

Liaise Loddon Limited

Applelea

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection of Applelea took place on 11 December 2015. The home provides accommodation and support for up to four people who have learning disabilities or autism. The primary aim at Applelea is to support people to lead a full and active life within their local community and continue with life-long learning and personal development. The home is a detached house, within a residential area, which has been furnished to meet individual needs.

At the time of the inspection there were four people living in the home. People had their own en-suite bedrooms which had been specially adapted to meet their needs.

Since our last inspection a conservatory had been added to provide a sensory room and space if people wished peace and quiet or somewhere to calm their anxieties. There was a large rear garden with an extensive lawn to which people had constant access.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Relatives and an advocate told us staff always provided reassurance when people were anxious and made them feel safe. Staff had completed safeguarding training and had access to current legislation and guidance. Staff had identified and responded appropriately to safeguarding incidents to protect people from harm. People were safeguarded from the risk of abuse as incidents were reported and acted upon.

Risks to people had been identified in their care plans and measures were implemented to manage these safely. Staff were able to demonstrate their understanding of the risks to people's health and welfare, and followed guidance to manage them safely. People were kept safe by staff who understood people's risk assessments and management plans.

During our inspection we saw there were enough staff to respond immediately when people required their support. Staff had time to devote their full attention to people and focus on their individual needs. There were sufficient numbers of staff deployed with the necessary experience and skills to support people safely.

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured they had the appropriate knowledge and skills to support people effectively. Staff had undergone required pre-employment checks, to ensure people were protected from the risk of being supported by unsuitable staff.

Medicines were administered safely in a way people preferred, by trained staff who had their competency regularly assessed by the provider. The registered manager reinforced this training by discussing issues related to the safe management of medicines during all staff supervisions. Medicines were stored and disposed of safely, in accordance with current legislation and guidance.

People and their relatives and advocates told us they were actively involved in making decisions about their care. Staff supported people to identify their individual wishes and needs by using their individual methods of communication. People were encouraged to make their own decisions and to be as independent as they were able to be.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The

MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed the required training and was aware of relevant case law. Since the last inspection the provider had made four DoLS applications. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

People's dignity and privacy were respected and supported by staff at all times. Staff referred people to relevant healthcare services promptly when people's assessed needs changed.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to pursue social activities which protected them from social isolation.

Relatives told us they had no reason to complain but knew how to do so if required and that the staff encouraged them to raise concerns. Two complaints had been made since the last inspection which had been dealt with in accordance with the provider's policy. The registered manager listened to people's comments and implemented identified learning from incidents and accidents.

Staff understood the values of the provider, which we observed being demonstrated in practice. The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements.

Summary of findings

Records accurately reflected people's needs and were up to date. Staff were provided with necessary information

and guidance contained in detailed care plans and risk assessments to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Identified risks to people were managed to keep people safe.

Staff understood how to protect people from any form of abuse.

People's medicines were given to them at the right times and in the right quantities to keep them safe and healthy.

There were enough staff to make sure people were cared for safely. Staff had undergone the required pre-employment checks to ensure their suitability.

Good



Is the service effective?

The service was effective.

Staff received appropriate training and supervision to support people with complex needs effectively.

Staff were aware of changes in people's needs and ensured people accessed health care services promptly when required.

People were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Good



Is the service caring?

The service was caring.

Staff engaged positively with people and encouraged them to make choices about their own care and how they wished to spend their time.

People had opportunities to express their views about their support and the running of the home.

Staff had developed positive and caring relationships with people who were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People had personalised support plans which reflected their care needs and preferences about the provision of their care. These had been updated regularly by staff to reflect any changes.

The registered manager and staff were committed to listening to people's views and making changes to the home in accordance with their comments and suggestions.

People's views were sought through surveys, residents meetings and complaints. Any issues identified were acted upon quickly.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Good



Applelea

Detailed findings

Background to this inspection

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

This inspection of Applelea took place on 11 December 2015 and was unannounced. When planning the inspection visit we took account the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection in February 2014 we did not identify any concerns. We read all of the notifications received about the service. Providers have to tell us about important and significant events relating to the service they provide using a notification. We also reviewed the Provider Information Return (PIR) from the home. 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. Information from the PIR is used to help us decide the issues we need to focus on during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate. We also looked at the provider's website to identify their published values and details of the care they provided.

During our inspection we spoke with the four people who use the service, who had limited verbal communication. We used a range of different methods to help us

understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the service.

We observed how staff interacted and cared for people across the course of the day, including mealtimes, activities and when medicines were administered. We pathway tracked the care of each person.

We spoke with the nominated individual with overall responsibility for supervising the management of the service and the regional manager. The registered manager was on annual leave, whilst the deputy manager was on a rest day, observing a requirement of their faith. This left two shift leaders managing the day to day support of people.

We spoke with the two shift leaders, four senior support workers, six support workers, the cook, the provider's health specialist and a visiting registered manager from another home within the provider's care group.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). The provider had recently implemented an electronic recording system which we also reviewed. We looked at 11 staff recruitment, supervision and training files. We also looked at records relating to the management of the service, such as health and safety audits, emergency contingency plans, minutes of staff meetings and provider quality assurance reports.

Following the visit we spoke with relatives of three people and the advocate of another. We also spoke with commissioners of the service and three health and social care professionals.

Is the service safe?

Our findings

Relatives told us people were kept safe at Applelea by staff who were like an 'extended family'. During our inspection people were relaxed and frequently smiled or made gestures which demonstrated they were happy. Two people's relatives told us that some of the staff had accompanied their loved one's on a transition from their old school to various homes within the provider's care group, before arriving at Applelea. One relative told us, "The staff are now his main carers and know how to support him better than we do. He is definitely in the best place for him to be safe, well cared for and to be happy." One person's advocate told us, "He has made huge progress with regard to reducing self-injurious behaviour, which is down to the consistency of staff over a long period of time that he has grown to trust."

The provider ensured staff had completed the required safeguarding training and had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people. The provider's training schedule and staff files confirmed that staff safeguarding training was up to date. Staff described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary.

Since our last inspection six incidents had been referred to the local safeguarding authority. Records demonstrated that these incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. The registered manager had analysed all of these events and reviewed people's risk assessments and behaviour management plans. Where required they had implemented changes to ensure people were safe and the risk of future recurrence was reduced. The provider safeguarded people against the risk of abuse and took prompt action if they suspected people were at risk of harm.

People had risk management plans in relation to all identified risks to them, including day to day living within the home and whilst accessing the community. Risks to people had been assessed in relation to areas such as mobility, social activities and eating and drinking. People's support plans noted what support people needed to keep safe, for example in relation to safety awareness whilst

accessing the community and completing activities like swimming. These risk assessments also detailed the required staffing ratio at different times to ensure the safety of people, staff and others.

Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans. One staff member told us, "If people want to do something we do our best to support them to do it in the safest possible way."

Risk assessments were detailed and gave staff clear guidance to follow in order to provide the required support to keep people safe. For example one person was being supported with epilepsy and had an epilepsy risk assessment and protocol unique to their individual needs. All staff were able to tell us about their epilepsy protocol and action needed to keep them safe in the event of a seizure.

People were supported to manage their finances safely by staff on a daily basis who adhered to the provider's recording processes, which were audited weekly by the finance administrator. People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse. During our inspection we observed staff support one person who wished to buy some clothes at a local supermarket in accordance with their financial risk assessment.

Before people participated in daily activities within the community staff completed a risk assessment at that time which considered the person's mood, anxieties and behaviour at the time. People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately.

We observed incidents where staff responded appropriately to behaviours which may challenge. When people displayed behaviours which may challenge staff intervened to support people in a kind and sensitive way. Staff interventions protected people and others, whilst ensuring their dignity and human rights were maintained. At these times staff worked together as a team to ensure everyone was safe in accordance with people's individual risk assessments. For example by moving people to safe areas and the use of distraction techniques.

People's records contained essential information about them which may be required in the event of an emergency,

Is the service safe?

for instance if they required support from external health professionals. Information included their means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people safely. People were kept safe as staff had access to relevant information which they could act upon in an emergency.

Relatives told us there were always sufficient staff to support people safely. A relative told us, "It really is an excellent home because people's care is individually tailored to them and they always have the right ratio of staff to support people safely." One person's advocate told us the provider always had sufficient staff to provide the necessary support to people, "especially when higher staffing ratios were required due to increased anxieties". Throughout our inspection we saw there were enough staff to respond immediately when people required their support. Staff had time to devote their full attention to people and focus on their individual needs at all times, which kept them safe. People were supported by sufficient staff to meet their needs in an unhurried manner.

Staff rotas confirmed that the level of staffing identified by the registered manager as a requirement to meet people's needs had been provided. The registered manager completed a daily staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. The provider had a small group of experienced staff referred to as the "Dream Team", who were available to support all of the homes within the care group if there was unforeseen staff absence. Staff told us that the registered manager also worked alongside them to provide hands on support to people when required, which rotas confirmed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff had undergone robust recruitment checks as part of their application, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps

prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

We observed staff managing and administering people's medicines safely. Staff told us they had received safe management of medicines training which was regularly updated. Records confirmed that staff training and practical assessments of their competency to administer medicines had been completed. Staff competency assessments and the provider's medicines training were also emphasised as an agenda item during all staff supervisions, which we saw recorded in staff files. Staff knew about the different types of medicines taken by people and were able to tell us about any potential side effects.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds.

There was appropriate storage to ensure medicines were kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. Each person's medicine file included their photograph, a medicines profile and medication administration record sheet (MARs). The MARs we looked at were accurate and showed that people had received the correct amount of medicine at the right times. People's prescribed medicines were managed safely in accordance with current legislation, guidance and individual medicine management support plans.

Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. Other checks in the home ensured emergency lighting, gas and electrical safety had been certified. The provider's maintenance team were on call 24 hours every day to ensure any damage caused by people whilst displaying behaviour which may challenge was repaired and made safe immediately. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage which may cause risk to people and others visiting the home. On the day of our inspection an

Is the service safe?

engineer attended immediately to repair the front door security system. The provider ensured people remained safe and were protected from environmental risks within the home.

Is the service effective?

Our findings

One person told us with gestures and body language that staff treated them well. Relatives and one person's advocate told us people benefitted from the consistency of care provided by committed staff, who had been well trained. One relative told us, "The staff are excellent. They all care about the people at Applelea which shines through." One person's advocate said, "The staff have developed trust and understanding with them and different approaches which has had a massive impact on their behaviours and quality of life." Another relative said, "The staff know people's needs and have had the right training which I think inspires trust and confidence."

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured they had the appropriate knowledge and skills to support people effectively. We spoke with two new members of staff who told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The registered manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Records showed that the required staff training was up to date and included further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. The provider had completed a learning and development calendar up to March 2017, which ensured staff were supported with their career development. A staff member who had previous experience working for other care providers told us "This is the best training I have experienced. It is at another level." Another staff member told us, "There is a constant rolling programme and if you feel that you need to refresh your own knowledge you can just redo it when it suits you. You don't have to wait for it to be arranged when it is due."

Staff had received a formal supervision every eight weeks and had an annual appraisal. Supervisions afforded managers and staff the chance to identify any concerns and areas for improvement. Staff told us that the registered

manager encouraged staff to speak with them and were willing to listen to their views. We saw that supervisions recorded agreed actions between managers and staff, and these were then revisited at subsequent supervisions to ensure completion. Staff told us that the registered manager and senior specialist workers who acted as deputy managers, were always readily approachable and extremely supportive during periods of personal distress, for example when staff had experienced bereavement. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

Staff knew when people needed support and understood their individual communication methods. Staff communicated with people using the methods detailed in their support plans. Relatives and care managers told us that the registered manager and staff involved them in all decisions relating to people's care and support. We observed staff supporting people with limited verbal communication making choices by using pictures and their knowledge of the individual's adapted sign language and body language. People were given time to consider their decisions, in accordance with guidance detailed in their care plan. Staff supported people to make as many decisions as possible and understood how to obtain valid consent from people.

People had a communication assessment. This documented how people communicated their decisions, the decisions and choices they were able to make and how staff would know they were consenting to a decision. This also documented how information should be communicated to the person, how to involve them in decisions, and people to consult about decisions made in their best interests.

Staff had completed training in the Mental Capacity Act 2005 (MCA), which records confirmed. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions.

Where people had been assessed as lacking the capacity to consent to medical procedures such as blood tests or x-rays, decisions had been made in their best interests,

Is the service effective?

which involved staff, relevant health professionals, their families and advocates. Where required best interest decisions had been made in accordance with current legislation and guidance.

A relative told us, “We are always kept well informed and always consulted before any major decisions are made.” A person’s advocate told us, “The home contact me whenever there are reviews or important decisions to consider.” People were supported by staff who understood the need to seek people’s consent and the principles of the MCA 2005 in relation to people’s daily care.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager and staff had completed the required training and were aware of relevant case law. At the time of inspection four people were subject to DoLS authorisations, which identified that any deprivation of liberty applied the least restrictive approach and provided a proportionate response to keep people safe from the risk of harm. The registered manager also completed a restriction audit tool to ensure that all restrictions remained necessary and proportionate and were immediately removed if they were no longer justified. This demonstrated the registered manager had taken the necessary action to recognise and maintain people’s rights. People’s human rights were protected by staff who understood the DoLS.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the preparation and provision of meals during

breakfast, lunch and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. People were supported to prepare their own meals in accordance with their risk assessments and lifestyle development plans.

During lunch we saw that one person ate more quickly than others, whilst another ate more slowly. One person chose to eat in their room, whilst another had a meal at a local restaurant. Staff provided appropriate support to enable each person to eat at their own pace. During lunch one person began to display behaviours which may challenge others. Staff supported this person with their increasing anxiety to move from the dining area into the living room where they began to play games they enjoyed. This allowed the person eating more slowly to relax and enjoy their meal. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm, whilst respecting and promoting their dignity.

Records showed that people had regular access to healthcare professionals such as GP’s, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. Relatives and a person’s advocate told us the registered manager and staff were quick to identify when health professionals advice and guidance was required. We noted that staff had implemented such guidance in practice. One relative said, “In general he is very healthy but as soon as they are unwell the staff call people in immediately and let us know what is going on.” People were supported by staff to maintain good health.

Is the service caring?

Our findings

There was a warm and friendly atmosphere at Applelea, where interactions between people and staff were caring and professional. People and relatives told us that staff always had time to talk and were, “kind and considerate.” Relatives and a person’s advocate told us that the staff were always patient and caring, treating people with respect and dignity. One relative said, “You can tell the staff at Applelea are happy in their work which shows through in their care.”

People were supported to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. A relative of one person told us, “The staff are very caring and some have been present through different transitions moving from children’s services and different homes which means they have built special bonds.” An advocate told us, “His improvement is due to the caring nature of staff who have been there for a long time providing continuity and reassurance.” Another relative said, “The relationships between people and staff do not occur overnight and have been developed by staff who care about people and their lives.”

Some members of staff had supported people who were unable to express their preferences or wishes verbally for many years. As such they were now able to read people’s facial expressions, body language, vocalisations and gestures to understand their choices and preferences.

During the inspection we observed staff were enthusiastic and had a strong team spirit where support was readily volunteered without being sought. Staff responded to people with patience and understanding, whilst following behaviour plans. When people became upset we observed staff promptly offered reassurance and comfort. Staff understood what triggers potentially upset people and took action to prevent these situations from occurring, thereby supporting their well-being.

Staff ensured they used language the person understood and continually reminded them of their positive achievements. People were comfortable with the staff supporting them and chose to spend time in their company. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings.

People were proactively supported to express their views and staff were skilled at giving people explanations they needed. For example, we observed and heard staff supporting a person to choose and purchase clothing in a supermarket and in relaxed conversations with people about planned activities in the afternoon. Staff demonstrated detailed knowledge about people and were able to tell us about the personal histories and preferences of each person living there. Staff had comprehensive knowledge about people’s support plans and the events that had informed them.

Relatives told us people were encouraged to be as independent as possible. They told us that people were able to make choices about their day to day lives and staff respected those choices, which we observed in practice. The staff displayed great pride in the development of people’s life skills and the promotion of their independence. One staff member said, “I am really proud to work here. I just love it when someone does something for the first time, even if it is something quite small.”

Staff told us the home had caring values, which we saw demonstrated in practice, and that they took pride in people’s achievements. One senior staff member said, “I just love working here. It is a pure joy and privilege.” Another member of staff told us, “I have had a lot of experience in different areas of the care sector but I have never looked forward to going to work so much as I do here.”

Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. One person indicated through positive gestures that staff were caring. Staff had developed trusting relationships with people and spoke with passion about people’s needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people’s support plans and the events that had informed them.

Staff had recorded their special memories about people’s achievements, which frequently described small steps taken by individuals. Staff spoke fondly about these ‘special memories’. For example one person recently began showing their favourite magazine to another which made them happy. This then encouraged another person to join them who sat and shared their coca cola. Another staff

Is the service caring?

member spoke with pride about supporting one person who had managed to control their anxieties and now felt confident enough to walk around communal areas of the home.

Relatives told us people were encouraged to be as independent as possible. They told us people were able to make choices about their day to day lives and care staff respected those choices.

Staff gave people time to communicate their wishes and did not rush them. Staff respected people's right to decide whether to participate in activities. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough. We observed staff supporting a person playing with their football and engage in a large game of 'Connect Four'. They then indicated they wished to take part in a different activity, which they were supported to do. During a walk to the local supermarket we observed a person deciding the route to be taken. Staff told us they offered as much choice as possible but endeavoured to offer choices which avoided main roads wherever possible. This was in accordance with the person's risk assessment. This demonstrated that staff ensured activities were led by the person and not the need to complete a task.

A senior member of staff told us that prospective care staff had their caring nature evaluated through the provider's

selection process, which was confirmed by records. A new member of staff told us how their response to people had been assessed when they completed shifts as an observer before being appointed.

People were supported to keep in contact with their family and friends and maintain relationships with them. The home worked closely with families and representatives and kept them fully involved in the person's care as required. We spoke with an advocate who told us they were impressed with the efforts of the registered manager and staff to cultivate a relationship between one person and their brother.

During visits to the home staff supported families to take part in the activities of their loved one's choice and to regularly visit relatives at their homes. A relative told us, "The home do a great job keeping us up to date and supporting us to keep in touch as often as possible."

Relatives, representatives and health and social care professionals told us they were invited to people's reviews and were up-dated about people's progress. People's privacy and dignity were maintained by staff who had received training in relation to diversity and understood how to support people with intimate care tasks. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed in practice.

Is the service responsive?

Our findings

Relatives, health professionals and one person's advocate told us that the home provided person centred care to meet their loved one's needs. One relative told us, "We have every confidence in the staff and they always let us know what is happening. To be honest it wouldn't really concern me if they didn't contact us because they always do what's best for him."

We observed staff were able to interpret communication methods and behaviours to respond to people who were not able to verbalise their needs. One relative told us, "The staff know them better than anyone now and understand what they want and how they are feeling."

People's needs had been assessed before they moved in to the home and were re-assessed at regular intervals. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals and other interested parties, where appropriate.

People, relatives and care managers said they were involved in regular meetings with the registered manager and senior care staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. We read documents which demonstrated that during November 2015 one person had been referred to a neurologist, another had been referred for a dental examination and another had been referred to their GP in relation to a skin condition.

Support plans were reviewed quarterly by the provider's health specialist and the senior specialist worker at the home. We spoke with the health specialist who told us they worked in tandem with the senior specialist worker to identify people's changing health needs and to ensure referrals were made to relevant health professionals. For example they had arranged a meeting with a specialist epilepsy nurse to assess the negative impact on a person's health from continued use of prescribed medicines. The health specialist had also arranged meetings with relevant health professionals to discuss whether a person should

continue to be prescribed anti- psychotic medicines. The health specialist engaged with different authorities at a strategic level to ensure best practice was implemented in the home in relation to people's more complex needs.

The nature of the service provided meant that people's needs tended to change frequently and plans were reviewed whenever a change to them was required. The shift leaders met weekly to review people's needs, where any concerns or changes were recorded and addressed to the registered manager. Each support plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

The registered manager sought advice and support from health professionals and we observed staff followed their guidance. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner. Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

Staff talked knowledgeably about the people they supported and took account of their changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed the two handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities. On completion of the handovers staff were able to demonstrate that they had absorbed the information provided in relation to each person.

All people had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. We observed people had succeeded in lifestyle learning which supported the development of cooking and other creative skills. Staff had identified people's individual needs and interests and arranged activities to meet them.

Is the service responsive?

During our inspection we observed staff accompany people on walks of their choice within the community and one person went out with staff for a drive in the home's people carrier. People were encouraged to take part in other activities of their choice outside the home such as horse riding, swimming, bowling, using different types of public transport, and visiting the local park and paddling pool. Detailed risk assessments were in place to ensure these activities were pursued as safely as possible.

Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. We observed staff communicating effectively during our inspection in accordance with people's communication plans. People's communication methods were understood and implemented in practice by staff.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been two formal complaints about the home. We reviewed both of these complaints which had been dealt with in accordance with the provider's complaints policy. The registered manager had ensured that the complaints were acknowledged, recorded and fully investigated. The complainants had been contacted with details of the provider's investigation and action taken to improve the service.

People and relatives were also able to raise issues in their quarterly service reviews with the registered manager or senior specialist support workers. One relative and an advocate told us they had raised minor concerns to the registered manager who had responded promptly and taken steps to address the issues raised.

Is the service well-led?

Our findings

People, relatives and an advocate told us the home was well run and a safe place to live. Health and social care professionals said the registered manager and staff were always available and willing to listen to any ideas or suggestions to improve the quality of people's lives. A relative told us the staff team were always friendly and helpful. Relatives praised the registered manager and staff for their dedication and support. A person's advocate told us, "The registered manager has ensured the staff have provided consistent care from staff he trusts which has brought great progress and improvement."

Staff told us the registered manager and provider were very supportive of the staff team and people who lived in the home. Staff told us the registered manager openly sought their views and had developed a good team spirit where everyone's opinion was equally valued. One staff member told us, "I look forward to coming to work because I know my contribution will be valued and we all work hard to provide the best care we can." Another staff member told us, "We are just a big family where we all look out and care for one another and we all want to make this the best home it can be because they (people using the service) deserve it."

Health and social care professionals and care commissioners told us that there was an open and transparent culture in the home. The culture of the home supported communication and people and their relatives felt able to express their views freely. There were regular house meetings and care reviews, which were recorded, where relatives were actively involved in developing the service. Where concerns had been raised in reviews the registered manager held full staff meetings to discuss the issues raised and how the service could improve. All staff were encouraged to contribute in these meetings, which were recorded. Action plans were then created to address improvements, which had been implemented. For example staff raised concerns about the safety of one person when they experienced seizures on their bed. The person's risk assessment was reviewed, professional guidance sought and a different bed was provided to ensure the person's safety when they experienced further seizures.

The provider had clear values, visions and a mission statement. The main values were, 'We are positive; We are empowering; We are open.' A new member of staff was able

to demonstrate their understanding of these values. Staff told us that the provider emphasised the values during their induction process and they were reiterated and discussed during team meetings. We saw the shift leaders engage with and manage staff positively, encouraging and respecting their contribution, whilst providing clear guidance. The staff constantly demonstrated the provider's values in their care practice.

The registered manager and senior staff demonstrated good management. The provider has been accredited by the UK Commission for Employment and Skills in relation to the 'best practice people management standard'. People and relatives told us the registered manager and staff were always approachable and knew what was happening. Staff told us they were able to express their thoughts about the service through the regular staff meetings, which records confirmed. The registered manager told us they worked shifts alongside staff which enabled them to build positive relationships with people and staff. Rotas confirmed that the management team worked on shifts, responsible for directly providing care and support to people.

One relative told us, "The manager is a good listener and always encouraging people to discuss their ideas to improve the quality of people's lives. A member of staff told us, "The manager and deputies involve everybody and make you feel that your views are just as important as other people's."

Staff told us they were valued and the provider recognised their individual contributions at an annual awards ceremony, where staff had been nominated by their colleagues. Staff from Applelea won five of the 12 different categories including Promoting Well-Being, Service in the Community and Intensive Interaction, whilst others won runners up awards.

We found that accidents and incidents had been recorded appropriately. Learning from incidents and investigations took place and appropriate changes were implemented. Staff told us there was an open culture within the home and the manager encouraged the reporting of, and learning from mistakes. We reviewed incidents related to behaviour which may challenge which identified that risks to people and staff would be reduced if furniture was repositioned. We noted that the action identified from this incident had been promptly implemented. Learning points from other

Is the service well-led?

incidents highlighting potential triggers for behaviours which may challenge had also been delivered to other staff to prevent a recurrence and drive improvements in the safety of the home.

There were monthly staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. For example we noted a recent incident where a member of staff had fallen after being pushed by a person who was displaying behaviours which may challenge. Staff told us that they were always supported to reflect on such incidents after reporting them, to identify what could be done to improve the safety and the quality of support provided. We noted that guidance in relation to staff interventions and intensive interaction were reviewed as a result of this incident.

Staff supervisions were completed every eight weeks. We noted that discussion points were recorded and where required actions were raised in relation to new ideas or suggested improvements. Staff told us that the registered manager encouraged and challenged them to continually identify ways to improve the quality of care people received. New staff completed six weekly and twelve weekly support meetings with the registered manager. These identified any new ideas and ensured they had received the appropriate training and preparation for working with people in the home.

The registered manager and provider carried out a comprehensive programme of regular audits to monitor the quality of the service and plan improvements. These included audits of medicines management, staff needs analysis, staff supervisions, infection control, care records, fire safety, and people's finances. Actions were created from these audits, which we noted had been completed.

The registered manager also sent a weekly report to the provider highlighting significant events and action taken. We reviewed the reports completed in November 2015 which detailed issues in relation to people's health and well-being and the action taken by staff. This report also recorded complaints and compliments. We noted a compliment recorded by a relative after a recent visit

praising the staff for how well their loved one was looking. Feedback was also sought from people and their relatives in an annual survey. All of the surveys for the 2014 survey contained positive responses with no negative comments.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities. During our inspection we observed the shift leaders engage with staff and positively manage them. For example the senior staff listened intently whilst staff delivered shift handovers talking about people's moods and behaviours, then provided clear guidance about how to support individuals.

Any relevant new developments in social care were fed back to people, their relatives and advocates and staff by means of the meetings hosted by the registered manager. The home had a policy and procedure with regard to the provider's 'duty of candour' responsibilities. Senior staff were able to describe under what circumstances they would follow the procedures. The home worked closely with other professionals when required and sought and followed the advice they provided. The registered manager and deputy manager were able to demonstrate their knowledge of the duty of candour as they had to present this subject at a learning set for the provider's other registered managers. The 'duty of candour' is a regulation which aims to ensure that providers are open and transparent with people who use their service and other "relevant persons"

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

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