Vista

Applegarth

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
Applegarth is a care home that provides support for up to six people who have a sensory impairment and a learning disability or autistic spectrum. At the time of our inspection there were five people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The staff at Applegarth were exceptionally kind and caring and had great empathy with the people they supported. They understood the challenges people faced each day and ran the home to ensure they led full and active lives. Staff knew people well and used a range of communication methods, some of which were unique, to ensure people were involved in decisions about their care and support.

People grew in independence and confidence at the home. They were outgoing, enjoying a range of activities and community life. Relatives said the quality of care and support provided was 'outstanding' and their family members flourished at the home. The home had a family atmosphere and staff and people trusted each other and took an interest in each other's lives and families.

People were safe at the home and the staff knew how to reduce the risk of them coming to harm. A relative said, "I have absolute peace of mind because my [family member] is at the home." There were always enough staff on duty to keep people safe . People had their medicines on time and all areas of home were clean and tidy. Menus were flexible and based on people's likes and dislikes.

People's care plans were personalised and reviewed and updated as necessary. Staff respected and celebrated people's culture and diversity. People were supported to live the lives they wanted, develop their hobbies and interests, and, as far as possible, take control over their own lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager provided excellent leadership at the home. They involved people, staff, and relatives in the way it was run and kept them up to date with progress and changes. They were proactive and ensured their regulatory responsibilities were met promptly and efficiently. Staff were well-trained and

understood people's needs and the support they required.

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

Rating at last inspection
The last rating for this service was Good (based on an inspection on 07 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Details are in our Safe findings below.

Is the service effective?

Good

The service was effective
Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.
Details are in our well-led findings below.

Applegarth

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector carried out the inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at the information we held about the service, which included the provider's statement of purpose and any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We reviewed feedback from the local authority who work with the service. We used this information to plan our inspection.

During the inspection
We observed staff interactions with people. We spoke with three relatives by telephone. We spoke with the registered manager, the provider's quality assurance lead, and two support workers. We reviewed a range of

records including staffing, care plans, and quality audits.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives said Applegarth was a safe place for their family members to live. A relative said, "I have no worries about safety. The staff know how to look after [family member] and prevent them having accidents."
- The registered manager and staff were knowledgeable about how to keep people safe and protect them from abuse. They followed the provider's safeguarding and whistleblowing policies and procedure.
- If concerns were raised about people's well-being staff reported them to the local authority, CQC and other relevant agencies as required and took any other steps necessary to ensure people were safe at the home.

Assessing risk, safety monitoring and management

- People had good quality risk assessments in place giving staff clear instructions on how to support them safely. They included information on actions to take to minimise risks to people, including when using equipment.
- Staff knew people well and what to do protect their physical and mental well-being. For example, a staff member said a person used specific body language to indicate different types of distress and staff understood this and what to do to support the person.
- People had individual plans in place telling staff how to support them to evacuate the home in the event of an emergency such as fire.
- Staff and contractors carried out environmental audits and checks to ensure the building and equipment was safe and fit for purpose.

Staffing and recruitment

- The home was well-staffed. There were enough staff on duty to support people at the home and accompany them when they went out. Some people needed one-to-one or two-to-one support at times and staff provided this.
- Staffing levels were flexible depending on people's needs. For example, when we inspected staffing levels were increasing to meet the needs of a person who needed more support at night-time.
- Staff were safely recruited to ensure they were suitable to work at the home. As part of their interview process, candidates had the opportunity to meet with one of the support workers for an informal discussion on what the job entailed.

Using medicines safely

- Staff were trained in the safe handling of medicines and had regular competency checks to ensure their skills remained up to date.

● People had medicines care plans which set out how to give them their medicines safely. Records showed people had their medicines as prescribed.
● Where possible staff supported people to reduce the amount of medicines they took. For example, one person was prescribed medicines for distress but these had been reduced as staff had found other effective ways to manage this.

Preventing and controlling infection
● Staff were trained in infection control and wore aprons and gloves to deliver personal care. They followed the provider's infection control procedure to ensure people were protected from infections.
● All areas of the home were clean and fresh. Staff encouraged people to help keep their own rooms clean and tidy. If people developed an infection staff took prompt action to address this.

Learning lessons when things go wrong
● Staff recorded accidents and incidents and the registered manager analysed them to ensure learning took place to prevent a recurrence.
● Following a choking incident, the provider purchased a portable anti-chocking suction device. This helps to ensure that if a person chokes staff can act immediately to clear an upper airway obstruction.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were holistically assessed, before they came to the home to ensure staff could meet their needs.
- Assessments, and the care plans staff wrote based on these, addressed people's cultural needs to ensure they were not discriminated against.
- People's oral health care needs were assessed and staff supported people to maintain good oral hygiene. The registered manager said people had adopted a routine where they 'freshened up' after every meal and this included brushing their teeth.

Staff support: induction, training, skills and experience

- Staff were well-trained, completing a range of mandatory and specialist courses to ensure they had the skills and knowledge they needed to provide people with effective care and support. A staff member said, "The training is excellent, and it keep us up to date with good practice."
- The registered manager and provider supported staff to increase their skills. A staff member said, "I wanted to do an autism course that was recommended to me, but it wasn't one of 'our' courses. They [registered manager and provider] paid for me to go and it was excellent and I learnt a lot."
- New and ongoing training was provided to keep staff up to date with good practice developments in health and social care. For example, staff had recently had training in oral healthcare so they could support people with their oral hygiene.
- The registered manager and deputy were accredited moving and handling trainers. Staff had annual training and six-monthly competency checks to ensure they assisted people to love safety and effectively.

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

- Staff sat with people at mealtimes supporting them to eat as independently as possible. Meals were a relaxed and social event and staff and people conversed. The registered manager said communal eating encouraged appetite and people took as long with their meals as they needed to.
- Some people did their own food shopping with staff and were involved in some elements of food preparation. Menus were decided each day depending on what people wanted.
- If people had a preferred diet, for example vegetarian, staff liaised with those who knew them well to find out their favourite dishes which staff then prepared for them.
- If people were at risk of choking or had swallowing difficulties staff followed the advice of speech and language therapists, preparing food of a texture and consistency that was safe for them.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support
● People had good quality health actions plans instructing staff on how their health care needs were to be met.
● Staff acted if people needed extra healthcare support. For example, staff observed on person was leaning on them when walking. They referred them to a physiotherapist who recommended the person used a walking frame which enabled the person to mobilise more effectively.
● People had regular support from a range of healthcare professionals including GPs, speech and language therapists, psychiatrists, and dentists. Records showed staff followed healthcare professionals' advice.
● A relative said it was positive that staff accompanied people to healthcare appointments as this aided communication with the person and helped to ensure their healthcare needs were met in the way they wanted.

Adapting service, design, decoration to meet people's needs
● The home and grounds were designed to ensure they were suitable for people living with visual impairment.
● Communal areas and bedrooms were accessible and free of clutter to make it easier for people to move about independently.
● People used tactile objects and handrails to orientate themselves in the home. Bedrooms were personalised with familiar items that people could recognised and relate to.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

● People had DoLS authorisation where necessary and staff documented how these worked on a daily basis to ensure people's care and support was lawful.
● Records of best interests meetings showed how decisions for people had been reached.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Relatives told us the staff were exceptionally kind and caring. A relative said, "You couldn't get better care anywhere. The staff are wonderful. They continually go out of their way for people." Another relative said, "The staff are great and genuinely care about the residents."
- Staff said the home was unique. A staff member said, "This is a place like I've never seen before. We are like a family. When [person who resided at the home] died we all came together like a family. We'd lost one of our own, someone we loved. We supported each other through this but it's still very raw and we talk about [person] every day."
- People trusted the staff. We saw a staff member assist a person from a wheelchair to an easy chair. The staff member worked in harmony with the person, anticipating and supporting each of their moves. The person was entirely comfortable and safe with the staff member throughout the transition.
- Staff respected and celebrated people's culture and diversity. They decorated the home for Diwali, so everybody could enjoy the festivities. In preparation for Christmas they bought a person new clothes including a 'singing tie' so they knew the outfit was seasonal. The tie made the person laugh and smile.
- Staff supported a person with their religious beliefs. Following advice from the person's family, they created an area for prayer in their bedroom. They learnt the words for prayer in the person's first language, so they could support the person to pray. They accompanied the person to their place of worship in the community.
- Verbal communication was particularly important to some of the people using the service and staff used it to connect with them. A staff member said, "To get to know some of the people here we show them our personalities verbally, as they can't easily get to know us in other ways. For example, [person] likes it if I sing. They know it's me and it makes them laugh."
- Staff supported people to stay in close contact with their own families. A relative said they were always made welcome at the home and were spending Christmas day there with their family member, staff, and people. Another relative said that when their family member came home to visit staff accompanied to support them in their family home. Staff took photos of people taking part in events and outings and shared them with their families, so they could see what people were doing.
- Staff shared information about their own families with people to include them in their lives. A staff member said, "[Person] knows I've got a baby grandson and two dogs. They always want me to tell them 'the baby and the dogs are playing together'. It makes them happy to hear that."
- A staff member made a large mural for one person featuring tactile shapes representing the places and things that were important in their life. The person used this to orientate themselves in the home and to reassure themselves that everything that mattered to them was in place and acknowledged.

● People were part of the local community and went to local shops, cafes and restaurants. On the day of our inspection one person went out for lunch at a local pub. A staff member said, "[Person] likes to relax in a nice environment that's familiar to them. All the staff at the pub know us and make us welcome."
● Staff found imaginative way to involved people in community life. They attended a local theatre where people experienced the environment in a tactile way, for example by going backstage and holding and touching the costumes the actors wore.
● The staff team were established, some having worked at the home for many years, and no agency or bank staff were used. This meant people were mainly supported by staff they knew well. A staff member said, "When we do have new staff we make sure people have the opportunity to get to know them before they provide any care. It would be unsettling for people otherwise." A newer staff member said, "I watch the other staff and see how they connect with people. Its lovely to watch and has been the best part of my training."
● Staff knew what made people happy. A staff member told us one person enjoyed foot spas, and another liked to have a particular item with them at all times. The staff member said, "All the residents are unique people and it is lovely getting to know them and finding out what they like."
● Staff felt valued and said they loved working at the home. A staff member said, "I feel everyone here is being looked after so well. We are like a big family. The residents really seem to really enjoy their connection to the staff. We have wonderful relationships with them."
● People who wanted to took holidays every year. A staff member told us how much a person had enjoyed their holiday. They said, "We were on the seafront and [person] was really happy and smiling. I said to them, 'We're in Skegness!' and [person] was so excited that we were there."
● Staff used adaptations to make it easier for people to go out into the community. For example, one person liked to listen to music when they ate, but this was not always possible in café and restaurants. Staff bought them a music player and headphones, so they could continue to enjoy music at mealtimes wherever they were. This reduced the likelihood of person becoming distressed.

Supporting people to express their views and be involved in making decisions about their care
● Staff welcomed the involvement of people's relatives and recognised their contribution to people's decision-making processes. A relative said, "I speak to the staff every week and they keep me up to date about how [family member] is. They always want to know my views and what I think [person] would prefer." Another relative said staff invited them to meetings to review their family member's care.
● Staff understood how people expressed themselves and let staff know what they wanted, or if something was wrong. A staff member told us how one person verbalised in a particular when they were happy, and how their body language changed when they were unwell. They said, "[Person] makes things very clear to us in their own way so we are able to meet their needs."
● Staff used a variety of communication methods to ensure people could understand their routines. For example, staff converted a wooden puzzle into a device to help a person understand time. The person used this successfully to countdown to their next activity and to reduce their anxiety when they were waiting for an event to happen.
● The same person had a set of pigeon holes in their bedroom that staff filed with 'objects of reference' [items representing their planned activities] so the person could work out for themselves what they were doing each day.
● Staff learnt new skills to communicate with people in the way they wanted. For example, they learned some words in one person's first language to communicate more easily with them, and Makaton [a sign language] to communicate with another person.
● Some people had had negative experiences in their lives and this could result in them being distressed at times. Staff understood this and countered it with unconditional support, guidance, and compassion.

Respecting and promoting people's privacy, dignity and independence

● Relatives said staff respected their family members. In the most recent relatives survey, 100% of respondents rated staff attitudes, with regard to dignity and respect, as 'outstanding'.
● Staff understood that some aspects of personal care could be challenging for people. A staff member told us how one person didn't like having their nails cleaned and trimmed. They said, "I take my time. I let [person] feel the nail brush and get used to what is happening. Once they understand they don't mind too much what I'm doing."
● People had the choice of male or female care workers for their personal care. The registered manager told us two people preferred male support. They said, "We have a good team of male carers to work with them. They also enjoy male company and traditionally male sports like rugby so having male carers works well for them."
● People became more independent at the home. For example, one person was now eating independently which they had not been able to do previously. Others were assisting staff to clean their rooms and carrying out some of their own personal care.
● When people were new to the home staff ensured their transition from where they lived before was unrushed. A staff member said, "When [person] was due to come here we went to their old home to get to know them. We sat and talked with [person] so they got to know our voices. That meant that when [person] came here two staff who were familiar to them were waiting to greet them."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans. These set out how they wanted their care and support provided, and their likes, dislikes, family histories, and interests.
- Staff were knowledgeable about people's care and support needs. A staff member said, "Everything you need to know is in the care plans but it's also lovely to get to know people because they all have their own way of telling you what is what."
- People and relatives were consulted when care plans were written. Care plans were continually reviewed and updated as people's needs changed.

Meeting people's communication needs

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

- The registered manager and staff were aware of the accessible information standard. This ensured people with a disability or sensory loss received information in a way they could understand.
- Each person had their own communication passports. These ensured that everyone who supported the person, including health and social care professionals in the wider community, knew how the person preferred to communicate their views and receive information from others.
- Some people had aids and adaptation to assist them in communication. Staff ensured these were working and in good order.

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

- Staff encouraged people to lead full and active lives. For example, on the day of our inspection, staff accompanied two people to a food show and another person to the pub for lunch. Another person went out for a drive with relatives and we saw staff welcome them and their family on their return and take an interest in their trip out.
- If people had specific cultural or religious needs staff ensured these were met. They accompanied one person to their place of worship and ensured their bedroom was suitably equipped for individual worship.
- Staff supported people to maintain relationships with the people who mattered to them. They accompanied people to visits relatives and attend family events to ensure they had the support they needed when away from the home.

Improving care quality in response to complaints or concerns

● The provider had systems and processes in place to manage complaints. The registered manager used the information gathered to improve the home, discussing themes at team meetings and learning from mistakes.

● Staff advocated for people who were unable to complain verbally. A staff member said, "People have their own way of letting us know if they're unhappy about something. If they're showing signs [of being unhappy] we explore what the problem is and do what we can to put it right."

End of life care and support

● If required, the home was able to provide end of life care in conjunction with healthcare professionals and others involved in a person's care and support.

● The registered manager and staff were in the process of encouraging people and relatives to take part in advance care planning (ACP) so their future wishes and priorities for care could be documented.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The home was run in the interests of the people living there. Staff understood the unique challenges people faced, due to their disabilities, and ensured the home was organised to suit them. A relative said, "It really is [person's] home. It's run in the way [person] would want it."
- The registered manager and staff did not have keys to the home. The registered manager said, "It's not our home to walk in and out of whenever we like, it's their [the people's] home. If we want to come in, we ring the bell and their staff let us in."
- Staff asked people's permission before making a hot drink or sitting down and joining them for a meal. The registered manager said, "If the residents are having a cup a tea I ask if I them can have one too and join them. It's their home, not mine."
- Staff announced themselves when they came on duty or finished their shift, so people knew who was in the home. The register manager said, "I start and end my day in this building. If I am going to a meeting I make sure people know where I'm going and when I'll be back. It reassures people to know I am a regular fixture in this home and they can rely on me."
- The routine in the home was flexible and depended on what people wanted each day. There were no set menus. The registered manager said, "We just ask people 'What do you fancy for dinner?' like you would in your own home." Although people had some planned activities, others were decided on the day, like whether to go out for lunch or shopping.
- People achieved excellent outcomes at the home. One person was now eating independently. Another person's incidences of distressed behaviour had significantly reduced, as had the amount of medicines they needed to take. Two people were managing their diabetes more effectively by eating healthily. One of them no longer needed medicines for this condition, and the other was down to one tablet a day.
- Relatives said their family members had flourished at the home. One relative said their family member had 'blossomed'. Another said their family member was more sociable and outgoing.
- Staff commented on the family atmosphere at the home and said this enhanced their team work. A staff member said, "I feel part of something here. We've come together to make sure our residents have the best lives possible. [Registered manager] is brilliant as a leader. She always puts the residents first, but she also looks after the staff."
- Staff were trained in equality and diversity. They were knowledgeable about people's cultural needs and ensured they were met. For example, people were supported to lead full lives regardless of any disability they may have, follow their religion, and express their sexuality.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager and staff were open and honest with people. A relative said, "The staff would always call me straight away if anything happened to [person]. I trust them completely." Another relative said, "I would speak to the [registered] manager if I had any concerns. They have my [family member's] best interests at heart and keep me up to date with everything that happens."

● Staff followed the provider's policies and procedures when incidents and accidents occurred. Relatives were informed of incidents affecting their family members' safety and well-being.

● The provider's website stated what people and families could expect from the home and the commitment that, 'Each person [at the home] is supported to make decisions for themselves, with the aim being to support each person to take control over their own life.'

● The provider's quality lead said the registered manager was 'approachable and proactive'. They said, "If anything comes up [registered manager] actions it. They can see the benefit of my role [overseeing quality) and are never defensive." The registered manager led by example, assisting with care and other duties when needed.

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

● The registered manager and staff understood their regulatory responsibilities and were proactive in ensuring these were met. For example, one person's needs were increasing, and staff assessed they would soon need two staff to assist them with personal care. While this was not an issue during the daytime, the registered manager was increasing night-time staffing levels to ensure the person received prompt support at all times.

● The home was subject to a range of audits carried out by the provider's representatives and the registered manager. Audits were mapped to CQC regulations. This meant managers and staff understood the legal basis for providing and delivering high-quality care. The registered manager used audits to identify ways to improve the home.

● The provider's quality assurance lead previously worked at the home and knew the people there well. They told us that it was not always possible to speak to people, due to their disabilities, but they were able to engage with them and get a view of their well-being from spending time with them. The quality lead reassured people and put them at ease and this helped them to gather information from talking to and being with people.

● The quality assurance lead's audits focused on key areas of the home and led to improvement. For example, the most recent audit, on 'Caring' and 'Well-led', identified two actions to improve the 'recognition' of staff at the service. These were both promptly actioned. For example, the 'staff member of the month' was now featured on the staff notice board and people made aware who this was.

● Annual audits were carried out by a member of the provider's board of trustees. Their visits were unannounced to promote a positive, transparent and open culture. The most recent trustee visit, in June 2019, stated that the registered manager provided people with safe, appropriate, and person-centred care. The responsible individual also visited the home regularly to talk with people, staff and relatives and fed back to the provider on the progress of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager and staff used observations and their knowledge of people to ensure the home was run in the way they wanted. They said that if people appeared happy and settled, and were enjoying their food and activities, this showed they were satisfied with the home. However, if people appeared distressed then staff knew something was wrong. For example, some people had found holidays challenging

so they had home-based alternatives instead such as extra days out and activities with one-to-one care and support.
● The registered manager listened to relatives, visiting professionals and staff to get their views on how people were getting on at the home.
● Relatives had the opportunity to complete regular questionnaires on the quality of the home. The most recent survey, carried out in September 2019, showed that 100% of respondents rated the quality of care and support as 'outstanding'.
● Visiting professionals provided positive feedback on the home. For example, a DoLS representative responsible for reviewing some people's care, rated the level of care observed during their visits as 'outstanding'.
● Staff discussed people's progress and well-being at regular meetings. A staff member said, "[Registered manager] knows how well we know the residents and respects our opinions. If we are concerned about someone she listens and arranges for their care to be reviewed."
● Staff were well-supported by the registered manager and had regular supervisions, appraisals, and meetings. A staff member said, "[Registered manager] is amazing, very fair, straight to the point, professional and confidential. You can talk to her about anything. She involves us in decisions about the home and listens to our views and passes them on to Vista [the provider]."

Working in partnership with others
● The registered manager and staff worked efficiently and collaboratively with people, relatives, staff, and other agencies to constantly learn and improve the service. For example, people had a joint-review of their care every year attended by representatives from health and social care. To prepare for the review staff logged their daily interactions with people so they could demonstrate to funders the amount and quality of care provided.
● The home was inspected by the local authority in April 2019. They were fully compliant in all areas inspected and have since met a recommendation to increase the number of mental capacity assessments carried out to ensure people's capacity was considered for all tasks and activities.
● Staff supported people with activities in the local community and supported them to use local shops and other facilities. This meant people were part of the local community and received a welcoming response when they went out. A relative said, "All the residents lead very full lives. They are always going out and doing things."

Continuous learning and improving care
● The registered manager and staff told us they improved the quality of care at the home by focusing on people's responses to the support provided. The registered manager said people communicated to staff how they wanted their needs met, and let staff know if they were getting it right. This formed the basis for continual improvement at the home.
● The register manager attended the 2019 National Care Forum Managers Conference aimed at supporting managers to maximise their ability to deliver high-quality, person-centred care. The registered manager used what they had learnt to improve the care at Applegarth, for example by creating a new strategy for end of life care.
●The home's new strategy for end of life care was based on the recognition there was an older population of people with learning disabilities or autistic spectrum disorders and a sensory impairment who might wish to have their end of life care provided in care homes. To plan for this the registered manager and staff began putting end of life care plans in place and devised a learning disability end of life pack to use in staff training. Additionally, senior staff were booked onto an end of life training course run by a local hospice.
● Staff told us learning and development was encouraged at Applegarth as it meant improvements to people's care. A staff member said, "The [registered] manager wants us to progress and gives us positive

feedback. The training is excellent. It helps us understand the residents and work more effectively with them."

● The home was moving towards replacing paper records with electronic ones. Staff rotas had already been transferred onto an electronic system and care plans were next. Staff said electronic records would enable them to spend more time with the people they supported.