Milkwood Care Ltd

Applewood Care Home

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

Summary of findings

Overall summary

This inspection took place on 24, 25 and 28 January 2019 and was unannounced.

Applewood is a 'care home'. People in care homes receive accommodation and nursing or personal care, as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Applewood Care home provides care for up to 39 older people living with differing stages of dementia. There were 37 people living at the home on the first day of our inspection, with one person receiving end of life care. All accommodation is provided in a two-storey building, within a rural village on the outskirts of Basingstoke.

At our last inspection in May 2016 we rated the service to be Outstanding. However, we were not provided with evidence to support the continued rating of Outstanding. At this inspection we found evidence to support the rating of Good.

Since our last inspection in May 2016 there had been a change of manager, which had had an adverse impact on staff retention and morale. The previous registered manager left the home in September 2018, shortly followed by a number of experienced care staff. The provider had been recruiting to fill these vacancies since. The new home manager had worked hard to rebuild staff morale and recruit new staff members. The home manager had almost completed the process to become the registered manager.

At this inspection we found the home was consistently well-managed by the home manager who provided clear and direct leadership. Staff consistently told us the management team had created a supportive environment where their opinions and views were discussed and taken seriously, which made them feel their contributions were valued.

Quality assurance systems monitored the quality of service being delivered, which were effectively operated by the management team, to drive continual improvement in the service.

The home manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care, for example; local GPs and community mental health and nursing teams.

People experienced care that made them feel safe and were protected from avoidable harm and discrimination. When concerns had been raised, thorough investigations were carried out, in partnership with local safeguarding bodies.

Risks were assessed, monitored and managed effectively. Staff were aware of people's individual risks and how to support them to remain safe.

There were sufficient staff to respond quickly and provide safe and effective care to people. The home manager operated a robust recruitment process, based on relevant pre-employment checks, which assessed the suitability of candidates to support older people and those living with dementia.

People's dignity and human rights were protected, whilst keeping them and others safe. Staff supported people who experienced behaviour which may challenge sensitively, in accordance with their positive behaviour support plans.

People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed annually. People's medicines management plans were reviewed regularly to ensure continued administration was still required to meet their needs.

High standards of cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

Staff had an effective induction, ongoing training and support to maintain necessary skills and knowledge to support people effectively.

People were supported to eat and drink enough to protect them from the risk of malnutrition and dehydration. Risks to people with more complex nutritional needs were promptly referred to relevant dietetic specialists.

Each person had an individual health action plan which detailed the completion of important monthly health checks. People were promptly referred to external services when required, which maintained their health.

The provider had continued to improve lighting, signage and decoration of the premises to support the needs of people living with dementia.

The management team had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

Staff consistently treated people with compassion, kindness and respect. People were supported to follow their interests and hobbies which enriched their lives.

People's choices and independence were promoted by staff supporting and encouraging them to do things themselves. Staff supported people to develop friendships within the home and maintain close links with their loved ones. This protected them from the risk of social isolation and loneliness.

People actively contributed to their care planning. Care plans were personalised and contained information such as the person's life history, preferences and interests. People living with dementia had assessments relating to memory, mood, interactions and behavioural tendencies.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings and supervision meetings. People and their relatives knew how to complain. The registered manager used concerns and complaints to drive improvement within the home.

People were supported with care and compassion at the end of their life to have a comfortable, dignified and pain-free death. Staff were thoughtful and consistently treated relatives with kindness, which made them feel involved, listened to, and informed, in the last days of their loved one's life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People experienced care that met their needs and made them feel safe.

Risks to people were assessed, monitored and managed so they were supported to stay safe and protected from avoidable harm.

The home manager made sure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People received their medicines safely, as prescribed, administered by staff who had completed the required training and had their competency to do so regularly assessed.

Is the service effective?

Good

The service was effective.

Consent to people's care and treatment was sought in line with legislation and guidance.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant professionals.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion in their day-to-day care by staff who responded to their needs quickly.

People were actively involved in making decisions and planning their own care and support. Staff listened to and respected people's views, which they acted upon.

People were treated with dignity and respect at all times.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and delivered care and support in accordance with their individual wishes.

The service provided person centred care which was planned and reviewed in partnership with them to reflect their individual wishes and what was important to them.

The provider sought feedback to improve the service and used complaints to drive improvements in the service.

Is the service well-led?

Good

The service was well-led.

Staff understood the provider's values, which they demonstrated in the delivery of people's care.

The service had strong links with the community and worked effectively in partnership with local nursing specialists to support care provision, service development and joined up-care.

The home manager provided clear and direct leadership, visible at all levels which inspired staff to provide a quality service.

The management team effectively operated quality assurance systems to drive continuous improvement in the service.

Applewood Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced, comprehensive inspection of Applewood Care Home was carried out by one inspector on 24, 25 and 28 January 2019.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with nine people living at the home, some of whom had limited verbal communication and five relatives. 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 home. We pathway tracked the care of five people.

We observed care and support being delivered in communal areas of the home. We spoke with the home manager, the deputy manager, the operations director, the chef, the activities coordinator, and 12 staff from all departments, including night staff. We also spoke with three health and social care professionals and an external trainer who was delivering training at the time of our inspection.

We looked at care plans and associated records for eight people using the service, staff duty records, seven staff recruitment, supervision and training files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The service was last inspected on 4 May 2016 when it was found to be Outstanding.

Good

Is the service safe?

Our findings

People experienced care that met their needs and made them feel safe. One person told us, "The carers [staff] take care of me listen to my worries, so I know I am safe." Another person told us, "I am happy and feel safe because they [staff] are all kind and gentle." A relative told us, "I never worry because the care staff are all very caring, which you can see for yourself. They [staff] are all very kind and gentle."

People were protected from avoidable harm and discrimination. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.

Where people were assessed to be at risk, these were managed safely. For example, people had management plans to protect them from the risks of falling, malnutrition and developing pressure sores.

Staff were aware of people's individual risks and the support they required to remain safe. For example, staff knew which people were at risk of choking, developing pressure sores or falling.

Staff understood the provider's safety systems, policies and procedures, for example; fire safety and emergency evacuation procedures.

Where complaints highlighted areas of required learning and improvement the home manager had taken positive action, for example; reviewing moving and handling techniques to ensure people were supported safely whilst being supported in wheelchairs.

There were sufficient numbers of staff deployed to meet people's needs safely. One person told us, "They [staff] always come when I need them but sometimes I have to wait in the morning." A relative told us, "The carers get busy sometimes but always respond quickly, although sometimes they tell people they'll come back if there's an emergency somewhere."

Staff consistently told us that there were always enough staff to meet people's needs safely, although sometimes they felt they did not have time to stop and engage in meaningful conversations with people. Night staff consistently told us that when people's needs required two members of staff, the current level of three staff meant that people may need to wait.

The home manager was aware of the issues raised by staff and regularly reviewed staffing levels and adapted them to meet people's changing needs and dependency. Rotas demonstrated that sufficient staff with the right skills had been deployed to make sure people experienced safe care.

During the inspection we observed staff consistently responded to call bells quickly, which reassured people. The management team analysed staff call response times to identify times when more staff may be required.

The provider assessed staff suitability for their role. The provider completed relevant pre- employment checks about prospective staff as part of their recruitment, which we reviewed in their records. These included the provision of suitable references to obtain 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. Prospective staff underwent a practical work-related interview which was evaluated, before being appointed.

People were protected from environmental risks within the home. Equipment and utilities were maintained in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment, such as extinguishers and alarms, and moving and handling equipment was serviced under contract and tested regularly to ensure it was in good working order.

People living at Applewood were provided with a profiling bed, which could be used by individuals to support them independently transition from their bed to a standing position. These beds also reduced the risks of staff sustaining back injuries whilst supporting people to move whilst in bed.

Risks to people associated with their behaviours were managed safely. During our inspection we observed timely and sensitive interventions by staff, supporting people who experienced behaviour which may challenge others. This ensured that people's dignity and human rights were protected, whilst keeping them and others safe.

The provider reviewed all incidents to reduce the risk of a future recurrence. There was a culture in the home where learning from mistakes, incidents and accidents was encouraged. For example, the home manager had implemented an analysis of falls and medicine errors to ensure lessons learned were used to prevent a future occurrence.

People's medicines were managed safely. People received their medicines from staff who had their competency to administer medicines assessed regularly by the home and deputy manager. This ensured their practice was safe, in line with guidance issued by the National Institute for Health and Care Excellence.

The home had recently introduced an electronic medicines management system, which provided alerts to the staff to reduce the risk of medicine errors.

Staff supported people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.

Where people were prescribed medicines there was evidence within their medicines management plan that regular reviews were completed to ensure continued administration was still required to meet their needs.

Medicines administration records (MAR) were completed correctly. The MAR provides a record of which medicines are prescribed to a person and when they were given. Staff were aware of the action to take if any mistake was found, to ensure people were protected from the risks associated with the unsafe management of medicines.

Where people had been prescribed transdermal patches a record was kept recording where on the person's body the patch had been applied. A transdermal patch is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. The home manager had engaged with the

manufacturer in relation to improving the system to show a more detailed history of patch allocation.

There was a system in place for the recording of prescribed topical medicines, such as creams and lotions. Records showed people received these treatments as they were prescribed. Some people who found it difficult to swallow had been prescribed a thickening agent for their drinks. We observed such drinks provided, which had been prepared to the right consistency, in accordance with nutrition support plan.

Where people took medicines 'As required (PRN)' there was guidance for staff about their use. Where people had been prescribed PRN pain relief medicines, pain assessment tools were used prior to administration. People had a protocol in place for the use of homely remedies to ensure these did not interact with other medicines they were taking. These are medicines the public can buy to treat minor illnesses like headaches and colds.

There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. The stock management system ensured medicines were stored appropriately and there was an effective process for the ordering of repeat prescriptions and safe disposal of unwanted medicines.

Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. All staff clearly understood the provider's policies and procedures on infection control, which were up to date and based on relevant national guidance. A recent audit highlighted a potential risk of infection from torn crash mats or seat cushions, which had immediately been replaced.

We observed the cook and kitchen assistants following the required standards of food safety and hygiene, when preparing, serving and handling food.

Good

Is the service effective?

Our findings

People, relatives and professionals recognised the skill and expertise of the staff in meeting people's needs. Relatives and professionals said staff understood people's needs and knew how they wished to be supported. One person told us, "They [staff] are so kind to me and really look after me." One relative told us, "You can't fault the care. It was a worry when the old manager left but the new manager knows what they're doing and the staff are wonderful." Another relative told us, "They [staff] have been so good, the care couldn't be better even if they were nurses. They [staff] are so quick to respond if [loved one] is poorly and keep me well informed."

People's needs were assessed regularly, reviewed and updated. People had detailed care plans which had been developed with people and their families, based on recognised best practice. Care plans were amended when people's needs changed to ensure they received appropriate care.

People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans. We observed staff consistently used nationally recognised tools to assess risks to people and then effectively managed them. For example, appropriate interventions and equipment were in place to support people at risk of developing pressure sores or malnutrition.

The provider had enabled staff to develop, retain and update the skills and knowledge they required to support people effectively. Staff had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. The provider had reviewed their induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff also worked with experienced staff to learn people's specific care needs and how to support them, before they were authorised to work unsupervised.

The provider had recently contracted an external trainer to ensure that all new staff had completed the Care Certificate and experienced staff had their Care Certificate competencies refreshed. This training programme started on the first day of our inspection.

At our last inspection in May 2016 staff and people's relatives had completed innovative training which provided an insight into the experience of living with dementia. This training empowered staff and relatives with a greater understanding about the needs of people living with dementia and more awareness about how to meet them. At this inspection due to the turnover of staff and change of people using the service, the impact of this training had been diluted. The home manager demonstrated their plan to arrange for this training to be repeated.

The provider used a system of supervision and appraisal to develop and motivate staff, review their practice and focus on professional development. Records confirmed that staff had regular meetings with their designated line manager.

Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff valued the supervision process which gave them the opportunity to communicate any problems and suggest ways in which the service could improve.

Important information about people was shared between staff and acted upon safely and effectively. During handover meetings, staff thoroughly discussed people's needs and raised pertinent questions to check their own understanding. The home and deputy manager operated an effective system to ensure all appointments and information in relation to people's care and treatment was shared efficiently, for example; updating the results of medical examinations and changes to people's medicine prescriptions.

Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by consistently following guidance from relevant dietetic professionals. People and relatives consistently told us they enjoyed food that was nutritious and appetising. Mealtimes were unhurried and arranged to suit individual needs and preferences. Staff understood the different strategies to encourage and support people to eat a healthy diet. The home manager had identified the importance of remaining well hydrated and had provided additional guidance and learning materials to improve staff awareness. We observed staff implementing this guidance during our inspection, where people were consistently encouraged to drink more.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The registered manager consistently applied processes for referring people to external services such as GPs, dieticians, opticians and dentists, which maintained their health. The registered manager had developed effective partnerships with relevant professionals. Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance, for example; staff management of risks to prevent people developing pressure sores.

The home had not been specifically designed to promote the independence and safety of people who live with dementia. The provider had adapted the home to reduce some of their symptoms like disorientation and confusion. There were wall hangings and objects of reference to stimulate people's memory. People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences. The home manager operated an effective maintenance programme

The home manager had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making specific 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 people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make all decisions they were able to.

Staff had consulted with relatives and healthcare professionals and had documented decisions taken, including why they were in the person's best interests. For example, decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health deteriorated. The home manager effectively operated a process of mental capacity assessment and best interest decisions.

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. 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. We found the provider was following the necessary requirements.

Some people had appointed family members as their Power of Attorney which empowered them to act on their behalf. Records accurately reflected who should be consulted in relation to specific decisions. This ensured people's legal and human rights were upheld.

Good

Is the service caring?

Our findings

People experienced positive, caring relationships with staff who treated them with kindness, respect and compassion. The core staff team were well established, which meant people experienced good continuity and consistency of care. One person told us, "Some of the girls [staff] have been here since [loved one] moved in and they are part of our family." One relative told us, "The carers [staff] really care, which shows in the way they treat people. They are so kind and caring."

Staff knew people well, including their life stories, which they used to thoughtfully engage people in conversation or reminisce about the past. When people were confused or disorientated, we observed staff spoke kindly about their loved ones and important events from their lives to reassure them. One person told us, "They [staff] are lovely, they always make time to have a chat with me, which makes me happy." A relative told us, "The caring nature of the carers [staff] has always been the strength at Applewood and although there has been a lot of new faces [staff] that hasn't changed."

People, relatives and staff spoke fondly about the inclusive family atmosphere they experienced living, visiting and working at the home. Staff were devoted to the people living at Applewood. For example, one staff member said, "I couldn't work anywhere else now because I couldn't bear to leave the people here."

People's relatives reported that there had been a period in the autumn 2018, when the high turnover of staff had led to a period of instability and uncertainty. However, people and relatives praised the new manager and staff for quickly building caring and meaningful relationships with them. Relatives consistently told us that staff interaction with their family members had a positive impact on their well-being and happiness.

People and relatives told us that the highlight of their day was when staff were able to spend one to one time with them. These feelings were also consistently expressed by staff, for example; One staff member told us, "The reason I love my job is the chance to make a difference to make someone smile and feel happy and cared for. There is nothing like being able to spend time them [people]."

However, staff consistently told us that since our last inspection in May 2016 the level of staffing had meant that the amount of time they had to deliver highly personalised care had diminished. Staff told us there had been occasions where they felt they were task driven, which prevented them from providing more person-centred care. Relatives consistently praised the compassionate care delivered by staff, whilst recognising the transition period required for new staff to embed.

We observed staff consistently care for individuals in a way that demonstrated a real empathy. For example, during our inspection one staff member, who was engaged in medicines administration, provided positive and discreet reassurance and support to a person who was anxious about their catheter care.

People were protected from the risks associated with social isolation. We observed staff thoughtfully support people to develop and maintain friendships within the home, particularly during activities and mealtimes. Staff supported people to maintain their relationships with family and friends. For example, the

provider arranged transport for relatives who were unable visit Applewood themselves. Relatives consistently said staff were very good at keeping them up to date about their family member's progress and significant events.

The provider embraced the ethos that Applewood was people's home. For example, people were supported to move into Applewood, together with their pets. We observed a person's dog also provided interest and companionship to other people and emphasised that Applewood was their home.

Staff were gentle, patient and kind, when supporting people. For example, we observed staff consistently encourage people to take their time and not to rush. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. We observed and heard staff providing reassuring information and explanations to people, whilst delivering their care.

People told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. Staff knew how to comfort people in a way they preferred, for example, by holding their hands or putting an arm around their shoulder. Where necessary, staff used gentle touch on people's arms and the small of their back to enable them to focus their attention on what was being communicated.

We observed staff promoted people's choices and independence, by supporting and encouraging them to do things themselves, rather than doing things for them. One person told us, "They [staff] are very good because they ask you first rather than just doing it for you." Staff sensitively encouraged people and gently reminded them when they forgot to do things, such as wearing appropriate clothing.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress, to maintain their personal dignity when required. Staff always knocked and asked for permission before entering people's rooms. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn. When people required to be supported to move in communal areas using safety equipment, staff maintained and promoted people's dignity.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of their protected characteristics including age and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

People and where appropriate their relatives, were involved in their care planning, which considered their wishes, needs and preferences. Relatives consistently told us that the home manager and staff made them feel their feelings and opinion mattered.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

Good

Is the service responsive?

Our findings

People told us they experienced care that was flexible and responsive to their individual needs and preferences, and were fully involved in the planning of their care and support. The home manager and staff ensured individuals were enabled to have as much choice and control as possible.

People actively contributed to the planning of their care. Relatives told us the staff worked closely with them, to ensure they were fully involved in people's care. People received care and support that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice. For example; staff encouraged people to do everything they were capable of or had the potential to do so.

Peoples needs and preferences were identified in their care plans, which were personalised to contain comprehensive information about the person's life history, family, preferences around their personal care routines, likes and dislikes, hobbies and interests. Care plans contained details of any spiritual or cultural needs people had and how staff needed to meet them. Staff were aware of these needs and could tell us how they supported different individuals to practice their faith. Other needs identified included nutrition and hydration, dressing, mobility, communication, tissue viability, oral care and end of life wishes.

People living with dementia had assessments relating to memory, cognition, mood, interactions and behavioural tendencies. Where people had a specific medical need, then individual care plans were completed. For example, care plans in relation to the management and diabetes and pressure sores.

Peoples needs and preferences were identified in their care plans which were personalised to contain information such as the person's life history, family connections, preferences around their personal care routines, likes and dislikes, hobbies and interests. Care plans contained details of any spiritual or cultural needs people had and how staff needed to meet them.

People experienced personalised care, according to their individual needs. Staff could describe the care and support required by each person. For example; staff knew which people needed support to be re-positioned regularly and those who needed support and encouragement to eat and drink.

Staff delivered care and support in a way that promoted equality. Staff identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss. We observed staff consistently supporting people living with visual or hearing impairments, in accordance with their care plans.

When people's needs changed, these were identified promptly and referred to relevant healthcare professionals when required, for example; when people had developed infections or experienced increased anxieties. Where aspects of people's health were being monitored, records demonstrated that staff responded quickly when required. We observed changes to people's care were discussed at shift handovers to ensure staff were responding to people's current care and support needs. During our inspection we

observed staff respond effectively to people's changing care needs.

Healthcare professionals made positive comments regarding the proactive response of staff to people's changing needs. Such comments included, "They are very proactive and good at managing things like pressure sores and continence care," and "We have good communication with the staff here, who make timely referrals when required," and "The care staff ask questions if they are unsure about anything and follow our guidance."

We observed staff consistently delivering people's care in a personalised way, according to their individual needs. Staff had completed training in relation to person centred care and told us the home manager was passionate about respecting people's choices and preferences

People and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. People, their relatives, care managers and commissioners of people's care consistently told us the home manager and staff ensured individuals were enabled to have as much choice and control as possible.

People and relatives reported they enjoyed the wide range of activities provided at the home, by staff who were always enthusiastic. Family members told us the activities team consistently sought feedback from them to identify new ideas for activities their loved one would enjoy.

We observed 'Strictly Friday' where people were supported to dance with each other to their favourite music, some using their walking aids. People actively encouraged one another to take part which developed and maintained friendships. We observed one person who had been a dance instructor kindly supporting their friends. 'Strictly Friday' raised the mood of the people and staff involved. One person told us, "I love dancing, it keeps me young." A member of staff said, "How could you not want to come to work if you get to do this."

The provider published a monthly newsletter, 'The Applewood Core' which highlighted recent and future events to stimulate interest and encourage participation. The most recent edition illustrated Christmas outings to carol concerts and pantomimes, as well as visits by a local dance school, who performed a ballet. The activities coordinator also arranged the opportunity for people to experience the power of animal therapy, where people could touch and hold interesting animals and creatures. Applewood was named as the 'runner up' by a national charity in their search for the 'Pet Friendly Care Home of the Year'. This charity sought to promote peace of mind and practical help for people, to ensure love, care and safety for their pets.

Where people chose not to participate in group activities the activities team ensured they received individual one to one sessions, to ensure they did not become socially isolated. One person told us, "Sometimes I just like to stay in my room, but the girls [staff] always come and make sure I'm okay and have a lovely chat with me." Where people experienced concerns about their continence staff provided comfort, reassurance and encouragement to enable people to engage in social activities.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions. The provider completed satisfaction surveys and held meetings attended by people and their families. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People and their relatives knew how to make a complaint if they needed to. The provider's complaints policy and procedure was prominently displayed within the home. People and relatives told us if they had a

complaint they would raise it with the home manager and were confident action would be taken to address their concerns

Relatives told us the management team made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life. Staff were aware of the provider's complaints policy but consistently told us the home manager encouraged them to use their initiative and proactively resolve problems as soon as they were raised to prevent them escalating.

The home manager valued concerns and complaints as an opportunity for driving improvement within the home. The provider had received two complaints in the previous year, which had all been managed effectively. Where complaints highlighted areas of required learning and improvement the home manager had taken positive action, for example; ensuring staff underwent further training when poor practice had been identified.

Relatives and palliative care specialists consistently told us that people were supported at the end of their life to have a comfortable, dignified and pain-free death. Family members praised the home manager and staff for the kind and compassionate care provided to their loved one, and the kindness and consideration extended to their family and friends. A relative told us staff had made them feel involved, listened to, and informed in the last days of their loved one's life.

Staff had received additional training as part of the service accreditation in relation to a recognised end of life care programme. As such they were aware of national good practice guidance for end of life care and provided care in line with this consistently. Advanced care plans were developed with people and their families. These ensured people's end of life choices and preferences were known and documented, for example; the person's preferred place of death. Relatives told us that staff were empathetic and sensitively discussed advanced decisions with them.

Good

Is the service well-led?

Our findings

Applewood did not have 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection in May 2016, there had been a change of managers, which had had an adverse impact on staff retention and morale. The previous registered manager left the home in September 2018, shortly followed by several experienced care staff. The provider had been recruiting to fill these vacancies since.

At this inspection there was a home manager, who had been appointed on 10 October 2018. The home manager had commenced the process to become the registered manager with the CQC. The home manager did not have the opportunity to have an effective handover from the previous registered manager.

Despite the lack of an effective handover, the home was consistently well-managed and well-led by the home manager who was a good role model, led by example and provided clear and direct leadership to their staff.

The provider aimed to provide a personal, caring environment, where everything was set up and driven to maximise people's happiness and quality of life. People and relatives consistently told us that the provider was achieving their objectives. The operations director and home manager had created an open, inclusive, person-centred culture, which achieved good outcomes for people. Staff told us they were encouraged to be caring, placing people at the heart of the service. We observed staff demonstrating these values, whilst delivering care which promoted people's dignity, independence and choice.

People, relatives, staff and professionals praised the commitment and dedication of the home manager to provide the best possible support for people. Comments made by relatives included, "She is different to the old manager but knows what she is doing. She has got some new staff in and they are starting to gel as a team." Another relative said, "I know a lot of staff left at the end of last year but those who stayed were have been marvellous and the new staff are excellent. I think she has turned it around and Applewood will go from strength to strength."

Staff told us the management team had created a supportive environment where their opinions and views were discussed and taken seriously, which made them feel their contributions were valued. Staff told us the home manager and deputy manager inspired trust and confidence in them and were always available if they needed advice or guidance. Two members of staff told us how the home manager and deputy manager had sensitively supported them, at a time when they were experiencing personal difficulties.

There was a clear management structure within the service. Staff understood their roles and responsibilities and had confidence in the management team, who frequently worked alongside them and provided

constructive feedback about their performance. Staff reported that the management team readily recognised and thanked them for their good work. Rotas demonstrated there was always a designated manager available out of hours.

During our inspection we observed the management team provide clear and direct leadership in relation to unexpected events, for example; the provision of advice in relation to the support required for a person who was experiencing increased anxiety. During our inspection the management team effectively implemented the provider's infection control procedures in response to a potential outbreak of diarrhoea.

Professionals consistently told us the home manager and staff listened to them and effectively implemented their guidance. One visiting professional told us, "The manager always welcomes our involvement and gets staff to follow our guidance effectively."

The home manager readily recognised good work and staff achievements. Staff felt comfortable to suggest new ideas to the management team and were then encouraged to implement them. For example, two members of staff had requested the opportunity to develop their skills and had been appointed as 'Lead Seniors' with extra responsibilities, for example; medicine audits.

The provider had suitable arrangements to support the home manager, for example, through regular meetings with the operations director, which also formed part of their quality assurance process. The home manager told us they had received excellent support from the operations director.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Staff completed a series of quality audits including care files, health and safety and fire safety management. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

The management team completed practical safety exercises to check staff responded to serious incidents in accordance with the provider's protocols and that processes and equipment were effective. For example, fire safety drills and emergency evacuation procedures.

The home manager collaborated effectively with key organisations and agencies to support care provision and service development. For example, the home manager and staff had developed good relationships with local GPs and community mental health and nursing teams. The service had clear systems and processes for referring people to external healthcare services, which were applied consistently, and had a clear strategy to maintain continuity of care and support when people transferred services.

The home manager understood their regulatory responsibilities. For example, the home manager had promptly notified the CQC and other authorities as required, in relation to important events or serious incidents.