaints procedure. The service displayed their current rating although did not have a website which the rating could be displayed upon.

We looked at some policies and procedures which included key ones, for example, confidentiality, safeguarding, Mental Capacity and DoLS, whistle blowing, equal opportunities, data protection, health and safety, social networking, smoking on duty, medicines and infection control.

All the relatives we spoke to said that managers were approachable, honest and realistic about the service they provided. One relative told us, "I know that if I contact [named day to day manager] that they will get

back to me quickly". Another relative said, "The manager is really enthusiastic and has a good grip of what is happening at Apsley".

One staff member told us, "I love working for this company and one of the reasons is that we are well managed, it's a family atmosphere". Another staff member told us, "The manager's door is always open and she is very knowledgeable and ready to help us out, she is very hands on and visible within the team". During our inspection we found that Apsley House is well-led, with a transparent culture. The people who live there, their relatives, and staff members feel well supported.