Applecroft Care Home Limited

Applecroft Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This was an unannounced inspection carried out on 20 and 22 January 2015.

Applecroft Care Home provides nursing and personal care for up to 75 older people some of whom may be living with dementia. The service, which is owned by Abbey Healthcare, is situated in River near Dover with accommodation on three floors. On the days of our inspection there were 55 people living at the service.

There were three units:

Discovery Unit on the ground floor supports people who may have behaviours that challenge, may have dementia and may also have pre-existing mental health disorders.

Permain Unit on the first floor supports older people who may be living with dementia at various stages which ranges from mild to advanced.

Russet and Pippin Unit on the second floor is a general nursing unit.

The service was run by a registered manager who was present during our inspection. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission 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.

People were at risk of receiving unsafe or inappropriate care arising from a lack of proper information because records were not accurate and not completed consistently. Care plans did not always contain up to date information. Where people's needs had changed this had not always been recorded in a timely manner so staff may not be aware of changes.

People's rights were not always protected because although assessments were carried out, to check whether people were being deprived of their liberty and whether or not it was done so lawfully, no applications had been made. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Assessments had been completed but no applications had been submitted to the local authority in line with this guidance. We have made a recommendation about DoLS.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests.

Recruitment processes were in place to check that staff were of good character and there were sufficient numbers of staff to meet people's needs. Staff knew how to protect people from the risk of abuse and how to report any concerns they may have. People were supported to take their medicines safely.

Staff were aware of the culture and ethos of the service and told us that they were involved in the continuous improvement of the service.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were caring and compassionate. Each person was allocated a named nurse who took the lead and co-ordinated their care.

People were provided with a choice of healthy food and drink which ensured that their nutritional needs were met. People's physical health was monitored and people were supported to see healthcare professionals.

The design and layout of the service was suitable for people's needs. There was wheelchair access and the building and grounds were adequately maintained. All the rooms were clean, spacious and well maintained. The provider had systems in place to monitor the quality of the service. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character. People were supported by enough suitably qualified, skilled and experienced staff.

Staff knew how to recognise and respond to abuse and had an understanding of the processes and procedures in place to keep people safe.

Is the service effective?

Requires Improvement

People's rights were not protected because assessments were not carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

Staff had a good understanding of people's needs and preferences. There was regular training and the registered manager held one to one supervision with staff to make sure they had the support to do their jobs effectively.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's care needs were met. People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and understood people's preferences and different religious and cultural needs. Staff spoke and communicated with people in a compassionate way. Staff spoke with people in a way that they could understand.

People and their relatives were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was supported and respected.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

Requires Improvement

Records were not completed consistently and there was a risk that they may not be accurate. Care plans did not always contain up to date information. Where people's needs had changed this had not been recorded in a timely manner so staff may not be aware of it.

Summary of findings

There was a complaints system and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on. The registered manager learnt from concerns and complaints.

A range of activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

Is the service well-led?

Good

The service was well-led

There was a clear management structure for decision making and accountability which provided guidance for staff. Staff were positive about the leadership at the service.

Staff told us that they felt supported by the registered manager and that there was an open culture between staff and between staff and management.

The registered manager completed regular audits on the quality of the service.

Applecroft 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 22 January 2015 and was unannounced. The inspection was carried out by two inspectors, a specialist professional advisor whose specialism was nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

We normally ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to do this as we were responding quickly to information and concerns that had been raised with CQC by the local authority. We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and talked with 11 people who lived there. Conversations took place with individual people in their own rooms, and with groups of people in lounge areas. During our inspection we observed how staff spoke with and engaged with people. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with some people and used pictures, objects and body language to communicate with others. We spoke to six relatives, over 15 members of staff, the regional manager, the registered manager and the deputy manager.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed 15 care plans and associated risk assessments. We looked at a range of other records, including safety checks, five staff files and records about how the quality of the service was managed.

We last inspected Applecroft Care Home in May 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. The expert by experience spent the day with people, talking with them and observing staff interactions with people. People said, "Oh yes I feel safe, the staff are very kind" and "Yes I feel safe there is always someone about". One relative we spoke with commented, "(My relative) is safe, we come at various times of the day and we find everyone is always okay with her. Lots better than the previous place we feel she is safer here. There is a lift and code to access the stairs. We are quite at peace that she is safe".

People said they felt protected from abuse, bullying and harassment. One of the people we spoke with about this said, "I feel safe with the staff and I am happy with the way the staff here look after me". Staff told us about different types of abuse. They said that they felt confident that they would recognise any signs of abuse or neglect. They knew who to report any concerns to in the service and which external organisations they could share their concerns with. Staff were aware of the provider's whistle blowing policy and said that they would not hesitate in speaking up if they had worries. They felt that they would be listened to and that their concerns would be taken seriously and acted on. Staff had received training on safeguarding adults. Staff told us, "If I suspect any abuse I will report it to the manager or even go higher to social services or Care Quality Commission", "Abusing service users is very bad and I will make sure it is reported" and "Any time I noticed a bruise on the skin of resident I report to the nurse in charge".

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. One person told us, "I always get my medicine on time the nurse brings it to me with a drink to help get them down". The medicine trolleys were securely locked in the treatment rooms when not in use. There were clear procedures which were followed in practice. Some medicines had specific procedures which were required to be followed with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were in clear and in order. Medicines were checked by two staff before they were given and two staff signed for the medicines after they were taken. When medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Risk assessments identified possible hazards and explained to staff what to do to reduce risks. Where people had difficulty in moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. Where allergies to foods or medicines were known these were highlighted on people's care plans to make sure that all staff were aware. Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed at staff meetings so that lessons could be learned to prevent further occurrences.

Some people were at risk of developing pressure ulcers. Actions were taken to prevent pressure ulcers by providing people with air mattresses and profiling beds. There were accurate records of turning charts for each person at risk of developing pressure ulcers. Maintenance staff had good knowledge, understanding and skills to check and monitor air mattresses within the service. Staff we spoke with knew how to prevent pressure ulcers.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us that they thought there were enough staff to meet their needs. The provider employed suitable numbers of staff to care for people safely. The registered manager assessed people's needs and, with the use of a specially designed dependency tool, made sure there was sufficient staff on duty with the right skills and experience to meet people's needs. The duty rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the support they needed. Staff were not rushed and call bells were answered

Good

Is the service safe?

promptly. One staff said, “Staffing has improved. The use of agency has reduced”. A relative commented, “When she needs help she just presses the button and staff come straight away. They are very good”. There were arrangements in place to make sure there were extra staff available in an emergency and to cover any unexpected shortfalls like staff sickness. The regional manager told us that he had a call with all his managers each Monday to evaluate the deployment of staff on each floor of each service. He said that this, “Took into account the skill mix of staff, the numbers of people and their known dependencies” and that it was, “A documented, real time discussion”.

Standards of hygiene and cleanliness were appropriate. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Alcohol gel dispensers were located throughout the service including at the entrance to each unit. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Bathrooms that had moving and handling equipment in them were maintained so that they remained safe and the equipment was clean. People’s rooms were clean and tidy and well maintained. The service was free from offensive odours. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the recent Supreme Court Judgement which made it clear that if a person lacked capacity to consent to arrangements for their care and were subject to continuous supervision and control and were not free to leave the service, they were likely to be deprived of their liberty. Assessments had been completed. Although applications were necessary for some people no applications had been completed and sent since the Supreme Court Judgement.

We recommend that the provider considers current guidance on the Deprivation of Liberty Safeguards and takes action to update their practice in line with the Supreme Court Judgement.

Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person. When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions about their care. Staff told us that they had received training on the Mental Capacity Act 2005 (MCA) and were able to demonstrate their understanding of the key principles of the Act. Where people had made advanced decisions, such as Do Not Attempt to Resuscitate (DNAR), this was documented and kept at the front of people's care plans so that the person's wishes could be acted on.

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. People and their relatives said that they thought staff were trained to be able to meet their needs or their relative's needs. One person told us, "Staff are trained on the job. Permanent staff know my routine and know what to do. I always need help to stand and the staff handle me well". Another person commented, Staff seem to be well trained". A relative we spoke with said, On this floor I feel they are well trained. When I am observing them working with my relative and other residents they are skilled".

Staff told us that they had an induction when they began working at the service. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

Staff were able to tell us what training courses they had completed. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Staff were encouraged to complete additional training for their personal development. One staff told us, "The manager is very supportive. I am currently being trained to NVQ 3 with support from the manager." National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Some staff said that they had a problem finding the time to fit in on-line training when it was due. This was reflected on the training record which showed that nine out of 77 staff had training which was overdue. The registered manager was aware of this and there was a plan in place for this training to be delivered.

Staff told us that they had regular one to one supervision meetings with the registered manager or senior staff when they could discuss their training needs and any concerns or problems. Part of the supervision process included staff being observed carrying out their daily duties and having their competence assessed. Staff said that they would go to their manager at any time to discuss concerns or ask questions and that there was an 'open door' attitude. Staff also received feedback on their performance. The registered manager had an annual appraisal system. Some staff had had their appraisals and others were scheduled to take place. This was an opportunity for the registered manager and staff to discuss any identified development and training needs and set personal objectives. When training needs were identified staff were supported to access the necessary training. If staff were not achieving

Requires Improvement

Is the service effective?

their personal objectives they were supported by the registered manager and senior staff to look at different ways to achieve them. Staff received extra supervision and mentoring if issues were highlighted.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. People told us, "I like the dinners here. Nice food, plenty of drinks", "I always enjoy my meals and am happy with the food" and "Food could be better, there is always enough vegetables more variety would be nice". Two people on different units told us that the mashed potato was lumpy and that they didn't like it. We fed this back to the registered manager to review and action. Relatives we spoke with said, "Food and drink is adequate for residents. Looks healthy. Often grapes and snacks and cakes available in the afternoon. We are always made to feel welcome when we come and offered drinks when we visit" and "The food is nice, plenty of vegetables and the puddings are very good, I am able to join my relative for dinner every day". Choices of meals were offered and specialist and cultural diets were catered for. The staff communicated in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere at lunchtime was relaxed. Throughout lunch staff were attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's experience. Some people had their food pureed and this was presented in individual food groups on the plate.

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. The garden was due to undergo a makeover once the weather improved and the management team told us that the finances for this had been approved. All the rooms were clean and spacious. Lounge areas were suitable for people to comfortably take part in social, therapeutic, cultural and daily activities. There was a relaxed and friendly atmosphere at the service. The décor in communal areas created warm and comfortable surroundings. There was adequate private and communal space for people to spend time with visiting friends and family. People's bedrooms were personalised with their own photographs, pictures and other possessions. People had their own wardrobes and clothes were kept on hangers or were neatly folded up. On Discovery Unit bedrooms had chest height half doors which staff explained was to prevent uninvited people from entering people's rooms, causing the room occupant to be upset. People could come and go from their own rooms freely. One person said that they liked having the door because they could see what was going on and could hear people without having to worry about people walking into their room.

People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like speech and language therapists, physiotherapists and occupational therapists, to meet their specific needs. There was always a nurse on duty on each unit to support people's nursing needs. An optician visited regularly to test people's eyes if they wished.

Good

Is the service caring?

Our findings

People told us that they were happy living at the service. People said, "Staff are very caring to me. Last night I couldn't sleep and the night staff came in and chatted and we shared some chocolate buttons. They are lovely, really good" and "Staff treat me with respect and kindness at all times. I am happy." Staff provided care and support to people throughout our inspection. People looked relaxed and comfortable with the staff that supported them. Relatives told us, "Staff do what's needed, if someone needs something, they sort it out. (My relative) always looks clean and well cared for. The staff are always chatting and laughing with the residents. They know each person's ways and they know us", "(My relative) seems settled and contented. They are always talking to her. She seems in reasonably good spirits, she smiles. She looks clean and well cared for" and "I cannot praise the place enough. Doing a marvellous job. The staff are very patient, kind and considerate".

Some people were not able to express their thoughts and feelings and tell us about staff so we spent time observing how staff interacted with people. Staff supporting people had a friendly approach and showed consideration towards people. Staff were kind, compassionate and sensitive to people's needs. Staff chatted with people and their relatives. Staff spoke with people in a sensitive and kind way. People were relaxed in the company of each other and staff. The management team and staff knew people well.

Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms. People and their relatives told us that their privacy was respected. Relatives said, "I am happy with the way the staff talk to me and my relative. They always close the door when they are doing personal care. Staff are very kind" and "They always close the door when they are getting my relative changed or dressed. She always looks clean".

People moved freely around each unit and could choose whether to spend time in their room or in communal areas. Staff told us that visitors were welcome to come at any time. During our inspection there were a number of people who called in to see their relatives / friends. Staff were polite and spent time updating people about their relatives.

People discussed aspects of their care with staff. People and their relatives or advocates were involved in making decisions about their care. A relative told us, "Initially when we came in we sat with the staff and went through a care plan with them. Staff are always filling out paperwork for the files". Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services were available to people if they wanted them to be involved. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy. Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff supported people in a way that they preferred and had chosen. A relative told us, "She has the choice to stay in bed or get up. Sometimes she wants to have a lazy start to the day and they let her stay where she is until she's ready to get up".

People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen's beards were neatly shaved. One member of staff told us, "Putting yourself into the situation – How would you like your loved one looked after. Care is centred on the individual". Others commented, "We all have a real passion for our patients", "I love my job" and, "There is so much love in this home".

Requires Improvement

Is the service responsive?

Our findings

Records did not always contain accurate and up to date and appropriate information. When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. The care plans were detailed but very large and staff told us it was difficult to find the information they needed to give the right support. The regional manager and registered manager had identified this as an area for improvement and told us that they were planning to have a laminated sheet for each person giving an overall 'pen picture' of each person. When we returned for the second day of the inspection these had been completed for all the people on the Discovery Unit. A 45 minute slot was allocated in the unit diary for each member of staff to ensure that they had protected time to read them on their next shift.

Some people had been assessed as having behaviour that could be described as challenging. The behaviour support plans in place did not focus on Positive Behaviour Support (PBS) which is current best practice guidance. The aim of a PBS plan was to give support in a way that is less likely to cause challenging behaviour, increasing the time where alternative skills can be taught to the person to get their needs met. When people had displayed challenging behaviour staff completed a 'supporting positive behaviour record'. This documented the triggers, the behaviour of concern and the consequence of the behaviour. One person's risk assessment gave a list of de-escalation techniques, including 'be empathetic and avoid an argumentative stance, avoid power struggles, allow venting'. In response to a challenging behaviour, staff documented that the person was, 'Told their behaviour was totally unacceptable as staff were trying to help'. The document then noted the person, 'Said sorry and started crying' and that 'X was given a cuddle and came to eat a large breakfast'. These actions did not reflect how this person should be supported according to their care plan.

There was no system in place to analyse the data around these incidents to discover any common triggers and consequences so that a support strategy could be drawn up to decrease the triggers and provide the consequences before the person became challenging. The forms were not systematically analysed to inform care and support. There were no reviews of staff's responses to challenging behaviour.

Care plans did not always contain up to date information and were not always signed by people or their relatives to show they agreed with them. Where people's needs had changed this had not been recorded in a timely manner. One person's pressure ulcer had deteriorated. There was no note to highlight the change in the skin integrity. Staff showed us a wound assessment form and told us that it was the same as a wound care plan. We discussed this with the nurse who showed us the correct paperwork for wound documentation. Staff had not followed the system of documentation required of them. One person's Waterlow risk assessment did not reflect an accurate calculation as it was not completed properly. Waterlow is a tool used to give an estimated risk for the development of a pressure sore.

People may be at risk of receiving inappropriate or unsafe care because of a lack of up to date and accurate records. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

People had an individual care plan. Plans contained details about preferred methods of communication, diet, health and mobility needs. People's choices were noted and staff made sure these were respected.

People were supported to keep occupied and there was a range of activities to reduce the risk of social isolation. The provider employed two activities co-ordinators who planned activities each day. Staff were aware if people chose not to take part in group activities and made sure that they were offered alternative activities. People had a 'social and recreational programme' record in their care files. These detailed what people liked to do in group sessions, physical exercise, on a one to one basis. Some people enjoyed 'pet therapy'. A relative told us, "It was lovely. They had a hamster brought round last week and people really enjoyed it". Group activities included singers and a saxophonist and individual activities included hand massages, painting, puzzles, card making and crafts.

Staff told us that they had summer fairs and celebrated people's birthdays. A regular company newsletter highlighted events across the services owned by Abbey

Requires Improvement

Is the service responsive?

Healthcare and contained photos of occasions, like special birthdays and community events. One member of staff said, “More has happened here in the last year than in the last five put together”. The service had a tearoom on the ground floor. A member of staff told us, “You should have been here yesterday. There were three generations sat round the table having a cup of tea and chilling. It was a really nice family scene”. One the second day of our inspection two people were enjoying a cup of tea with staff in the tearoom. There was music playing gently in the background and chatter and laughter that could be heard in the corridor.

The provider had a policy in place which gave guidance on how to handle complaints. When complaints had been made these had been investigated and responded to appropriately. People and relatives told us they would raise any concerns with the registered manager or staff and felt that they would be listened to. Relatives we spoke with said, “I had a meeting with staff and raised an issue about my relative. It is no longer a problem. Things can always be improved”, “We have no complaints” and “We would talk to staff if we were worried but I’ve got no concerns about X’s care”.

Good

Is the service well-led?

Our findings

People we spoke with knew the registered manager and staff by name. There was a clear management structure for decision making and accountability which provided guidance for staff. The regional manager said, "Roles and responsibilities are driven from the top down. The staff have my mobile number and feel comfortable enough to ring me if they need to".

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment and medicines to make sure they were safe. Most of the shortfalls identified during our inspection had already been found by the regional manager and registered manager. They had prioritised the urgent changes that were needed, taking into account the impact on the people living at the service, for example, performance management of staff and the refurbishment of the three units. They were working to a plan to improve the service. The management team were open with staff about areas for improvement. Where safeguarding concerns had been raised these were dealt with in an objective and transparent manner and used to learn from to prevent further occurrences.

The registered manager understood their responsibilities and told us that they were supported by staff at the head office. There was a strong emphasis on driving improvement throughout the service. The regional manager told us, "The level of support to managers has a clear direction. It is two way traffic. Open and honest" and "We have a fit for purpose manager in place, a deputy and lead staff in place on each unit. There is a real sense of cohesion". The registered manager commented, "Staff understand our visions. They want to move forward and want to be proud of where they work. We are building confidence with individuals, smaller groups and teams". Staff told us that they understood the visions for the service. One staff said, "(The registered manager) has really big plans for the home. We are all included in it. She tells us what changes she wants to make".

The registered manager was a mental health nurse who acted as an effective role model, seeking and acting on the views of others. The registered manager was aware of, and kept under review, the day to day culture in the service. This included monitoring the attitudes, values and behaviours of staff. Staff told us there was an open culture at the service with "Leadership from top down". One staff said, "One of the best managers I've ever worked with. She is really supportive". Other comments from staff included, "Her door is always open" and "She is brilliant and has really changed the home". Throughout the day people walked in and out of the office and chatted with the registered manager. Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns and would be supported if they did so. Staff told us that if they did have any concerns the registered manager acted quickly and effectively to deal with any issues.

People, their family and friends were regularly involved with the service in a meaningful way, helping to drive continuous improvement. Regular quality surveys were completed and analysed by the head office. The registered manager told us, "We encourage people, relatives and staff to be open". Regular meetings with people and their relatives were held on each unit. These were planned for the whole year and notices were on the doors to the units to remind people and in the reception area. Letters were sent to relatives at the beginning of 2015 which stated, "To ensure you are fully involved and supported with your relative's care dates have now been confirmed for relatives and residents meetings on each unit for the forthcoming year". The registered manager also held a "Managers Surgery" each week for relatives to drop in and discuss their relatives, any concerns or any areas for improvement. Numerous 'thank you' cards were sent to the registered manager and staff. One card noted, "We would like to say a very big, and much appreciated, thank you for all the time and effort you put in to looking after (our relative) while she was at Applecroft. Some of the time she did not make it easy and some of the time she needed quite intensive care but you continued to provide her with a warm and caring environment. Our thanks go to everyone involved in her care – senior carers, carers and assistants, nurses, those who cleaned, provided meals and tea, and the caretaker. To all of you, a very big thank you – we are very grateful indeed".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so CQC can check that appropriate action had been taken. The registered manager had submitted notifications to us in an appropriate and timely manner in line with our guidelines.

Good

Is the service well-led?

A staff handover was completed at the beginning of each shift by the unit leads. The registered manager held a meeting with the lead staff from each unit every day. This was used to discuss any accidents, referrals to or scheduled visits from specialist health professionals, confirming the number of staff on duty was adequate, planned admissions or discharges. Monthly staff meetings were held and the minutes of these showed that staff were invited to discuss and issues or concerns that they had and that the management listened and responded.

The registered manager completed regular audits, such as, management of medicines and infection control. Where shortfalls were identified the registered manager took action and addressed the concerns directly with the staff involved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014** **Good governance.** **The provider had failed to maintain complete records of decisions taken in relation to service user's care.** **People may not be protected against the risks of unsafe or inappropriate care because records were not always accurate and consistently completed.** **Regulation 17(2)(c)**