

Applecroft Care Home Ltd

Applecroft Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Applecroft Care Home provides nursing and personal care for up to 75 older people some of whom may be living with dementia. The service, which is owned by Abbey Healthcare, is situated in River near Dover with accommodation on three floors. On the days of our inspection there were 63 people living at the service.

There are three units:

Discovery Unit on the ground floor supports people who may have behaviours that challenge, may have dementia and may also have pre-existing mental health disorders.

Permain Unit on the first floor supports older people who may be living with dementia at various stages which ranges from mild to advanced.

Russet and Pippin Unit on the second floor is a general nursing unit.

The service is run by a registered manager who was present during our inspection. 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. The registered manager is supported by a deputy manager and unit leads.

We carried out an unannounced comprehensive inspection of this service on 20 and 22 January 2015. Breaches of legal requirements were found. After the comprehensive inspection, the service wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

People told us that they felt safe living at the service. One person said, "Feel safe because the staff always help me". People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse and how to raise any concerns they may have.

Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Accidents and incidents were recorded and analysed to reduce the risks of further events. This analysis was reviewed, used as a learning opportunity and discussed with staff.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff. The deployment of staff on the Permain unit during mealtimes to ensure people receive the required

level of support is an area for improvement.

People were provided with healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were referred to and supported to see healthcare professionals when they needed to.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications for DoLS had been made in line with guidance and authorised DoLS and were continually reviewed.

People and their relatives were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff knew people well and reacted quickly and calmly to reassure people when they became agitated.

The building and grounds were adequately maintained. However on the first day of the inspection there was a strong odour of urine on the Permain unit and on the Russet unit. This was an area for improvement.

People were supported by staff to keep occupied to reduce the risk of social isolation. People, their relatives, staff and health professionals were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered. People knew how to raise any concerns and felt that they would be listened to and that actions would be taken.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were motivated to provide kind and compassionate care to people and felt it was very important to also support people's relatives.

The registered manager, deputy manager and unit leads coached and mentored staff through regular one to one supervision. The registered manager spent time with the staff in each unit each day to maintain oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

People told us that they felt safe living at the service. People were protected from the risks of avoidable harm and abuse. People received their medicines safely.

Care plans and risk assessments gave staff guidance on potential risks and how to minimise risks to keep people as safe as possible. Accidents and incidents were recorded and analysed to identify any trends and reduce the risks of further events.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff understood that people should make their own decisions, and followed the correct process when this was not possible. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff received sufficient training, supervision and appraisal to ensure they had updates with current care practice to effectively support people.

People were supported to maintain good health and had access to health care professionals when needed. People were provided with a choice of nutritious food that met their preferences and choices.

On the first day of the inspection there was a strong odour of urine on the Permain unit and on the Russet unit. Staff were not always visible on the Permain unit during mealtimes to ensure people receive the required level of support.

Is the service caring?

Good ●

The service was caring.

People told us that they were happy living at Applecroft Care Home. People and their relatives told us that staff treated them with dignity and respect. Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were motivated to provide kind and compassionate care to people and support to their relatives.

The registered manager and staff had a strong commitment to supporting people and their relatives to manage their mental and physical health care needs in a compassionate and dignified way. Staff were kind, caring and understood people's preferences and different religious and cultural needs.

Staff spoke and communicated with people in a compassionate way. Staff spoke with people in a way that they could understand. People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good ●

The service was responsive

People received the support, encouragement and care they needed and the staff were responsive to their needs. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Is the service well-led?

Good ●

The service was well-led

Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together to ensure they were able to support people and meet their needs.

People, their relatives and staff were positive about the

leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

The registered manager and deputy manager completed regular audits on the quality of the service. They analysed their findings, identified any potential shortfalls and took action to address them.

Applecroft Care Home

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.

This was an unannounced inspection carried out on 29 February and 01 March 2016. The inspection was carried out by three inspectors and a specialist professional advisor whose specialism was nursing.

We normally ask the provider to complete 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 improvements they plan to make. On this occasion we did not ask the provider to do this as we were following up on the concerns we raised at the last inspection. We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and grounds. We met and spoke with 14 people living at the service and five relatives. We spoke with over ten members of staff, the regional manager, the registered manager and the deputy manager.

During our inspection we observed how staff spoke with and engaged with people. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with some people and used pictures, objects and body language to communicate with others.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed eleven care plans and associated risk assessments. We looked at a range of other records, including safety checks, five staff files and records about how the quality of the service was monitored and managed.

We last inspected Applecroft Care Home in April 2015 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection no breaches of regulation were identified, however we have suggested two areas for improvement.

Is the service safe?

Our findings

People felt safe living at the service. People told us that staff were always available to discuss any concerns they may have. People said, "Yes I do feel safe here; they make you feel safe and I have never had any problems", "I feel safe here it's lovely" and "If I had any problems I would talk to staff and they would help". A relative told us that their loved one used to be very unsettled but that staff had looked after them well and that they were now calm. People were relaxed in the company of each other and staff. People said that the staff knew them well and understood their individual needs and preferences.

People were protected against the risks of potential abuse. Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible. There were personal belongings inventory forms in people's care files which listed all of the items that they had brought into the home with them for example any sensory aids such as glasses or dentures, furniture or equipment such as electric razors, clothing and footwear and monies and valuables deposited for safe keeping. People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff we spoke with had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people, which was confirmed by the records we looked at, and they were all able to identify the correct procedures to follow should they suspect abuse.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. People were protected from discrimination and staff spoke of promoting people's individuality.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager and the registered manager raised concerns with the relevant authorities in line with guidance. Accidents and incidents were recorded on an accident form and were regularly reviewed and analysed to identify any patterns or trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the registered manager and discussed with staff to prevent further events.

People told us that they thought there were enough staff to meet their needs. The provider employed suitable numbers of staff to care for people safely. The registered manager assessed people's needs and, with the use of a specially designed dependency tool, made sure there was sufficient staff on duty with the

right skills and experience to meet people's needs. The duty rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the support they needed. Staff were not rushed and call bells were answered promptly. Staffing levels were regularly assessed and monitored to make sure there were sufficient staff to meet people's individual needs, attend appointments or activities and to keep them safe. When a person moved into the service the registered manager completed a 'pre assessment' to check that they were able to meet this person's needs and the registered manager made sure that the staff on duty had the right mix of skills, knowledge and experience. There were consistent numbers of staff available throughout the day and night but, during the inspection, staff were not always visible in the Permain Unit when people needed them. For example, during lunch, one person needed support and an inspector had to notify staff of their need for assistance. The deployment of staff on the Permain Unit was an area for improvement.

Occasionally people became upset, anxious or emotional. Staff knew people well and spoke with and supported them in a caring manner. Staff took time to care for people who became agitated. The staff knew how to distract people, or gently remove them from situations which could increase their anxiety. Guidance was provided to staff on how to manage people's behaviour. The guidance detailed what signs and symptoms to look for; what the possible causes of frustration or agitation might be. It also explained steps to take to prevent behaviours; what individuals may do when they display frustration and what actions staff should take to make sure people were safe. This guidance was incorporated into the risk assessments. Staff understood how to support each individual's behaviour and protect them from the risk of harm. Staff reviewed behavioural incidents to identify any triggers or patterns so that they could give the right support when people needed it.

The service followed safe recruitment practices and checks were made to make ensure staff were of good character and suitable for their role. The provider's recruitment and selection policies were robust and thorough. These policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Notes made during interviews were kept in staff files. Two written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Additional self-disclosure checks were carried out every three years and any changes were discussed with staff. A disciplinary procedure was in place and was followed by the registered manager. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Only staff who had completed medicines management training and had their competency assessed supported people with their medicines. The medicine trolleys were securely locked in the treatment rooms when not in use. There were clear procedures which were followed in practice. Some medicines had specific procedures which were required to be followed with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were in clear and in order. Medicines were checked by two staff before they were given and two staff signed for the medicines after they were taken. When medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Staff were aware of changes to people's medicines and read information about any new medicines so that they were aware of any potential side effects. A copy of the British National Formulary (BNF) was also used

for reference by staff. This is a pharmaceutical reference book containing a wide range of information and specific facts about medicines available on the NHS. Regular checks were completed on medicines stocks and records.

Risk assessments identified possible hazards and explained to staff what to do to reduce risks. Where people had difficulty in moving around the service there was guidance for staff about what each person could do independently. This included what support they needed and any specialist equipment they needed to help them stay as independent as possible. Where allergies to foods or medicines were known these were highlighted on people's care plans to make sure that all staff were aware.

Some people were at risk of developing pressure ulcers. Actions were taken to prevent pressure ulcers by using barrier creams and providing people with air mattresses and profiling beds. There were accurate records of repositioning charts for each person at risk of developing pressure ulcers. Staff we spoke with had a good knowledge of how to prevent pressure ulcers and how to recognise changes in people's skin. Staff took the appropriate action when they noticed any deterioration in people's skin. Staff told us that they had completed additional training on pressure ulcers and wound care. Staff followed good practice by completing initial wound assessments, wound mapping and photographing wounds to monitor any changes. Records showed that staff made prompt referrals to tissue viability nurses and GP's to make sure people received appropriate and timely treatment. Maintenance staff had good knowledge, understanding and skills to check and monitor air mattresses within the service.

Standards of hygiene and cleanliness were appropriate. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Alcohol gel dispensers were located throughout the service including at the entrance to each unit. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Bathrooms that had moving and handling equipment in them were maintained so that they remained safe and the equipment was clean. People's rooms were clean and tidy and well maintained. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Is the service effective?

Our findings

People spoke positively about staff and told us they were supportive, caring and skilled to meet their needs. People said that they were able to talk to staff about any issues, concerns or feelings that they had. One person said, "Staff are good to us" and a relative commented, "They always call us if [our loved one] has an issue, they tell us what action they have taken or intend to take and let us know what mood [our loved one] is in when we visit".

Staff told us they had the training and skills they needed to meet people's needs. They said they had the training they needed when they started working at the service, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and moving & handling. We viewed the training records for staff which confirmed staff received training on a range of subjects.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training included specialist training relevant to their roles, such as, courses about behavioural management, learning disabilities, autism, diabetes and dementia. Staff were encouraged and supported to complete additional training for their personal development. This training included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff shadowed other staff to get to know people and their individual routines. The registered manager told us that a new induction had recently been introduced and was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager had received training on monitoring and assessing staff competencies and evaluating the work completed by new staff working towards the Care Certificate.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed time for them to respond. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

Staff told us that they felt supported by the registered manager, deputy manager and unit leads. The management team coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these occasions. Staff had an annual appraisal to look at their performance and to talk about career development for the next year. Staff told us that they all worked very closely as a team and that if they had

any worries or concerns they would speak to the manager at the time and not wait for a formal meeting. Staff told us that they communicated effectively. The management team worked with the staff team each day and told us that there was an open culture where people and staff could speak their minds without any fear of reprisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. At the last inspection we recommended that the provider considered current guidance on the Deprivation of Liberty Safeguards and took action to update their practice in line with the Supreme Court Judgement Applications for DoLS. At this inspection DoLS authorisations had been made in line with guidance. DoLS checklists had been completed for people and were regularly reviewed to ensure they were still needed.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people had a Lasting Power of Attorney (LPA) in place a copy of this was checked by the registered manager and this was documented in their care files. Staff liaised with the LPA about their loved one's care and treatment. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented and noted on the front page of people's care plans so that the person's wishes could be acted on.

During the inspection we saw people being supported to make day to day decisions, such as, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. People told us that they got up and went to bed when they chose to.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed

relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's changing needs were monitored to make sure their health needs were responded to promptly.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. However, on the first day of the inspection, people in one of the lounges on the Permain unit were not offered a drink with their lunch. People had jugs of water or squash in their rooms and glasses were within their reach. The food looked appetising; people ate well and took the time they wanted to eat their meal. Throughout the lunchtime meal staff were generally observant and attentive. Some people needed to be supported to eat their meal. Staff helped them in a way that did not compromise their dignity or independence. Staff were patient, and chatted to people in a kind and gentle manner. Staff focussed on people's dining experience on the Russet and Pippin and Discovery units. However, on the Permain unit staff were not always visible and available to give people the support they needed. For example, one person struggled to get their food onto the fork. Staff had identified that the person had a problem with their sight and it was noted in this person's care plan that staff should ensure that they were aware of the food and drink in front of them. There were no staff around at this time to support this person and they fell asleep before finishing their meal. It had been noted in the minutes of the Permain unit staff meeting on 23/01/2016 that staff should 'Constantly communicate with each other throughout the shift, particularly at mealtimes'. The deployment of staff on the Permain unit during mealtimes to ensure people received the required level of support was an area for improvement.

People told us that they enjoyed their food. People said, "They make sure you're well fed and if I don't like what's on the menu I can have something else", "I'm fussy with what I eat and make sure I get what I want. I eat at any time and I'm never hungry", and, "The meals are tasty". A member of staff told us, "We have set meals offering a vegetarian option. If people want alternatives we arrange for alternative meals to be prepared". Another member of staff commented, "We review care plans, talk to relatives and follow the guidance provided for special diets".

When needed, staff recorded people's food and fluid intake. People's weight was monitored to make sure it was increasing or stable. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible. When people had lost weight they had been seen by their doctor and dietician. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products. We discussed this with the chef who told us that they made sure this happened and that special puddings, including 'super mousse', milk puddings and additional toppings for deserts, such as, chocolate chips and sultana sauce were offered. The chef said that they catered for people's varied dietary needs which included diabetic diets. They told us that "Nobody misses out on anything. We make diabetic puddings and diabetic cakes". During our inspection a diabetic birthday cake had been made for one person.

When people were on 'soft diets' they were well presented with each food item pureed separately so that people could see and taste the individual foods. The chef told us that two meal options were sent to each unit but that they were always very flexible as people often asked for something different. During our inspection, on Russet unit, one person called to staff and said, "I am not having that I want an omelette". The staff requested for an omelette from the kitchen and this was brought some minutes later.

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. Since our last inspection the garden had undergone a makeover and included sensory areas and areas to attract wildlife. The premises and grounds were well maintained and adapted so

that people could move around and be as independent as possible. There was clear signage around the service to aid people's independence. Lounge areas were comfortable and of a good size and were suitable for people to take part in social, therapeutic, cultural and daily living activities.

The service was generally free from offensive odours. However, on the first day of the inspection, there was a strong odour of urine on the Permain unit and on the Russet unit. On the second day of the inspection the odour was not over powering and we were told that the housekeeping staff had deep cleaned the carpets and furniture. The registered manager told us that they were planning to replace the current chairs for ones which would be easier to keep clean. This was an area for improvement.

Is the service caring?

Our findings

People told us that they were happy and content living at Applecroft and one person said, "The staff are very caring". A relative told us, "We came to visit [our loved one] one day and staff informed us she was having a bad day and refusing to get dressed. Staff did not force her, but kept returning periodically to see if [our loved one] was ready to get dressed. When we arrived they informed us of the concern and we resolved it together". Another relative had emailed the registered manager and noted, "A massive thanks to everyone associated with Discovery. How they look after [my loved one] is amazing and we all feel so lucky to have found our second family all be it through difficult circumstances. The genuine care everyone shows to all of us is second to none, giving us so much reassurance".

We observed staff interacting with people with a caring and compassionate manner which was supportive of people's individual choices. It was clear from our observations that staff knew people very well and understood and responded to people's diverse cultural, spiritual and health needs in an empathetic way. Staff commented, "I like it when I achieve something with a resident – helping them to overcome barriers" and, "I reassure residents and use distractions such as providing an object of interest".

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking people were happy and having their needs met. Staff checked that people were warm and comfortable and provided a blanket if people felt chilly. Staff understood people and responded to each person to meet their needs in a caring way. Staff listened to people and were patient. Some people were not able to communicate verbally due to their health conditions. There was clear guidance for staff of how best to support people in the way they preferred. For example, staff used pictures or objects to offer people choices. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. One person told us, "My privacy and dignity is respected". Staff understood respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff made sure people understood before they continued with any support. People were not rushed and staff made sure they were given the time they needed.

People moved freely around the unit they lived in and could choose where they wanted to spend time. Staff knew when people wanted their own space and respected this. Staff recognised the importance of social contact and companionship. They supported people to develop and maintain friendships and relationships. During our inspection there were a number of visitors who called in to see their loved ones. Relatives told us that they visited when they wanted to and that there were no restrictions in place. Staff greeted visitors in a way that showed they knew them well and that they had developed positive relationships.

People and their loved ones were involved in making day to day decision and in the planning of their care. People told us that they felt listened to and that their views were taken into account. Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located

promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

The registered manager and staff made sure that people were supported at the end of their life to have a comfortable, dignified and pain free death. People's choices and preferences for their end of life care were clearly documented and communicated. The registered manager and staff told us that people's plans for their end of life care were regularly reviewed to make sure that they knew how to manage, respect and follow people's choices and wishes as their needs changed.

The registered manager and staff told us that supporting and comforting people's family and friends went 'hand in hand' with caring for the person who was dying. Staff completed training on end of life care to increase their knowledge and also supported people's friends and family with empathy and understanding. There were a large number of 'thank you' cards which had been received from people after their loved ones had passed away. One noted, "You made [my loved one] feel loved, well cared for and secure. My heartfelt thanks to all of you for all you've done over the last ten years. I know you have made the unbearable bearable for him and all of us. Your kindness is evident in the caring he received and made it easier for us to cope with the decline in his health year after year. You should all be very proud of the work you do".

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. The staff knew people and their relatives well. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff told us that some people may become anxious if they didn't follow their routines. Staff had clear guidance to follow and were able to tell us how they followed this closely because they knew people so well.

People received consistent, personalised care, treatment and support in the way that they had chosen. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This information was used so that the provider could check whether they could meet people's needs or not.

People and staff told us that people and their relatives were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and / or their loved ones. Care plans contained information that was important to the person, such as their life history, likes and dislikes, what they could do independently and current and past interests. Plans included details about people's personal care needs, communication, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. Person centred care plans documents clear guidance for staff on people's everyday support needs and how these should be met in a way that suited them best.

Some people had been assessed as having behaviour that could be described as challenging. At the last inspection in April 2015 the behaviour support plans in place did not focus on Positive Behaviour Support (PBS) which is current best practice guidance. The aim of a PBS plan was to give support in a way that is less likely to cause challenging behaviour, increasing the time where alternative skills can be taught to the person to get their needs met. There was also no system in place to analyse the data around behavioural incidents to discover any common triggers and consequences so that a support strategy could be drawn up to decrease the triggers and provide the consequences before the person became challenging. At this inspection the behaviour support plans contained more detail and the forms were systematically analysed to inform care and support and to identify any triggers or trends to support people in the most appropriate way.

At the last inspection in April 2015 records, including care plans, did not always contain accurate and up to date and appropriate information. Where people's needs had changed this had not been recorded in a timely manner. At this inspection records were accurate and up to date. Changes in people's care and support needs were identified promptly and kept under regular review. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. For example, one person's care plan originally noted 'I can

use a straw but only with supervision' and, following a referral to a health professional and staff identifying a risk of choking, the care plan had been amended so that it accurately reflected the person's current needs.

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Referrals to health professionals were made when needed, for example, to speech and language therapists, dieticians and physiotherapists. When guidance or advice had been given we observed that staff followed this in practice. People's needs were met because staff were aware of the content of people's care and support plans and provided support in line with them. People were given choices about who provided their support.

People and their relatives told us that they knew how to complain. They said if they had concerns that they would speak to any member of staff and knew that they would be listened to and their concerns would be acted on. The complaints procedures was discussed with people when they moved into the service and there were copies explaining how to complain displayed in the service. The provider had a policy which gave staff guidance on how to handle complaints and complaints received had been investigated and responded to appropriately. When compliments were received the registered manager made sure that all the staff were aware.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. Staff were aware of people who chose to stay in their rooms and the dedicated activities staff spent time with them. The activities co-ordinator produced an easy to read monthly newsletter with photographs of people enjoying themselves doing things like baking cakes and singing together. The newsletter was also used to welcome new people to the service and to say 'farewell' to those who passed away. People enjoyed stroking the services' guinea pigs and rabbit and regular visits from a trained PAT dog (Pets as Therapy) and handler were organised. We were told that this was in line with current studies which show that animals have a beneficial effect on people with compromised and/ or mental / physical disability.

Is the service well-led?

Our findings

People knew the staff and management team by name. People and their relatives told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. People and their relatives told us that they felt the service was well-led and that they could rely on the staff to help and support them.

The registered manager encouraged innovative ideas and good practice. They had recently run a pilot on Permain unit with staff not wearing uniform with the aim of creating a 'dementia friendly' environment. The feedback at a recent heads of department noted, 'All heads of department have noticed a positive impact with residents on Permain – engagement and a calm and friendly atmosphere'. A decision was made to then adopt this approach on Russet and Pippin unit. The staff we spoke with told us that they felt this was a positive step.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. The registered manager held regular staff meetings, nurses meetings and heads of department meetings. Staff told us that they were able to give honest views and the minutes of these showed that staff were invited to discuss and issues or concerns that they had and that the management listened and responded.

Staff understood the culture and values of the service. Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs. Staff told us that they were happy and content in their work and that the management team was very supportive. One member of staff commented that they were "Happy, motivated and supported working at Applecroft" and another said, "I am happy here because we work as a team and the managers work with us".

The management team were aware of, and kept under review, the day to day culture in the service. This included the attitudes and behaviours of staff. When staff values fell below the expected standard this was addressed and, when necessary, additional training, mentoring or disciplinary action was taken.

Staff told us that they felt their jobs were secure and that the working conditions were good. We observed that staff appeared happy, calm and relaxed and showed no sign of tension or pressure. Staff said that their immediate managers and the registered manager were supportive and approachable. One member of staff said, "Everyone works as part of a team, supporting each other".

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date.

When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. The management team monitored staff on an informal basis every day and worked with them as a cohesive team to ensure that they maintained oversight of the day to day running of the service.

The registered manager welcomed open and honest feedback from people and their relatives. People, their relatives and staff were actively involved in developing the service. People and their relatives had taken part in questionnaires about the quality of the service delivered. In addition to surveys relatives and visiting health professionals were encouraged to complete a 'complaints, concerns and compliments form'. These were regularly reviewed by the registered manager and the appropriate action had been taken when necessary. A relative had noted, 'Perfect for [my loved one]. Super staff and care for both [my loved one] and the family. You cannot improve on perfection'. The registered manager also monitored feedback from people on a care homes website and responded appropriately. One comment on the website read, 'From the minute he arrived he was treated as a human being. I believe staff had a caring manner. His last few days were his best. He was comfortable, clean, cared for, fed and sitting up in a chair on his birthday. Applecroft staff were kind, understanding, polite and treated him utmost respect and consideration. Thank you for everything'. Monthly relatives meetings were held and a list of the dates was displayed on each unit. Staff told us that they had tried different days and times to encourage more people to attend.

A staff handover was completed at the beginning of each shift by the unit leads. The registered manager held a meeting with the lead staff from each unit every day. This was used to discuss any accidents, referrals to or scheduled visits from specialist health professionals, confirming the number of staff on duty was adequate, planned admissions or discharges.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. Additional audits, for example, 'quality dining' were also completed by the registered manager and deputy manager and the analysed findings were reported back to the kitchen staff for any necessary action. A detailed monthly 'home audit' was completed and sent to the head office for review. The registered manager and deputy manager understood their responsibilities and told us that they were supported by, and worked closely with, the regional manager and operations director.