

Care UK Community Partnerships Ltd

Appleby House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 26 July 2016 and was unannounced. At the last inspection of Appleby House in June 2013 we found the service was meeting the regulations we looked at.

Appleby House provides accommodation and personal care for up to 75 older people. The service specialises in caring for people living with dementia. At the time of our inspection there were 52 people living at the home.

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

People were supported to live an active and fulfilling life at Appleby House. Staff encouraged and supported people to participate in a wide range of activities both in the home and community to promote social inclusivity. This was achieved by using various initiatives designed to promote positive wellbeing in older people, particularly for people living with dementia. Staff were trained to use positive communication techniques to encourage people to interact and participate as much as they could and wished to. The wide range of activities offered at the home had helped to improve people's overall health and wellbeing.

People said they were safe at the home. People using the service were living with dementia and staff were aware of the risks posed to their health, safety and wellbeing. Appropriate plans were in place to guide staff in how to minimise these risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse. They were encouraged to raise and report any concerns they had about people through well-established safeguarding and whistleblowing procedures.

People said Appleby House was a comfortable place to live. Thought and attention had been given to the layout and design of the home to help people orientate and move freely around. Staff kept the home free from obstacles and trip hazards so people could move around safely. The premises and equipment was checked and maintained to ensure it was safe. There were enough staff to support people in the home and to meet their needs. The provider had carried out appropriate checks to ensure staff were suitable and fit to support people.

Staff received appropriate training and support. They had a good understanding of people's needs and how these should be met. People and relatives said staff looked after people in a way which was kind, caring and respectful. Staff knew how to ensure that people received care and support in a dignified, respectful way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much independence as possible, when carrying out activities and tasks.

Staff encouraged people to stay healthy and well. People were supported to eat and drink sufficient

amounts to reduce the risk to them of malnutrition and dehydration. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, they ensured they received prompt care and attention from appropriate healthcare professionals such as the GP. People received their medicines as prescribed and these were stored safely in the home.

People were involved in planning and making decisions about their care and support needs. Care plans were in place which reflected people's needs and their individual choices and preferences for how they received care. We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff had been trained and were aware of their responsibilities in relation to the Act. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests. People's care and support needs were reviewed with them regularly.

The registered manager encouraged an open, inclusive culture within the home. Visitors and relatives were free to visit their family members and were warmly welcomed. People and relatives said they felt comfortable raising any issues or concerns directly with the senior staff team. There were arrangements in place to deal with people's complaints and issues appropriately.

People, relatives and staff said the senior staff team were approachable and supportive. They had sought people's views about how the care and support they received could be improved and made changes where these were needed. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

Learning and good practice particularly in relation to supporting people living with dementia was used to continuously improve the quality of care and support people experienced. Events and incidents that occurred at the home were reviewed and used to support and encourage all staff to reflect and to learn from mistakes or to improve upon their existing knowledge and understanding.

There was a robust quality assurance system in place to ensure all aspects of the service were routinely audited and checked. Senior staff used these checks to assess and review the quality of service people experienced. Where shortfalls or gaps were identified senior staff addressed these promptly.

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. Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing.

Regular checks of the premises and equipment were carried out to ensure these were safe.

There were enough staff to support people with their care and support needs. The provider carried out appropriate checks on staff to make sure they were suitable and fit to work at the home. Staff ensured people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by senior staff. Staff were aware of their responsibilities in relation to the MCA.

Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

Adaptions, decoration and signage used in the home had taken account of people's needs and promoted freedom of movement and comfort.

Is the service caring?

Good ●

The service was caring. People said staff were caring, kind and respectful. Staff were passionate about caring for people living with dementia.

Staff ensured that people's dignity and right to privacy was maintained, particularly when receiving care. People were supported by staff to be as independent as they could be.

Visitors and relatives were free to visit their family members and were warmly welcomed.

Is the service responsive?

Outstanding 

The service was responsive. People were supported to live an active and fulfilling life at Appleby House. Staff used various initiatives to promote people's health and wellbeing. They encouraged and supported people to participate in a wide range of activities to promote conversation, interaction and social inclusivity.

People were involved in planning and making decisions about their care and support needs. Care plans reflected people's choices and preferences for how they were supported. These were reviewed regularly by senior staff.

People and relatives were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints and issues appropriately.

Is the service well-led?

Good 

The service was well led. People and staff spoke positively about the leadership of the service. People's views and feedback about the service were actively sought. Senior staff carried out checks to assess and review the quality of service people experienced.

The service used learning and good practice to continuously improve the quality of care and support people experienced.

Events and incidents were reviewed to encourage all staff to reflect and to learn from mistakes or to improve their existing knowledge and understanding.

Appleby House

Detailed findings

Background to this inspection

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

This inspection took place on 26 July 2016 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission.

During our inspection we spoke with fourteen people who lived at the home and three visiting relatives. We also spoke with the senior staff team including the registered manager, deputy manager, and two team leaders. In addition we spoke with six care support workers. We looked at records which included ten people's care records, ten medicines administration records (MAR), ten staff files and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtimes. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People said they felt safe at Appleby House. One person said, "I'm quite comfortable here. I'm not worried about my safety." Another person told us, "Oh yes it's a safe environment and you can really trust the [staff]. It's a very warm and welcoming atmosphere here." Staff had received training in safeguarding adults at risk. This was mandatory for all staff and refreshed annually. Staff demonstrated good understanding and awareness of their duty to observe and report any concerns they had about people. There was a well-established procedure in place for staff to follow to raise any concerns they had about the safety and wellbeing of people. Records relating to safeguarding concerns raised about people showed senior staff worked proactively with other agencies to ensure appropriate action was taken to sufficiently protect people.

Staff worked to reduce identified risks to people's health, safety and wellbeing when providing support. One person said, "I fell over twice in my house and had carers come in, but I've had no falls since coming here." Another person told us, "It's very good, they look after you well. If I haven't had any falls they must be doing something right." Senior staff assessed and reviewed monthly the risks posed to people from their current health care conditions and needs as well as those posed by the environment. Where risks were identified, plans were put in place to instruct staff on how to minimise or reduce these. For example, where people may be at risk from choking, risk assessments had been undertaken and plans put in place to guide staff on how people should be supported to eat and drink safely. For people at risk of falls, there was guidance for staff on how to help people to move safely around the home. There were also plans in place to protect people in the event of an emergency, for example, a fire in the home. These took account of people's circumstances and needs, for how they should be evacuated in such an event. The registered manager reviewed all accidents and incidents within the home on a monthly basis to identify any trends or new risks posed to people's health and safety, particularly from falls.

The environment and equipment within the home was regularly assessed to ensure there were no unnecessary risks to people's health, safety and wellbeing. There was a maintenance and servicing programme in place for fire equipment, alarms, emergency lighting, call bells, water hygiene and temperatures, portable appliances, bath chairs, hoists and slings and the gas heating system. Weekly checks of the environment and equipment were undertaken by a staff member responsible for maintenance within the home. We observed the home was clean, tidy and free from malodours. The environment was kept free of obstacles and hazards, which enabled people to move safely and freely around the home and gardens. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use. Toilets and bathrooms were well maintained, and equipped with liquid soap and hand towels to promote the practice of hygienic hand washing.

There were enough staff deployed in the home to meet people's needs. People said there were always staff available when they needed them. One person said, "I think they manage quite well from the sounds of things. I do use my call bell at night and they come almost immediately." Another person told us, "There is always someone here to go to if you need any help." A relative said, "I visit my [family member] at least once a week and there always seems to be plenty of staff around." We observed call bells being answered

promptly and when staff needed additional support from their colleagues this was provided. Staffing levels were adjusted as people's needs changed. This included providing one to one support for people that required it and at times in the day they needed additional support.

It was clear from feedback we received from staff that they felt staffing levels in the home had significantly improved over the last two years. One member of staff said, "Staff morale is so much better now that we have enough staff working on each shift". Another member of staff told us, "We can spend a lot more quality time just sitting and talking to the residents because there's more staff on duty these days." The registered manager told us the service did not currently have any staff vacancies and was therefore not reliant on any temporary agency or bank staff to cover staff absenteeism. This helped ensure people received continuity of care from staff that were familiar with their needs and preferences. The registered manager also told us they were in the process of recruiting more staff than the service actually needed so they had a surplus of staff to call upon if required.

Safe recruitment practices were followed to ensure appropriate staff were employed at the service. All potential staff were required to complete an application and attend an interview so that their knowledge, skills and values could be assessed. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining references from previous employers and/or character references and criminal records checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People told us staff supported them to take their prescribed medicines when they needed them. One person said, "Oh yes, it's all done properly here. I've never missed one since coming here." Another told us, "Yes, I take them daily and they are very structured about it." Each person had their own medicines administration record (MAR) which staff had signed each time medicines had been given. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. We observed staff wore red tabards when administering medicines so that others were aware they were not to be disturbed. This reduced the risk of errors being made from unnecessary interruptions and distractions.

Staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis. Medicines were kept safely in the home. They were stored in locked trolleys, which were secured to a wall in clinical rooms when not in use. Medicines that required cold storage were kept secure in a locked fridge. Controlled drugs were kept in a separate lockable cupboard with a record of these maintained by staff, as required. Staff checked the temperature of the clinical rooms and fridges daily to ensure these did not exceed levels at which the efficacy of medicines could be reduced.

Is the service effective?

Our findings

People told us staff had the knowledge and skills to provide the support they needed. A relative said, "Staff do a good job here looking after my [family member] and I've been particularly impressed with their named worker [key-worker] who knows exactly what my [family member] needs." Another relative told us about one member of staff, "She manages to get [family member] to do his exercises which he won't just do with anyone. The staff really know the resident's well here. That's what families like to see." Records showed staff received training to enable them to meet people's needs. They attended training in topics and areas relevant to their work. All new staff completed an induction programme and shadowed experienced members of staff before supporting people independently. Following training, staff were required to complete competency tests to ensure they had understood what was taught. This included observations of their moving and handling practice and medicines administration. Senior staff monitored training and arranged refresher training as and when required so that staff's knowledge and skills remained up to date.

Staff spoke positively about the training they had received. One member of staff said, "I've worked here for years and can safely say the training has never been better here." Another member of staff told us, "I recently attended our in-house fulfilling lives training which I thought was excellent. It really made me question my own practice and to think more about what it's actually like to live with dementia and have every day decisions taken away from you." 'Fulfilling lives' was a mandatory training course for all staff aimed at improving their understanding of what it might be like to live with dementia. However, it did not comprehensively cover ways in which staff could positively support people whose behaviour might challenge others. Staff told us they had not received any formal training in relation to delivering positive behaviour support. We discussed this with the registered manager, who agreed all staff would benefit from attending positive behaviour support training and would look into having this arranged.

Staff received the support they needed from the senior staff team. They had opportunities to discuss their working practices, any issues or concerns they had and their learning and development needs through one to one (supervision) meetings. They also had an annual appraisal of their work performance. One member of staff said, "The managers are so supportive." Another member of staff told us, "They [senior staff] always find time to see how you are and if there's anything you need."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed senior staff assessed people's level of understanding and ability to consent to the care and

support they needed. A framework and procedure was in place to deal with situations where people lacked capacity to make specific decisions. Staff included family members, healthcare professionals and others involved in people's care in making decisions that were in people's best interests. All staff had been trained in the MCA and DoLS and understood their responsibilities in relation to the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we looked at showed the provider was complying with the conditions applied to the authorisation.

Staff encouraged people to eat and drink sufficient amounts to reduce the risks of malnutrition and dehydration. They told us they were satisfied with the food and drink they were offered. One person said, "There's something for everyone. You can ask for more if you want. There's always drinks available throughout the day and night if you wake up in the middle of the night and need something." Another person told us, "The food is good, there's variety every day...there's always something to drink." And another person said, "I'm ok with most foods but I don't agree with cow's milk so I have substitutes like soya milk."

We observed the lunchtime meal during our inspection. The day's menu was displayed in pictorial format to help people understand their choices. Meals were freshly prepared and served hot. Where people needed help from staff to eat their meals this was provided in an appropriate way. People could eat their meals where they wished and we observed some people chose to eat their meal in one of the communal lounges. People were regularly offered tea, coffee and biscuits. Water and juice was also readily available in communal areas and in people's rooms. People's nutritional needs were assessed monthly by senior staff to identify any issues or concerns. Where people had specific dietary needs such as a soft food diet this was met when meals were prepared. Staff closely monitored people's food and fluid intake to ensure people were eating and drinking enough.

Staff supported people to keep healthy and well. They maintained daily records of the care and support provided to people and their observations about their general health and wellbeing. Regular health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Staff told us how they looked for signs and changes in people's moods and behaviour that could indicate that someone may be unwell. Records showed in these instances staff ensured people received the care and support they needed from the appropriate healthcare professionals such as the GP. One person said, "If the need arises, they call the appropriate person."

People said Appleby House was a comfortable place to live. A relative said, "It always feels very relaxed whenever I visit the home." We saw suitably positioned hand and grab rails had been located throughout the home to make the building and gardens more accessible to all, including wheelchair users. We saw easy to read and understand plain language and pictorial signage was used throughout the home to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms, and communal areas including lounges, dining areas, activity rooms and the cinema. Several feature walls had also been created using brightly coloured paint. Pictures, bunting and decorations were hung on walls and from ceilings. These contrasting designs and themes helped people distinguish between the home's numerous communal spaces. Memory boxes were also positioned near people's bedroom doors. These boxes contained various objects of reference that were important to people, which also helped individuals orientate themselves. For example, we saw several boxes contained various photographs of people's families and in one case the person's wedding day.

Is the service caring?

Our findings

People spoke positively about the home and typically described the staff as "kind" and "caring". One person said, "They are an animated group of people, very chirpy and have our best interests at heart." Another person told us, "They're pretty good. I've not found any problems with staff." A relative said, "I can't praise the staff enough. They are excellent at what they do." Another relative told us, "The staff are really good. I can't fault any of them. They have built up a wonderful rapport with my [family member]." The staff we spoke with were enthusiastic about their work and the people they supported. They spoke passionately about caring for people living with dementia, and how they could support them to live a full and meaningful life in the home.

People said staff treated them with dignity, respect and had a high regard for their right to privacy. One person said, "They give me some time to myself if I ask for it. They don't always crowd you which is something I like." Another person told us, "My room is a place of peace and that's where I will go for some quiet time." We observed staff knocked on people's doors and waited for permission before entering their rooms. Staff ensured people could not be overseen or overheard when being supported with their personal care, for example, by keeping people's doors closed. We saw people's skin and nails were clean and their hair was neat and tidy. People were dressed in fresh clean clothes. However, one relative told us they didn't always feel that their family member's clothes had been properly maintained which meant they did not always look that well presented. We were aware there had been issues with the laundry service at the home, which the registered manager was actively addressing at the time of this inspection.

We observed a range of other interactions between people and staff throughout the day of our inspection. People looked at ease and comfortable in the presence of staff and we saw staff supported people in a patient and respectful way. For example staff encouraged people to make choices about what they wanted to do and gave people the time they needed to decide. One person said, "I don't feel rushed. They are very patient with me." Another person told us, "They give you all the time you need, you never feel pressurised, such a lovely bunch." And another person said, "I do things in my own time, in my own way and no one forces me to do anything."

Staff knew people well and as a result could tell quickly what people needed or wanted. Conversations between people and staff were warm and friendly and staff listened to what people had to say without interruption or distractions. When people became anxious staff acted appropriately to ease their distress or discomfort. For example we saw one person became tearful and upset and a member of staff immediately responded in a caring and compassionate way. They gently spoke with the person and helped distract them in a positive way so that they eventually became calmer and happier.

Just before the lunchtime meal was served, we observed staff use picture cards and verbal descriptions of the day's menu to find out what people wanted for their lunch. People who did not want any of the meals on offer opted for either a selection of sandwiches or eggs on toast. During lunchtime, staff serving food plated up the two different options and then showed these to people. This helped people to choose what they wanted to eat for lunch. Staff smiled at people and interacted with every person throughout the meal, no

matter how much or little support they needed. Staff supporting people with their meal did so in a dignified and respectful manner. For example, they sat next to people, made good eye level contact with them and always took their time to explain exactly what they were about to do. A relative said, "The staff always ask my [family member] what they would like to eat for their lunch just before it's served and I've seen them prepare alternative meals at the last minute when people change their mind."

People were supported to be as independent as they could and wanted to be. One person said, "I can get dressed myself. They do give me a hand with my washes though." Another person told us, "I like to do as much as I can as possible before asking them for help...I would rather do it myself." And another person said, "I am quite able...I do require the odd bit of assistance now and then." People's care plans prompted staff to encourage people to do as much as they wished to and could for themselves. We observed instances where staff encouraged people to undertake tasks and activities and only stepped in when people couldn't manage these. For example, at lunchtime a staff member encouraged one person to try and eat their pudding and placed a spoon in their hand to aid them. The staff member only helped them to finish their pudding when they couldn't manage this by themselves.

People's friends and relatives were encouraged to regularly visit them at the home. People and relatives told us there were no restrictions on them visiting. We observed when visitors arrived at the home they were warmly welcomed by staff.

Is the service responsive?

Our findings

People were supported to live an active and fulfilling life at Appleby House. One person said, "I don't get bored, I go to most things that they have on. Today a guitar player is coming to entertain us all, so I will be going shortly." Another person told us, "There's all sorts of things going on here every day. This place is so lively, the staff are lively and they make us be lively. Today we had some entertainment and they got some of us up to have a little dance. It was really lovely." Another person said, "I like doing whatever is on, on the day. We do a lot of painting. They teach us and our work gets displayed on the walls." And another person told us, "I like chatting to whoever wants to have a conversation. There are also various activities and projects going on. It's like a mad house some days. We have kids come down and join in with the fun and games. There are a lot of creative activities and we do go out from time to time on trips."

The service employed five activities co-ordinators, two of whom were full time. Staff were aware of the risks posed to people to their health and wellbeing from social isolation. They actively encouraged and supported people to participate in a range of activities both in the home and community to promote their health and wellbeing. This was achieved by using various initiatives designed to promote positive wellbeing in older people, particularly for people living with dementia. For example, the provider had adopted the principles of Dementia Care Matters' 'Butterfly Project'. Dementia Care Matters is an external organisation that consults and engages with care providers in the provision of positive dementia care. The 'Butterfly Project' is designed to improve the way staff communicate and engage with people to encourage conversation and inclusivity. We saw staff wore colourful and bright items such as hair pieces and flower garlands which we saw promoted and encouraged conversation and interaction with people throughout the day.

Other initiatives used by the service included the 'Oomph!' programme designed by a national social enterprise to enhance the mental, physical and emotional wellbeing of people. The programme was delivered by staff who have been trained and consisted of a range of activities and exercises for people using music, dance, props and storytelling. We were provided examples of how this programme had had a positive and beneficial impact on people's health and wellbeing. The registered manager told us about one person, aged 93 years of age, who when they first came to live at the home had been in poor health. Through staff's encouragement they were supported to get involved in activities through this programme, particularly dance classes several times a week. As a result they won a national competition run by the social enterprise for their commitment to the programme and for their achievements. When they won the award they commented to the media "It takes me back to the old days. It rejuvenates me both of mind and spirit of my days as a youngster in the forces and civilian life with my dear wife of 66 years." We were told about another person who came to live at Appleby House as a permanent resident, following discharge from hospital. This was due to their poor health and mobility. However after encouragement and support by staff through the activities programme, their health and mobility had improved so much they were able to return home to live with their family member.

The service also worked in collaboration with an organisation called 'Creative Minds'. They delivered therapeutic art sessions in care homes to support people to express their creativity whilst improving their

confidence, skills and social interaction with others. Through this collaboration the service created 'Appleby Tate' a dedicated space in the home to display and celebrate the artwork created by people living in the home. During our inspection we saw artwork displayed prominently throughout this space in an area of the home where people could sit and view the work.

In addition to the various initiatives there was a planned programme of daily activities. Every Tuesday an outing was planned out in the community based on what people wanted to do. On the day of our inspection some of the people had gone out for a trip to the local garden centre. For people at home, there were a range of activities to participate in such as discussions and quizzes about the news, current events and general knowledge. A musical entertainer visited the home during the day and played songs for people to sing along to. The home also had a 'cinema' where people could watch a film twice a day. Staff sat with people on an individual basis and chatted with them about topics they were interested in. We observed staff encouraged people to participate as much as they wished to in activities. Senior staff encouraged community participation with the home. For example there were good links with a local school and each week children from the school volunteered at the home. The registered manager told us the children were being supported to learn about what life is like for people living with dementia to raise their awareness and understanding of this.

People said they were involved in planning and making decisions about their care and support. One person said, "They talk to me about my preferences and my capabilities. It's important they do that as I am more than able to make my own decisions." Another person told us, "I am involved in every aspect of my care, they are very inclusive." And another person said, "It's my life so I decide what I can and can't do and what I will and won't do." Records showed staff obtained information about people's preferences and choices through an assessment of their specific care and support needs when they first started using the service. This was then used to develop an individualised care plan that instructed staff on how each identified need should be met. Relatives and others, such as healthcare professionals, were also involved in the planning of people's care and support and provided important information to staff where people did not have the capacity or ability to state their specific choices and wishes. People's care and support needs were reviewed regularly with them by the senior staff team. Where people's needs changed their care plans were updated promptly to reflect the appropriate care and support they needed.

Care plans were reflective of people's current preferences for how they wished to receive care and support. Staff were prompted throughout these plans to respect people's choices and wishes to ensure they received the support they wanted. For example we saw plans reflected people's preferences for their daily and night time routines, whether they wished to have a bath or shower when getting washed and dressed and when and where they liked to take drinks and meals. People's cultural and religious beliefs were also respected and people were able to access religious services that took place in the home and community. Staff demonstrated a good understanding of people's individual care and support needs and how people wished to be supported by them.

People and relatives were satisfied with the care and support received from staff. We saw recent compliments received by the service praised staff for the care and support people received. One person had written, "I don't need to tell you what a comfort it is (especially being so far away) knowing that [family member] is being so well looked after and appreciated for being the person she is – not just another resident." Another person had commented, "I continue to be amazed at the caring environment which is Appleby House...thank you, all of you."

People felt any concerns or issues they had would be dealt with appropriately by the senior staff team. One person said about the registered manager, "Her door is always open and she's always around the home."

Another person told us, "I can talk to any of them here, they are all gems." And another person said, "I can speak to [the registered manager] about anything." There were arrangements in place to respond to people's concerns and complaints if these should arise. The provider had a complaints procedure which was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about any aspect of the service. The complaints procedure set out how people's complaints would be dealt with and by whom. We looked at complaints dealt with by the service in the preceding six months. We noted the registered manager had carried out an investigation into the circumstances surrounding each complaint and provided a written response to the concerns raised. This included offering people an appropriate apology when they had experienced poor care.

Is the service well-led?

Our findings

People and relatives spoke positively about the leadership and management of the service. One person said, "It's good, I think." Another person told us, "It's excellent as far as I'm concerned." Comments we received from relatives indicated their confidence in the registered manager's leadership approach and integrity. Remarks included, "The manager is the best", "Over the past two years the manager has done so much to improve staffing levels and the activities people can enjoy here" and "The managers' door is always open".

People and relatives said staff worked well together. One person said, "They are a solid team, they are very friendly with us and to each other." Another person told us, "They're a vibrant bunch and that's what's so lovely about it." And another person said, "They really pull together as a unit and brainstorm ways to give us things to do." A relative told us "They are such a strong team. It's really rare to find a workforce that complement each other well, especially in care homes. It's important in their line of work to be able to work together to deliver high quality care." Staff told us they felt valued and listened to. They said senior staff were always approachable and helpful. They typically described Appleby House as a "nice" place to work. One member of staff said, "I think we work really well as a team here."

The registered manager fostered an open and inclusive environment in which people, relatives and staff were encouraged to speak with the senior staff team at any time. This was evident during our inspection as we observed numerous occasions where people, visitors and staff popped into the managers' office to have a chat or simply just to say hello. We saw throughout the day senior staff were often out in communal areas chatting to people and getting involved in activities and mealtimes. The senior staff team knew people well and what was important to them. Their interactions with people were friendly, yet professional and focussed on meeting people's needs and resolving their queries.

Staff sought the views of people and their relatives in order to continuously improve the service. They did this through surveys, regular meetings and monthly reviews of people's care and support needs as part of the 'resident of the day' scheme. They used people's feedback to make changes and improvements that people wanted. For example, feedback received from a recent survey with relatives highlighted their concerns about the laundry service. In response the registered manager reviewed the existing arrangements and appointed an additional member of staff to support this area of the service in order to improve people's experiences. Some relatives told us the laundry service had been an issue but one said things had improved lately. People's suggestions obtained through meetings were listened to and acted on by staff. For example, activities arranged by the service for people to attend in the community were based on people's particular preferences and choices.

There was responsibility and accountability at all levels for ensuring people received the care and support they wanted. Senior staff took responsibility for taking action on feedback they received, to make the necessary changes and improvements that were needed. We saw displayed on a noticeboard in the main entrance area of the home information for people about the action taken by the senior staff team in response to issues raised in the most recent relatives' survey. The registered manager had written to all

relatives with this information so that people could be assured that their concerns were being listened to and acted on. Senior staff also used meetings to inform and update people and their relatives about the actions they were taking in response to their feedback about the service.

The senior staff team made sure all staff were clear about their duties and responsibility for providing care and support that met people's needs and which kept them safe. They used team meetings and individual supervision to reinforce the service's aims and objectives for providing people with good quality care and staff had opportunities to talk about any workplace issues or concerns they had. Staff were encouraged to question and raise their concerns about any poor practices they observed by reporting these immediately to the senior staff team or anonymously through an established whistleblowing procedure. They were provided with contact numbers for senior managers within the provider's organisation to speak to in confidence in this instance.

The senior staff team carried out a wide range of checks and audits within the home to monitor the quality of service people experienced. They did this through a quality assurance programme which focussed on a different aspect of the service each month for review. Records showed checks and audits had been undertaken this year of; health and safety in the home, the management of medicines, care records and documents, infection control, compliance with the MCA and, DoLS and people's experiences at meal times. Where any gaps or shortfalls were identified through these checks prompt action was taken to remedy these which included supporting and encouraging staff to learn from errors or to improve upon their existing knowledge and understanding. For example following a review of MCA and DoLS, the registered manager was arranging workshops for staff that wanted this, to discuss and talk through scenarios to help with their understanding of their responsibilities under this key piece of legislation.

The service was also subject to regular scrutiny and review from the provider. These checks were carried out by an internal 'governance inspector' and assessed the service against the five questions we always ask in our inspections. The registered manager was provided with feedback following each visit and an action plan put in place to make improvements where these were felt necessary. These were then checked by the governance inspector at their next review of the service in three months to ensure action had been taken and the expected outcomes from these had been achieved. The outcomes of audits and checks were discussed with staff at team meetings so that all were aware of what needed to be done to ensure people experienced good quality care through continuous improvement.

Senior staff also used learning from events and incidents involving people to make changes and improvements to the service. For example visiting district nurses were now provided with photographs of people they were coming to see, so that they could visually check and confirm they were providing care to the right person. In another example, as a result of one person missing their medicines, procedures for ordering and obtaining medicines had been reviewed and improved to ensure any missing medicines could be promptly acquired from the supplying pharmacy.