

Leonard Cheshire Disability

# Appley Cliff - Care Home Physical Disabilities

## Inspection report

8 Popham Road  
Shanklin  
Isle of Wight  
PO37 6RG

Tel: 01983862193  
Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

Date of inspection visit:  
16 July 2019  
22 July 2019

Date of publication:  
03 September 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Appley Cliff is a residential care home providing personal care to 13 people with a physical disability. People are accommodated in one adapted building providing all single bedrooms and suitable bath/shower rooms and living space such as a lounge, dining room and activity rooms. Full access is also available to an accessible garden.

### People's experience of using this service and what we found

People told us they felt safe at Appley Cliff. This was also the opinion of relatives and external professionals we spoke with.

People's needs were met in an individual and personalised way by staff who were kind and caring. Independence was promoted, privacy, dignity and people's rights and freedoms were upheld. People were empowered to make their own choices and decisions. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in the development of their care plans which were designed to promote independence and ensure their needs were known and met by staff. People and their relatives felt listened to and knew how to raise concerns. They, and their relatives told us they would recommend the service to others.

There were enough staff to support people, most had received all necessary training and staff worked well together. Arrangements were in place to ensure staff received formal and informal supervision from senior staff.

Staff, people and relatives were positive about a new manager who had recently been appointed for the service. We identified some minor areas for improvement. The manager and senior staff responded promptly and were positively taking action where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published July 2018). At this inspection improvements had been made and the service is now rated good.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Appley Cliff - Care Home Physical Disabilities

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including the previous inspection plan, the provider's action plan and notifications received about events which had occurred in the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, five care staff, catering staff, housekeeping staff, maintenance staff and administration staff. We also observed staff interacting with people during our inspection.

We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including information about training, equipment and services maintenance, quality monitoring records, meeting minutes and survey reports were also looked at.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional information the manager sent to us and contacted two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to manage all risks relating to the prevention and control of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People said they felt the home was clean. One person told us, "The home is kept very clean."
- Since the previous inspection action had been taken to refurbish areas of the home identified as being an infection control risk as they could not be adequately cleaned. A hand wash basin had been added to the laundry room and new floor covering was in place replacing the previously damaged flooring. The laundry was well organised to help ensure clean items did not come into contact with those waiting to be washed. Potentially contaminated laundry was managed safely.
- Appropriate arrangements were in place to control infection, with comprehensive audits completed as per the providers audit schedule. The home was clean and housekeeping staff completed regular cleaning in accordance with set schedules. Infection control risk assessments were in place, together with an annual statement of infection control.
- Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed.
- The manager was aware of the action they should take if there was an infection risk at the home.
- The local environmental health team had awarded the home five stars (the maximum) for food hygiene.

### Using medicines safely

- There were systems in place to audit medicines systems. However, these had not identified that staff were not taking action when temperature checks of the fridge used to store some medicines showed this may not always have been at a safe temperature. Additionally, they had not identified that staff were no longer recording the maximum and minimum temperature of the fridge or the room medicines were stored in. The manager took immediate action to ensure a suitable thermometer was in place and that temperature checks were reviewed as part of the weekly medicines audit undertaken by team leaders.
- In order to safely swallow their medicines one person had these added to their food. The person was aware this was happening, and their care records reflected this administration practice. Although the person's GP had stated they were happy with this arrangement the dispensing pharmacist had not been

consulted to ensure that it was safe for the prescribed medicines to be mixed with food. The manager arranged for the pharmacist to be consulted immediately to ensure the medicines effectiveness.

- Otherwise, arrangements were in place for obtaining, safe storage, administering and disposing of medicines in accordance with best practice guidance.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment. We observed staff administering medicines in an appropriate and safe manner.
- People told us they received their medicines as prescribed. They also told us they could receive ad hoc pain relief such as for a headache, if required.
- When able people were supported to administer their own medicines and an assessment of their ability to do so safely was seen within their care records.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People and their relatives said they felt safe using the service. A person said, "Not only do I feel safe, I am safe here."
- Most staff had completed training in safeguarding adults and were aware of the action they should take should they identify a safeguarding concern. This included keeping the person safe and reporting concerns appropriately.
- When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety. The manager understood their responsibilities and knew the actions they should take should people or staff raise a safeguarding concern to them.
- Staff were confident if they raised a safeguarding concern with the provider or manager, it would be taken seriously. One member of staff told us, "I'd report it to the manager, if they didn't take action I'd go higher up or to you [CQC] or safeguarding."
- Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Most risks to people's personal safety had been assessed and plans were in place to minimise them. One person was prescribed a medicine (anticoagulants) which 'thinned' their blood and placed them at higher risk of bleeding should an injury occur. No risk assessment for this was in place. This was addressed immediately during the inspection.
- Otherwise all necessary risk assessments were in place. These were linked to the individual person and covered areas such as their support needs and health conditions. Risk assessments were comprehensive and provided staff with clear guidance about how to reduce risks for the person without restricting their rights and independence.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Strategies to support people with behaviour that may place them or others at risk were tailored to each individual person. Care staff were able to describe how they supported people in these situations. Their response indicated the risk would be managed without compromising the person's rights and freedoms.
- Environmental risk assessments were carried out to consider and mitigate any risks to people and staff.
- Equipment such as hoists and fire safety equipment were serviced and checked regularly. People confirmed that where necessary two staff were always present when some equipment was used.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency. A theoretical night time fire evacuation drill had been completed.

### Staffing and recruitment

- People were supported by appropriate numbers of mainly consistent, permanent staff.
- People told us they felt there were enough staff. One person said, "The staff are always available when I need them, they have time for me I am never rushed."
- Care staff told us they felt there were enough staff available and we saw people were supported without being rushed. One staff member said, "We have time to sit down and chat with people or help them with activities etc."
- The provider kept staffing levels under review, including using formal assessment tools to determine the numbers of staff required to meet people's needs. The manager told us they had some flexibility with the staffing allocation so could meet individual needs. For example, on the second day of the inspection a person was attending a hospital appointment. An additional staff member was available to support the appointment.
- Short term staffing needs were filled by existing staff working extra shifts and using generally consistent agency staff.
- The provider had clear recruitment procedures in place. Records confirmed these were followed and had helped ensure that only suitable staff were employed.

### Learning lessons when things go wrong

- There was a system to record accidents and incidents. We viewed records and saw appropriate action had been taken as necessary.
- The manager and provider were keen to develop and learn from events. All accidents or incidents were reviewed by members of the senior management team and the provider's health and safety team. This meant that any lessons learnt could be shared by other services owned by the provider.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Not all staff had completed all training as per the provider's training schedule.
- Whilst viewing staff files we identified some training update which had not been completed. The manager confirmed that there was no straightforward way for them to view all training that staff needed to undertake. During the inspection they gathered this information and we were shown letters sent to individual staff members detailing the training they needed to complete with a completion date. Approximately one third of staff had training to complete. This included some essential training such as fire awareness, safeguarding and infection control.
- The manager subsequently informed us that staff had commenced completing this via e learning on computers. A formal face to face training session was also planned for the end of July 2019 which would provide some initial and update training and some practical training such as moving and handling and first aid.
- However, people felt staff did have the necessary skills and knowledge to meet their needs and this view was reflected by external professionals we spoke with.
- Records of staff supervision and appraisals showed that these had mostly been regularly undertaken. The new manager told us they had identified that for staff supervised by a team leader who had not been consistently available some appraisals and supervisions had been missed. They had arrangements in place to ensure these were completed. Staff told us they could access support or advice from senior staff or the manager should this be required.

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

- People were involved in the assessment process and this was in line with current legislation and good practice.
- People confirmed that they knew about their care plans and had been involved in the assessment of their risks and needs and development of care plans.
- Care was planned and delivered in line with people's individual assessments.
- Staff made appropriate use of technology to support people. For example, where people's movement in bed was restricted suitable pressure relieving mattresses were provided. Systems were in place to ensure these were maintained and used safely. Bedrooms and shower rooms were equipped with overhead hoisting equipment and we saw people had individual equipment (slings) for their personal use. People also confirmed that when necessary individual slide sheets were available and used to help repositioning.

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

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is very good and if I want something different they will make it for me."
- Catering staff knew people's preferences and were able to describe and meet individual needs. Staff always had access to the kitchen meaning that people could receive snacks throughout the evening and night should they require these.
- Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight regular checks were maintained of their weight and if necessary action was taken such as recording food and fluid intake and seeking the support of dieticians.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. Staff confirmed that they received all necessary information at the start of each shift and could access care plans should they wish to confirm any information.
- People's health needs were clearly recorded in their support plans and contained information from a range of health care professionals. Care records demonstrated that staff strictly followed any guidance issued by healthcare professionals, including specialists. A visiting health professional confirmed this and said that staff managed some specific health needs well. They also told us they were consulted appropriately if staff had new concerns about people.
- During the inspection we saw staff responding when a person required additional support following a seizure. Staff were calm and supported the person appropriately.
- People told us they were supported to access local healthcare services such as doctors or dentist. This was confirmed in care files viewed.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of people using the service as far as was possible within the constraints of the building. Where possible adaptations to promote independence were in place such as an automatic opening front door. Equipment to promote independence was available, and suitable signs were in place around the home to inform people where bathrooms or toilets were located.
- Communal areas were pleasant and provided a range of places where people could spend time individually or as a small group. All bedrooms were for single occupancy and all necessary equipment, such as ceiling tracked hoists, to support people safely was in place. Level access was available to an accessible rear garden, meaning people could access this when they wished to do so. A lift, which people could use independently, afforded access to bedrooms on the first floor.
- The provider had identified that the building environment required modernising and updating and had undertaken work to refurbish and help ensure the building met the needs of people using it.
- Where appropriate people had been involved in the choice of colour schemes for their bedrooms and communal spaces. A person told us "I chose the colour for my bedroom and they [provider] sorted out the painting."

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People told us they were always asked before care was provided. One person said, "The staff ask me first, if I say not now they will come back later."
- All people living at Appley Cliff were able to make all relevant decisions regarding their day to day care needs and how these should be met.
- Staff understood how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I always give people a choice and ask them what they want to do."
- The manager was aware of how to access advocates and when others may be required to help people make decisions should this be required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement as people had not always been treated in a caring way. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked living at, or receiving respite care, at Appley Cliff. One person told us, "The staff are really nice and very kind." Another person said, "I like it here, that's because of the staff they are all nice."
- Family member's also spoke positively about the care their relatives received. One relative said, "I have no worries, all the staff seem nice."
- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people and supported them in a patient, good-humoured way. All interactions observed were positive for the people involved.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. Equality and diversity training was included as part of the formal induction training all new staff completed.

Supporting people to express their views and be involved in making decisions about their care

- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. One person told us, "I know about my care plan and what's in it, they [staff] talked about it with me and I have signed it." We saw care plans had been signed by the person whose plan it was.
- Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories, their preferences and what was important to them. This reflected information people told us when we spoke with them.
- Staff understood people's rights to make choices. One staff member said, "It's their [person's] choice, we have to respect their decisions."
- People's views about the service were sought formally and informally. Meetings were held with people. Records of these meetings were kept and showed the manager invited suggestions from people about changes to the service provided. People were also included when new staff were interviewed. A person was part of the interview panel for a potential new staff member during the inspection. They later told us they were involved in interviews for all new staff including the new manager and that their views about applicants were respected.
- Family members were welcomed at any time. One visitor said, "There are no visitor restrictions and the staff are very welcoming towards me."

## Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- A person told us how staff would remember to close their bedroom curtains when they were getting dressed or undressed and how staff gave them privacy by leaving them alone in the toilet.
- People had been asked if they had a gender preference regarding staff who might be providing personal care support. One person confirmed this and said, "I only have [female] staff, that's what I like." Staff were aware of which people had a preference and confirmed these were always met. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- Appley Cliff encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. Equipment to promote independence was also provided. For example, one person told us staff had advocated for them to have a powered self-drive wheelchair and they were waiting for an assessment by an external professional to determine their suitability for this. Other people had previously been supported to have a powered self-drive wheelchair and were seen using these within the home and grounds. This provided people with the independence to move around on their own and go where they wished without having to rely on staff to support them.
- At lunch time we saw a range of crockery and cutlery was available to suit each person's individual needs meaning wherever possible people could eat without staff support.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with recent changes in legislation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people's needs were met through good organisation and delivery.

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

- People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred and people and their families, where relevant, were involved in reviews of their care and support. Records showed people had received support as detailed in their care plans.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People felt staff provided personalised care and they had the opportunity to be in control of their lives.
- People were empowered to make their own decisions and choices where they were able to do so. People told us they could choose when they got up and went to bed, where they took their meals and how they spent their day. Where people with capacity were making unwise choices, staff supported them to do so safely. For example, one person did not want to have their meals in a softer format as advised following an assessment by an external professional. To manage their risk of choking, staff encouraged the person to have meals in a communal area with staff supervision.

Meeting people's communication needs

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

- The service was working within the Accessible Information Standard (AIS). Most people were able to communicate effectively verbally and able to read written information.
- People's communication needs had been assessed and people had a communication care plan which detailed what support they required to communicate effectively. Care staff were able to interpret people's communication and people told us staff listened to them.
- We observed staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately. For example, a staff member described how a person could understand and respond to questions if they were given time to do so. One person was supported to use an electronic communication tool.
- The manager was aware of how to access support for people in respect of communication should this be required. They confirmed written information could be provided in different formats such as larger print should that be required.

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

- People were provided with opportunities to participate in a range of activities of their choice both within the home and on regular outings to the local community. The provider had arranged for suitable vehicles to be available for everyone to use.
- Where people did not have any planned activities, we saw staff encouraged them to participate in activities within the home and local community. For example, one person who was a keen gardener was supported to grow vegetables and was responsible for the flower beds at the front of the home. They talked about this with us and the activity and responsibility clearly brought them much pleasure. Other people also told us how they spent their time, and all felt they had enough to do. A person said, "I'm not bored I've got my [satellite tv channels] and there is lots to do."
- The home had free Wi-Fi available and computers should people not have their own. This meant people could keep in contact with family or friends and access games and entertainment of their choice.
- We saw staff had time to encourage people to participate in individual and small group activities or discussions or go on ad hoc community excursions.
- The manager identified they would like people to have more opportunities for activities and community engagement and described this as an area they would like to focus on in the future.

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the manager and provider.
- People were given information about how to complain or make comments about the service. This information was available for people in a suitable format within the service users guide everyone had been provided with. For visitors, information about how to complain was available in the entrance area. The manager was aware of how to access advocacy services should people require support to make a complaint or have their views heard.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the manager.
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to complaints which had been received in the year prior to this inspection. These had been comprehensively investigated and a written response had been provided to the complainant.

End of life care and support

- At the time of the inspection, no one living at Appley Cliff was receiving end of life care.
- The manager provided us with assurances that, should it be required, people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals and family members.
- Staff understood people had the right to determine the level of treatment they would receive should their needs change suddenly. A senior staff member described how they were supporting a person who no longer wished for a 'do not resuscitate' decision to be in place. This had been initiated when the person had been in hospital and following their recovery the person was clear they would want staff to provide all support in an emergency.
- Care files included people's wishes in respect of emergency care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- At the previous inspection in May 2018, we found that the provider had not ensured all actions necessary to protect people from the risk of infection had been taken. We told them they must make improvements. At this inspection we found action had been taken to refurbish areas of the home identified as being an infection control risk as they could not be adequately cleaned.
- When we identified areas for improvement during this inspection, the manager and deputy manager were receptive to our findings and acted to investigate and make prompt improvements. Information provided by the manager following the inspection confirmed that this had occurred.
- A range of audits and quality monitoring procedures were in place; however, these had not identified areas such as the medicines room and fridge temperature monitoring failings or lack of some staff training we found. The manager told us these would be added to the medicines audit process. The provider's area manager, manager and deputy manager undertook a range of formalised audits and monitoring systems for the service. Specific teams employed by the provider, such as the health and safety team, also undertook some audits. Where these had identified improvements were required, subsequent audits and reports showed appropriate action had been taken. The manager also undertook some unannounced visits to the home.
- Where there were changes in best practice guidance or legislation the provider had systems in place to ensure the manager and staff were kept informed and up to date. For example, following a change in the requirements for some medicines to be managed in a particular way staff had ensured this occurred.
- The provider and manager sought feedback from people, relatives and staff through an annual survey. We were provided with a copy of the report following the 2018 survey. This showed most people were happy with all aspects of the service provided at Appley Cliff.

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

- There was a clear management structure in place, consisting of the provider's area manager, the manager, deputy manager and team leaders. The manager told us the provider's area manager attended the home at least monthly and had regular telephone and email contact with them.
- Since the previous inspection, there had been changes in the home's management team. The previous registered manager had left, and the provider had appointed another manager, who had applied to register with CQC. This manager was present throughout the inspection and, although they had only been working



at the service a couple of months, they demonstrated a commitment to the service.

- Staff were very positive about the home's management team and the new manager. One staff member said, "We've always had good managers and [new managers name] seems really good as well. They are very focused on the residents and what they need. I think they [new manager] will be really good for the home." Another staff member said, "I feel able to talk to the manager, I'm sure if I had any problems they would be supportive."
- People and visitors were aware of who the manager was and confirmed that they felt able to approach him should they wish to do so.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team." There was a consistent staff team and staff in various roles worked well together. This was also noted by people and one said, "The staff do get on with each other and with us."
- The manager was aware of when they needed to notify CQC about incidents in the home and had done so when required.

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

- People and their relatives were happy with the service provided at Appley Cliff and felt it was well managed. When asked if they knew who the manager was a person said, "Yes, I was involved in the interview for them. He is very good, and I like him." Another person said, "The manager asks us if we are Ok and talks with us all the time, I think they are a good manager." Relatives also confirmed they knew who the new manager was.
- People and relatives felt able to approach and speak with the manager or other staff and were confident any issues would be sorted out. Throughout the inspection the manager demonstrated an excellent knowledge of the people living at Appley Cliff showing they had taken time to get to know them all individually.
- The manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions.
- The provider had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff spoke about this and told us they could approach the local safeguarding team or CQC if they felt it was necessary.
- The service experienced low levels of staff turnover. Staff said they were happy working for the provider and felt able to raise issues or concerns with the management team.
- The management team ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.

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

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents or adverse incidents occurred. Discussions with the manager showed they understood when they may need to use the duty of candour policy and how they should do so.
- CQC had been notified of all significant events and the provider had kept us updated about changes affecting the service.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. The provider's website also included the previous performance rating and a link to the previous report.

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

characteristics

- The manager consulted people and their relatives in a range of formal and informal ways. These included residents' meetings and one-to-one discussions. One person said, "The home is well managed, resident's meetings are held every month, they [management] do seem to listen to our views." Records of meetings showed a range of topics were discussed with time available for people to raise any specific questions of their own. Meetings were also held to discuss specific topics. People were actively involved in events affecting the home and one person told us about the committee they were on to plan the forthcoming fundraising event.
- Where people or relatives identified areas for improvement action was taken. A suggestions poster was in the hall. We saw people had added suggestions for activities they would like to undertake. The manager told us how they were acting to ensure these suggestions were made available to people.
- Staff meetings were also held, and the manager had an 'open door' approach, meaning staff could raise any issues or questions at any time.
- Staff spoke positively about the manager and told us they felt valued and listened to by them.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. Equality and diversity training was included as part of the formal induction training all new staff completed and people's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

Working in partnership with others

- Staff had links to other resources in the community to support people's needs and preferences. This included links with local church communities and the manager described how they hoped to develop further links with nearby schools and community groups. They told us they were planning a joint fundraising event with a nearby school using the home's grounds for a garden event.
- A social care and a health care professional were positive about their working relationship with staff and said they would recommend the home.
- The manager was clear about who and how they could access support from should they require this. This included internally within the provider organisation and externally from social services or health providers. The manager demonstrated an "open" attitude to seeking support.