

Milkwood Care Ltd

Applewood Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 4 and 5 May 2016.

Applewood is a care home which provides residential care for up to 39 older people living with a range of medical conditions including diabetes and those living with Alzheimer's and Dementia.

The care home comprises of two floors situated within its own secure grounds and garden in a residential area in a village on the outskirts of Basingstoke town centre. The home has 37 single rooms with two double rooms available, two communal lounges with televisions and colourful furniture and a quieter lounge adjacent to the reception area. Meals were served at people's choice in their rooms, lounges or a dining room situated in a conservatory which looked out directly onto the gardens which homed chickens to provide interest and fresh eggs. At the time of the inspection 37 people were living at the home.

Applewood has 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.

The registered manager was committed to and passionate about staff training and development. The registered manager used creative, proactive and innovative ways of developing staff that enabled them to apply their learning in their practice. Staff, family and healthcare professionals were encouraged to take part in Virtual Dementia Tours which provided them with the physical and sensory deprivation which can be experienced by those living with dementia. The learning from this training was used to inform staff's interaction styles with people. This ensured that staff had the skills and understanding to deliver outstanding personalised, quality care.

The service provided care and support to people enabling them to live fulfilled, active and meaningful lives. The provider and staff were motivated to ensure that people were provided with the opportunity to participate in daily activities and homely tasks to retain their independence. The use of activities as a life enriching experience was understood by all the staff at Applewood. All staff, not just those involved in the delivery of care, participated to ensure people were fulfilled and had an active and interesting life which promoted their independence. Staff were highly motivated to develop close relationships with the people they were supporting. Staff used verbal reassurance and touch with people to ensure that people were involved and encouraged to participate in conversations and were able to engage with staff.

Relatives of people using the service told us they felt their family members were kept safe. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people. People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage appropriately. People were assisted by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. New staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient staff employed to ensure that people's individual needs were met.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as a fire. Fire drills were documented, understood by staff and practiced to ensure people were kept safe.

People were protected from the unsafe administration of medicines. Senior staff responsible for administering medicines had received additional training to ensure people's medicines were administered, stored and disposed of correctly. Staff skills in medicines management were regularly reviewed by the registered and deputy managers to ensure staff remained competent to administer people's medicines safely.

Care plans contained detailed information to assist staff to provide outstanding care in a manner that respected each person's individual requirements and promoted treating people with dignity. People were encouraged and supported by staff to make choices about their care including how they spent their day either in the home or supported at external activities.

People, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people. This involved making decisions in the best interests of people who lacked the capacity to make a specific decision for themselves. Staff sought people's consent before delivering their care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff showed a comprehensive understanding of what constituted a deprivation of a person's liberty. Appropriate applications had been made to the relevant supervisory bodies to ensure people were not being unlawfully restricted.

People were supported to eat and drink safely whilst maintaining their dignity and independence. We saw that people were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their support plans and were understood by care staff who will be referred to as staff throughout this report. People were supported to eat and drink enough to maintain a balanced diet.

Relatives we spoke with knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and staff were encouraged to provide feedback on the quality of the service during regular meetings with the registered manager. A support group for relatives had been created by a healthcare professional who visited the home every six weeks. This was to talk through any areas of concern they may have about their family member's medical conditions and how it affected them and the care they received.

The registered manager and staff promoted a positive open culture which focused on providing individuals with the opportunities to continue to live the lives they wanted to. People were assisted by staff who encouraged people to express their views and feel comfortable to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being

provided.

The provider's values of care delivery were communicated to people and understood by staff. We saw these standards were evidenced in the way that care was delivered to people.

The registered manager provided strong positive leadership and fulfilled the legal requirements associated with their role. The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

Quality assurance processes were in place to ensure that people, staff and relatives could provide feedback on the quality of the service provided. Where suggestions had been made to improve the quality of the service provided the registered manager took steps to immediately address these and ensured that appropriate actions were taken.

Relatives told us and we saw that the home had a confident registered manager and staff told us they felt supported by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability for their role.

People were supported by sufficient numbers of staff to be able to meet their needs.

Risks to people had been identified and detailed recorded guidance was provided for staff to understand how to manage these safely for people.

Medicines were administered safely by senior staff whose competence was assessed by appropriately trained registered and deputy managers.

Good 

Is the service effective?

The service was outstanding in ensuring people received effective care and support.

Staff had specialised knowledge of people's specific needs and were highly skilled in meeting people's needs. Staff were able to evidence where innovative training had resulted in a positive impact on people's wellbeing.

People were assisted by staff who demonstrated a detailed awareness of how to enable choice. Staff understood how to support people effectively so their individual needs were met.

Staff used their positive relationships with people to encourage participation in meal times in order to improve their health and wellbeing

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever

Outstanding 

required.

The home was specifically decorated to support those living with dementia to orientate themselves and live as independent life as possible.

Is the service caring?

The service was very caring.

Staff were compassionate and caring in their approach with people, supporting them in a kind and sensitive manner. Staff had developed companionable and friendly relationships with people.

Staff had a well-developed understanding of people and built a level of trust with them which enabled them to provide compassionate care.

Where possible people participated in creating their own personal care plans to ensure they met their individual needs and preferences.

People received outstanding care which was very respectful of their right to privacy and maintained their dignity at all times.

Outstanding 

Is the service responsive?

The service was consistently responsive to people's needs and sought innovative ways to provide people with the opportunity to enrich their lives through the creative use of activities.

People's needs had been appropriately and thoroughly assessed by the registered manager prior to moving into the home. Staff and the registered manager reviewed and updated people's care plans and risk assessments on a regular basis and were able to recognise when reviews were required as people's needs had changed. People received care that was based on their needs and preferences.

People's complaints, views and opinions were sought listened to and acted on in a timely fashion to improve the quality of the service provided.

Outstanding 

Is the service well-led?

The service was well led.

The registered manager promoted a culture which placed the

Good 

emphasis on individualised care and creating a homely environment for people, their relatives and visitors to Applewood.

The registered manager provided strong leadership and fulfilled the requirements of their registration by informing the Care Quality Commission about important and significant events.

Staff were aware of their role and felt supported by their colleagues, the senior members of staff, the registered manager and the provider. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The provider sought feedback from people and their relatives and regularly monitored the quality of the service provided in order to continuously improve the quality of the service provided.

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 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 the 4 and 5 May 2016 and was unannounced. The inspection was conducted by an adult social care Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service; on this occasion they had experience of family who had received residential care. The Expert by Experience spoke with people using the service, their relatives and staff.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people, five relatives, nine members of staff, a healthcare professional, the registered manager, the operations manager and the provider. We looked at 10 people's care plans and their associated daily care notes, five staff recruitment files, staff training records and 12 medicine administration records. We also looked at the staff rotas for the dates 3 April to the 30 April 2016, quality assurances audits, policies and procedures relating to the running of the service, maintenance records and quality control questionnaires.

During the inspection we spent time observing staff interactions with people which included a lunch time sitting. After the inspection we spoke with an additional relative and two healthcare professionals and were provided with additional evidence. This had been supplied by relatives, care staff and the registered manager.

The last inspection was conducted on the 21 August 2013 where no concerns were raised.

Is the service safe?

Our findings

People and their relatives told us that they, and their family, members were kept safe at Applewood. They said this was as a result of the quality of the support provided by the care staff and registered manager and the reliable and honest communication from all members of staff. This had resulted in people becoming quickly settled to the home after initial trepidation of moving from their own home or hospital. One relative told us, "(Relative) is much more settled here", another relative said, "(Relative) was scared and frightened when she first came but has settled here, she is totally transformed".

Staff demonstrated their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. All staff felt confident that the registered manager would promptly and effectively respond to any concerns raised. Staff knew the external agencies from which they could seek support when reporting and discussing safeguarding concerns including adult services. This contact information was displayed in staff areas to ensure they knew who to contact when raising a concern. Staff received training in safeguarding vulnerable adults and were required to repeat this training every 18 months. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm to them. All people's care plans included their assessed areas of risk. These included risks associated with people's moving and handling needs, their risk of falls when mobilising and behaviours which may challenge others including aggressive behaviour. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example, some people living at the home were at risk of suffering falls as a result of their medical or behavioural conditions. Information in people's care plans provided guidance for staff about how to assist them to mobilise safely and minimise the risk of them suffering an adverse incident. We saw that staff understood these risks and we observed them assisting people in a manner which ensured people's safety. This included ensuring people were wearing appropriate footwear in order to keep them safe. People had received the appropriate treatment in accordance with their risk assessments. Risks to people's care were identified and documented and staff knew how to meet people's needs safely.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as accommodation loss due to fire or flood. Staff knew the fire response procedure and this was practised to confirm their understanding of the actions to take in an emergency. During the inspection an unexpected fire alarm sounded, the action taken by staff to ensure people's safety was in line with the guidance provided in the emergency contingency plan kept in a 'grab box' situated by the front door. Personal Emergency Evacuation Plans (PEEPs) were in place for people living at the home. These provided a guide for staff and emergency personnel in regards to the assistance people required in the event

of a fire. Plans were in place if rooms were no longer suitable for habitation, in this event people would be moved to a local residential home within the county to ensure their continuity of care.

Robust recruitment procedures ensured people were assisted by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

People were assisted by sufficient numbers of staff to be able to meet their needs safely. The provider had identified the numbers of staff required in order to provide people with safe care. The home routinely operated with over the identified minimum number of staff required to provide safe care. The registered manager was able to evidence that when required additional staff were deployed to meet people's needs when they had changed. When a number of people were receiving end of life care the registered manager evidenced that they had sought additional funding for an additional member of staff in order to meet those people's increased needs. Staff told us they felt that there were enough staff to be able to meet everybody's needs at the time they were wanted. On occasions when training and sickness meant they were working at minimum staffing levels staff would ensure that they supported each other to meet people's needs. This included trained activities staff and the deputy and registered manager being available to assist in care delivery. This resulted in very little agency staff usage. This provided continuity of care and ensured people, especially those living with dementia, were orientated with familiar faces to ensure they felt safe.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. Staff received additional specific training in medicines management and were also subject to six monthly competency assessments to ensure they continued to manage and administer medicines safely. Medicines were mostly administered using a monitored dose system from a blister pack prepared by the providing pharmacy. Where required the home ensured that when people received covert drugs that the appropriate mental capacity assessments and documentation had been completed. Covert drugs are medicines which are prescribed to people however on all or some occasions the person may be unwilling to accept their medicines. In this event the medicine is provided in a way which means the person is unaware that they are taking their medicines as prescribed. We saw that the decision making process was clearly documented for a person who was receiving covert medicines. This documented clearly that the medicine should be offered and only if it was refused that the medicine would be provided covertly. This process was in place, and known by staff, to ensure that this person received the medicines they required to keep them safe. The home safely managed the use of controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971. People were supported to receive their medicines by staff who received the appropriate, training, guidance and support in order to be able to appropriately manage medicines.

The registered manager demonstrated an interest in identifying and supporting people to take part in clinical studies and programmes where it was believed the results could lead to having a positive impact on people's wellbeing. The registered manager was liaising with Kings College, relatives and residents to support people if they wished to take part in clinical trials for a medicine which would limit the distressing symptoms for those living with dementia. The registered manager was keen to ensure that people were offered opportunities to participate in clinical trials which could have a positive impact on not only their health and wellbeing but the wider population with specific medical conditions.

Is the service effective?

Our findings

Relatives and healthcare professionals we spoke with were extremely positive about the ability of staff to meet people's care needs. Relatives said that they felt staff had the specific knowledge, caring nature and skills to deliver care and ensured that not only people's physical needs were met but that people's emotional needs were nurtured. One relative told us of their family member, "She's very well looked after, her physical and mental health needs are well looked after". Another relative told us, "They're (staff) are super people and are brilliant here looking after my mother". Healthcare professionals told us that when medical advice was sought it was followed accurately to ensure people were receiving the care they required to maintain their health.

People were assisted by staff who received a thorough and effective induction into their role at Applewood. This induction included a period of shadowing experienced staff to ensure that they were competent and confident before supporting people. Staff were required to complete an induction which followed the Care Certificate induction standards. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. The provider had identified courses that had to be completed by care staff during their induction period of 12 weeks prior to commencing working with people. These included courses in health and safety, moving and handling and infection control. All staff had additional training in areas such as food hygiene, equality and diversity and dementia. Staff told us that they were impressed with the quality and frequency of the training made available to them to carry out their role effectively.

The service had an innovative and creative approach to support learning and development. Staff were required to complete a Virtual Dementia Tour (VDT) as part of their on-going training. This training allowed staff to experience the sensory loss that can deteriorate when living with dementia. During this training staff were provided with headphones, glasses, shoe insoles and gloves to limit the sensory input they experienced. Staff were then placed into a darkened room and talking and movement continued around them as would be found in an adult social care situation. The registered manager told us that staff found this very disorientating and at times upsetting but it provided a valuable insight into how to approach and interact with those living with dementia.

A healthcare professional told us that despite having worked for decades in dementia care that completing the training had been a "Real eye opening" experience. They told us of the VDT training, "That's been brilliant and I would recommend to every home which has dementia".

The registered manager was also keen for people's relatives to experience the types of situations their family members were living with. The registered manager felt that this was important to give them a greater understanding of why their family members would exhibit particular and potentially upsetting behaviours. As a result of interest from family and staff the training occurred every six months and comprised of an equal mix of staff and family.

Staff told us the VDT training had been invaluable and very useful experience and the lessons learned they

implemented daily. One member of staff told us that as a result of the training they would never drag a chair in the dining room as that would be startling to those with limited hearing. As a result of the training they identified that this would reduce the auditory distress someone could experience. During the lunch time observations we saw that staff would routinely lift chairs to move them to and from tables to support people. Another member of staff told us that the VDT training had been the most useful training they had completed. This member of staff told us that they had a much greater understanding of dementia as a result, telling us, "The VDT put you in their shoes and it was frightening...we do see people's conditions worsen and I think we just pick up quicker how they can progress".

As a result of this innovative training this staff member told us that when walking behind people they would gently place a hand on the person's back to let them know someone was going to pass them and would make sure that they would lower to eye level to speak with them. We saw that touch was regularly used throughout the home as both a supportive and communicative gesture.

Recently completed relative questionnaires showed that staff knowledge of dementia and how to support people was evidenced in the positive change in their family members wellbeing. One person wrote, 'I feel that the level of care and respect afforded to my mum, me and all mums visitor's is quite exceptional. The fact that dementia destroys and takes away that person's personality and character is very painful for everyone close. The staff at Applewood are all so patient and kind and my mum says every time I visit how much she loves being at the home, this says a lot. Thank you all'. Another person wrote 'I feel we were so lucky to find Applewood. Mum could hardly walk and was malnourished and withdrawn when she came to the home. I've been amazed at how much she has improved and is now able to walk with her frame and she looks so clean, happy and well cared for now'.

The registered manager wanted care staff to be able to recognise and understand peoples changing needs when it came to supporting them at the end of their lives. As a result staff were in the process of complete the Six Steps Programme for end of life care. The Six Steps Programme is a programme of learning for care homes to develop awareness and knowledge of end of life care. A healthcare professional told us, 'The home takes a proactive approach to training and contacted me for inclusion in the Six Steps Programme, their approach to training is also a whole home approach, Applewood is the only home to have sent 100% of its staff to my workshops'. Hospice at home staff provided feedback to the healthcare professional which stated 'They had seen an increase in the knowledge, skills and confidence in end of life care across all staff in the home'.

Creative and practical training provided staff with an insight into the progression of dementia and associated physical and behavioural difficulties. Staff knew and understood the difficulties people faced and as a result adapted the way they communicated and interacted with people to ensure that they were able to provide care in the most effective way.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help support develop in their role. Staff told us and records confirmed that supervisions occurred approximately every eight weeks. If required staff told us they were able to speak with the registered manager at any time to discuss any concerns, one member of staff told us, "The training is really good and the support is outstanding". These process were in place so that staff received the most relevant and current knowledge and to enable them to conduct their role confidently and effectively.

The Mental Capacity Act 2005 (MCA 2005) 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005. 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff were clearly able to identify the principles of the MCA 2005 and demonstrated that they complied effectively. This involved making best interest decisions on behalf of people who were unable to make specific decisions for themselves. The registered manager and staff showed an a confident understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority and resulting authorisations.

There was a strong emphasis on supporting people to have sufficient amounts to eat and drink to maintain a balanced diet. The dining room was situated in a large conservatory which led to the garden and provided natural light which is important for those with limited eyesight associated with living with dementia. We saw that people were offered a choice of menu and they enjoyed the food provided. People ate well and were provided with sufficient time to eat their meals at their own pace.

Staff used their positive relationships and knowledge of people to offer people's their personal food preferences and the guidance provided in people's care plans was followed. People were visually offered a choice of two main meals options and when people had not eaten staff were able to offer alternatives including their favourite food types to ensure that they were able to meet their nutritional needs. We could see that when guidance had been documented regarding the use adaptive cutlery or plate guards this had been followed, this allowed people to retain an element of independence when eating. This also ensured that those living with dementia who can experience a lack of nutritional intake as result of their condition were supported to eat well and regain and maintain previously lost weight. Relatives told us that their family member's health had improved as a result of the quality of the meals provided and the assistance offered by staff to enable them to eat. One relative told us, "My mum lost a lot of weight and I was concerned (before they moved to Applewood)...it's nice she's put on a stone since she's been here she tells me "I can't fault it" (the meal and care provided)".

The meals were a sociable occasion and relatives were encouraged to participate and join in the dining experience. During the inspection the activities coordinator had collected relatives from their home address to join their family members at lunch time allowing them to participate in the homely and social able atmosphere of the occasion. A relative told us they were regularly collected from home by the homes minibus so they could enjoy having dinner with their family member. People were encouraged to drink wherever possible to meet their hydration needs, we saw that drinks and jugs of squash and water on the table were refilled regularly. When people expressed that they were not hungry and did not want anything for dinner they were encouraged to drink fluids to maintain their hydration needs.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support was requested by staff. We saw that people were referred to speech and language therapists when appropriate, such as when they were losing weight and concerns had been raised regarding people's ability to swallow effectively. Records showed that

diet charts were put in place when it was recognised that people had been losing weight to document what they were eating and what additional steps were being taken to minimise the risk of any further weight loss. These were short term diet plans, reviewed monthly and this close monitoring finished when people had reached a healthy weight and this had stabilised indicating no further concerns.

When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. One person had previously been diagnosed with Clostridium Difficile (known as C diff) which is a bacterium that can infect the bowel and cause diarrhoea. Spores from this bacterium can survive for long periods on hands, surfaces, (such as toilets) and clothing unless they're thoroughly cleaned and can infect someone else if they get into their mouth. We could see that appropriate guidance had been provided in this person's care plan and barrier nursing was carried out. Barrier nursing occurs when a person is kept separate from other residents and extra precautions are implemented to prevent the spread of the infection condition. We saw that the guidance was being followed to ensure that the risks to other people living at Applewood were minimised.

A relative told us that the registered manager had gone over and above what they had expected when assisting their family member who had been experiencing problems and pain with their feet. The registered manager identified that new footwear would minimise the pressure being placed on their toes and sourced this on the relatives behalf to ensure their comfort and to minimise the discomfort they were experiencing as a result. A healthcare professional praised the level of health care and general support provided to people living at Applewood telling us, "I couldn't hand on heart say they (residents) would get any better care in a nursing home".

The home was well lit and decorated to support those living with dementia; pictorial signs were on doors to ensure that people could orientate themselves if they were suffering from confusion or vision loss. All the bathrooms and toilets were easily accessible, easily identifiable and were decorated in a bright coloured seaside theme. This decoration offered consistency for those living in the home and made it clear that whichever bathroom people used they were able to identify its clear purpose. All the lounges available were bright either by natural or artificial light, clean and airy with a mixture of chairs available for seating. Quite lounges were available for people who wished to have some personal time with visitors or family to the home. Some of the chairs in the dining room had arms which enabled those with mobility needs to be able to independently support themselves to standing. A lift provided access between the ground floor and the first floor enabling access to all areas of the home. The garden was easily accessible by patio doors which opened into a secure and level garden which was partly covered allowing for access to outside space in all weathers. Chickens had been brought to the home to add interest and provide people with fresh eggs. Some people had at times taken responsibility for cleaning the chickens which provided them with a focal and enjoyable experience in a safe outdoor environment.

People were encouraged by the registered manager to personalise their rooms to ensure it reflected the homely atmosphere they had experienced before moving to Applewood. People's bedrooms were individually personalised and decorated to their personal taste. One relative told us, "Mum loves her room and (the registered manager) worked hard to make it into her home, decorating to her colour choice, replacing the carpet and putting up shelves at our request for mum's personal treasures, we appreciate the high standard of furnishings in her room and now in the communal areas".

Is the service caring?

Our findings

People told us they liked living at Applewood and we could see they experienced comfortable and reassuring relationships with staff. People said that they received caring support from all staff. One person told us, "The girls (staff) are lovely...they really look after me". Relatives told us that their family members' support was delivered by caring staff, one relative said, "(Mum) eulogises on every visit about how caring the girls are and I have witnessed their compassion, good humour and the respectful manner in which they treat each resident with dignity, no matter how basic the task".

A healthcare professional told us that the home was caring as a result of "Excellent leadership with a clear ideology of high level of care". Another healthcare professional said, "Care at Applewood is person centred and resident led" which meant that people were at the heart of the work that was happening within the home.

Staff were very knowledgeable about people and spoke fondly of those they were supporting. The development of these positive relationships had been supported by people's care plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what was important to them such as their hobbies, how they wished to be addressed and what help they required and when. Staff were knowledgeable about the people they supported and were able to tell us about people's favourite activities, their personal care needs and any particular diet they required.

All staff in the home took time to engage and listen to people. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and need of communication. Staff allowed people time to process what was being discussed and gave them time to respond appropriately. Where necessary, to ensure people were engaged staff used gentle touch on people's arms and small of back to enable people to focus their attention on what was being communicated. Staff told us they saw people living at the home like family and there was a family atmosphere in the home with enjoyable, supportive and positive interactions between people and all staff. This included engaging people in friendly conversation whilst staff continued their daily tasks. All staff showed that they treated people with respect showing genuine concern for people's wellbeing.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people in distress which included the positive impact of offering physical contact by holding hands or cuddles if requested. Staff demonstrated that they knew detailed information about people's emotional needs and could offer additional time and support when needed. The detailed care plans meant staff knew what subjects of conversation made people feel comfortable, relaxed and could minimise any distress they were experiencing.

People were supported to express their views and where possible be involved in making decisions about their care and support. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what

they would like to eat or how they would like to spend their day. A healthcare professional told us, "The support residents need is assessed in the moment to take account of the variability which is common with people with dementia and care is negotiated and agreed with them". Where people were unable to express their views family members were involved in decision making processes to ensure people's views were expressed wherever possible.

People were also respected by having their appearance maintained. Attention to appearance was important to people and staff assisted them to ensure they were well dressed, clean and had their person appearance maintained. A relative supported this view telling us, "(Family member) has the hairdresser once a week and the staff always make sure she is in matching clothes, well dressed and with a matching necklace". A healthcare professional told us, "People always seem well dressed and it's a real struggle in this condition (those living with dementia)".

People who had pets prior to moving to Applewood were encouraged to bring those pets with them to assist them in maintaining their mental wellbeing and the feeling that Applewood was people's homes. Where this had occurred the registered manager and staff ensured that the wellbeing of the pets were also met. We saw that a resident cat and dog lived at the home, this provided interest, interaction and companionship to not only their owners but other people who lived at the home. The staff ensured the welfare of these pets with documented feeding schedules in order to protect their wellbeing enabling them to remain at the home. We could see that the pets were well cared and remained healthy.

People were treated with respect and had their privacy maintained at all times. Records were kept securely in the registered manager's office to protect confidentiality however were easily available to staff to review. During the inspection staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and staff knocked on people's doors awaiting a positive response before entering to assist. For those unable to verbally communicate using words staff would await a positive or negative vocal tone projected by people to ensure their wishes and privacy were respected.

People had been supported to ensure their wishes about their end of life care had been documented and respected accordingly. Care plans provided personalised information for people regarding the support they required and their wishes for their funeral arrangements. People's views on a number of areas were sought and guidance provided to staff. This included information about the type of environment people wished to experience towards the end of their life. For example being with friends, family, staff with music playing or if they preferred to be in a quiet environment with close family and friends.

Staff and a healthcare professional had told us that end of life care was highly personalised towards people's loves, wants and needs and was provided in a very caring way. A healthcare professional told us, "Much thought and care is put into looking after resident's at end of life, for example ensuring the person's favourite music is playing of that they have their special (favourite item of clothing) on". A member of staff told us that they had personal experience of losing a family member and as such was able to offer additional comfort and support. During one person's end of life care they were able to sit with the person and hold their hand offering reassuring touch. This person had previously worked in an agricultural position and felt a close bond with animals; staff ensured that a petting zoo was brought to the location to offer a personalised and memorable experience for the person. This member of staff told us, "I was able to sit with him and held his hand...whilst on end of life we used to have baby chicks near him and (family members) dog, it was lovely".

This person's relative had written a compliment to the home once their family member had passed which was viewed. This commented on the level of care provided by staff when their family member reached the end of their life. This read, 'The registered manager and her team go beyond every day care and treat the residents as if they were all a big family...the end of life care was always tailored to the individual, my (family member) for example enjoyed my dog going in for a visit. He was always very fond of animals and the fact that the registered manager realised this made him so happy, the smile on his face when he got to hold the baby chicks was a delight'.

Staff were aware of people's end of life care plans, the need for maintaining the person's privacy and dignity at all times and what support they required to ensure end of life care was highly personalised

Is the service responsive?

Our findings

People and relatives we spoke with told us the staff took time to know who they were and addressed them as individuals seeking creative ways to allow people to participate within in their local community placing value on their contribution. People were engaged in creating their care plans and where agreed, relatives were able to contribute to the assessment and planning of the care required. All staff were involved in providing people and their families with interesting activities that met people's specific individual needs and ensured their on-going wellbeing. A healthcare professional told us, "The activities are amazing, over and above anywhere else". Another healthcare professional said there was an, "Excellent programme of activities, very inventive in trips and activities for example a recent boat trip".

We could see that the provider creatively sought to engage people in meaningful activities to keep people occupied in a range of social situations. The home had two dedicated full time activity coordinators which ensured that a range of activities were available to people to participate in. These activities included both internal and external events to interest people and the home also actively involved family members. Recent activities included a 2 hour boat trip on the Solent in a boat which had been specially adapted for those with limited mobility, hovercraft trips to the Isle of Wight for lunch, flower arranging, lindy hop dancers visiting the home, hymns at a local church, Tai Chi, trips to a local flower show and exercise activities.

All staff were constantly attempting to find options to support people with the social interactions minimising the risk of people experiencing social isolation. Staff were aware of people's interests and sought alternative activities where people could participate fully. A healthcare professional told us, "Applewood is a happy, active home. The activities staff are continually looking for new and engaging ideas for activities in the home or trips outside...the staff demonstrate awareness of the previous interests of resident's and accommodate these...Applewood is the one of the few homes I visit where all staff engage with and share activities with residents, not just the activities staff". This was confirmed when speaking with staff who expressed that they involved people in their own recreational activities away from the home including taking people to family football training and playing golf. This provided mental stimulation for people and was seen as another way to ensure that people felt they were living their own lives in their own home.

Where people's previous life experiences shaped their current behaviour the home worked collectively to ensure that people's individual needs were met by tailored activities. One person had a history of working in the military and would leave the home demonstrating the behaviours and actions they had participated in as part of their previous role. This person was at risk of placing themselves in a position of harm as a result of these behaviours. A healthcare professional told us, "'Staff responded immediately and appropriately...they drew up a plan of care which included recognition of his need to go outside...a level of trust and respect...was developed over the coming weeks which meant they remained relaxed." The home recognised the need for this person to remain as physically active as they were prior to their retirement and all staff including care, maintenance and kitchen staff were involved in ensuring this person was able to remain so. The maintenance man involved this person in jobs around the home including mowing the lawn, cleaning out the chickens and putting up pictures to make them feel they were making a difference in their own home. This person's family visit regularly and as a result of their involvement in activities they found him to be

content without the need to leave the home as regularly as they had. This meant the person experienced less stress, was more settled in their home environment and was supported to participate in activities in a way that kept them safe. A healthcare professional said that the staff had gone 'The extra mile for this resident...so that he had some 'male' time and a sense of purpose'.

The home emphasised that Applewood was people's home and they should be able to treat it as such, we saw during the inspection that staff encouraged people to participate in meal preparation. We saw that a group of people were peeling potatoes and laying the tables for the lunchtime service on our first day. Allowing this level of participation is important for those who may initially feel disorientated at moving to a new home. The activities staff supported friendships and encouraged people to visit the local public house in the evenings, their relatives also participated and they would drink and play darts. The registered manager described this as 'Very 'normal' for them which is exactly our aim (of the activities provided)'. A relative told us that they had seen a positive change in their family members behaviour as a result of the variety of the activities which were in place, "She used to be quite agitated but she's very relaxed and very settled because there are routines in place, she's settled mentally and it does have a massive impact on what she does recall, more than anything she's less anxious, she's really upbeat, she's more energised".

The use of activities has prevented people having to be in receipt of medicines in order to maintain their mental health wellbeing. One healthcare professional told us that the home had been "Innovative and imaginative" when supporting another person who had a previous life history working within the sporting environment.

This person had been very active their entire life and the home were keen to encourage them to remain so whilst living at Applewood. Funding had been sought through a sports association to assist them in participating in sporting events and staff members encouraged this resident to attend their families sporting events. This had provided them with a sense of purpose as they were able to participate and offer their professionally gained advice. This person was seen to be enjoying participating in activities throughout the inspection and was a very sociable character who was having his needs met by all staff in a variety of different ways.

These creative activities enabled the person to remain calm and prevented any distress or the need for medication to be prescribed to ensure their wellbeing. People were encouraged and supported to live meaningful, productive and interesting lives which allowed them to feel valued and integrated with their local communities.

The registered manager introduced a monthly newsletter into the home called 'The Applewood Core'. This was provided to residents, their families, and visitors to collect and show people who were potentially thinking of moving to Applewood. These had initially been produced on individually printed pieces of paper. However it was recognised by the provider that these were informative demonstrating what activities that have taken place and also advertising activities for the future. As a result these were now professionally produced on good quality printed card and were recognised as such a good idea this was disseminated to the provider's other homes.

People received consistent, outstanding personalised care and support. People's care needs had been fully assessed and documented by the registered manager before they started receiving care. These assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. People's individual needs were routinely reviewed at a minimum of monthly to ensure care plans provided the most current information for staff to follow. People, staff and relatives were encouraged to be involved in annual reviews to ensure people continued to receive personalised care. Some relatives we spoke with said that they did not participate in these monthly reviews however they would visit regularly and have on-going conversations with the registered manager and staff about their family

member's needs. Care plans were updated whenever a changed need was identified. One person had requested during their care review that they did not require hourly checks during the night. This change had been documented and was known by staff

Relatives were confident they could speak to staff or the registered manager to address any concerns. Systems were in place so if complaints were received they could be documented, raised to the registered manager and the provider made aware with details of any responses provided. Four complaints had been made in the previous 12 months. Records showed that the complaints had been investigated, responded to and dealt appropriately. Relatives we spoke with told us they knew how to make a complaint and felt able to do so if required. One relative told us, "In particular I would comment on the communication of the manager who has responded to concerns promptly, taking action and explaining what she has done and why in depth, I feel valued and supported as a relative". This support was continued by the running of a relatives group which met twice a year. A visiting healthcare professional attended the home and volunteered their time to support the staff and relatives. During these meetings relatives were encouraged to share their concerns regarding their family member's medical conditions and were able to offer support to each other as a result.

Is the service well-led?

Our findings

The registered manager promoted a supportive service at Applewood which encouraged people and staff to be open and honest with each other. They sought feedback from people living at the home, their family and healthcare professionals to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led by a strong registered manager. One relative told us, "The manager always has such an impact on a care home and (the registered manager) is very, very good". A healthcare professional said, '(Applewood is) well led by a very efficient manager, excellent leadership. (The registered manager) leads by example.' Another healthcare professional told us "(The registered manager) is an outstanding manager. She has managed to develop the rare skill of being one of the Applewood team yet still very much the manager. As such she is one of life's rare leaders".

The registered manager was keen to encourage a culture which was completely person centred which meant placing people at the centre of everything that happened at the home. Applewood was described as people's home and everything that staff did was to facilitate people's needs and promote their wellbeing. These values were reinforced through staff interviews, supervisions, appraisals and team meetings. This culture was known, felt and appreciated by relatives. One relative told us, "I asked around and came to look here, as soon as I looked around I had a good feeling, it's was like walking into someone's house... with the cat and dog it's like a family home".

The registered manager promoted an 'open door' policy and was available to people and support whenever required. Staff felt that they were subject to consistent and valued support from the registered manager. One member of staff told us of the registered manager, "Very supportive manager. They always look at concerns, if I've got any problems they're always dealt with". Relatives told us they could always speak to the registered manager if required and were confident that action would be taken if they raised any concerns.

Staff we spoke with knew and demonstrated the values of the service. This included knowing the standards of care that were required from them. Our observations showed that staff worked well together and were friendly, helpful and responded quickly to people's individual needs. One member of staff told us the values of the service included, "(Treating people) exactly the same way we would want our loved ones to be treated, with respect and dignity, care and consideration... I think for me I treat all of the residents, every single one of them as if they were someone I loved".

Staff told us that teamwork was really important and there was good communication between the team as they worked closely together. Staff told us this was as a result of the registered manager encouraging open and honest communication between all staff to ensure they worked as a team. One member of staff told us, "Yes, I really do, (believe the home is well led) I think (the registered manager) is probably one of the most dedicated managers I've ever met and she just wants what's best for the residents and best for the staff, she encourages everyone to work as a team and that's how we go forward, that's her aim, everyone is really, really friendly, even to the (group manager) I feel relaxed and could say anything to him same with (the provider) I think it's brilliantly led".

Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC), of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance

The registered manager demonstrated a personal awareness of the needs of the people living at the home and the sometimes stressful situations that staff could experience. As a result the registered manager was respected by the staff who were able to evidence that they knew what was required of their role. Staff were also clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to support about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with situations as they arose.

The registered manager actively sought feedback from people to identify how the service people received could be improved. People, their relatives and healthcare professionals were actively encouraged to be involved in developing the service. Relatives were also asked for their feedback by the use of annual questionnaires. The last survey had been sent in April 2016 so only five responses had been received however they rated the quality of the service as good and outstanding in key areas such as the standards of care, environment and cleanliness, management/staff, activities and food. All responders answered positively about all aspects of the care delivery at the home. Written comments included, "Overall Applewood has exceeded by expectations of a care home and I am very happy that mum is with you ". Another person wrote, 'Since my mum has been under your care she has become a changed person. Mum looks so well and wants to participate in anything that is offered...You have all given mum a new lease of life, which I am as I'm sure the rest of my family are so grateful. Thank you for giving me my mum back".

One person provided feedback that whilst there were enough staff overall deployed to meet people's needs occasionally it was felt that the corridors were empty and it could be difficult to find a member of staff. This feedback had been provided two weeks before our inspection. By the time of the inspection the registered manager had investigated this person's feedback and identified that all staff were completing their daily care notes at the same time prior to handover with the following shift. As a result of this feedback and subsequent investigation staff were now staggering the time they were completing their notes and were doing these in public areas of the home to remain visible and be immediately available for people and relatives. We saw that this was happening and details supporting this change in practice were displayed openly in the registered manager's office. The survey and responses from feedback questionnaires in 2015 were viewed where people on average rated the service outstanding in all key areas.

Positive comments were received which included. 'Please keep doing what you do now, innovative and brilliant activities which mum loves'. Another relative wrote, "'I feel we were so lucky to find Applewood. Mum could hardly walk and was malnourished and withdrawn when she came to the home. I've been amazed at how much she has improved and is now able to walk with her frame and she looks so clean, happy and well cared for now. She has also been on some great outings and had a lovely time which is brilliant as she had hardly been outdoors for years.' A healthcare professional had written, 'The success of Applewood has to be due to the amazing dedicated team of carers, and the leadership style and commitment of (the registered manager). The carers all work hard to ensure that their residents are well presented, safe and satisfied, despite the demands of their illness. (The registered manager's) ideas and developments have changed the home, it's appearance and care ethos beyond belief It remains a pleasure to work, advocate and support within Applewood'

There was a robust system in place to monitor the quality of the service people received through the use of regular provider and registered manager audits and observing staff in their role. Regular quality checks were completed on key areas such as the quality of the environment, people's quality of life, care plans, staff and

record auditing. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. For example, an audit was completed in February by the Group Manager who identified that emergency lighting checks had not always been completed monthly. This had been as a result of the maintenance man being unavailable and this was signed as completed by the registered manager on the same day as the audit and we saw this had been addressed.

Staff identified what they felt was high quality care and knew the importance of their role to deliver this. We saw interactions between staff and people were friendly and unobtrusive. People were assisted by staff who were able to recognise the traits of good quality care, ensured these were followed and demonstrated these when supporting people.