

Care UK Community Partnerships Ltd

# Appleby House

## 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?

Outstanding 

# Summary of findings

## Overall summary

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

Appleby House is owned and operated by Care UK Community Partnerships Ltd. It provides accommodation and nursing care for up to 75 older people who are living with dementia. There were 66 people living in the service at the time of our visit. The service is arranged into five individual units, referred to as 'suites' throughout this report.

People's experience of using this service: Without exception people praised the quality of support provided at Appleby House and we were repeatedly told they "Couldn't wish for anything better." Without hesitation, people and their representatives said they would recommend the service to others.

Appleby House had an excellent reputation within the local community and was widely recognised for the high-quality dementia care provided. The registered manager had been awarded 'Registered Manager of the Year' for 2018.

People and staff identified themselves as being part of the 'Appleby Family' and the warmth and strength of bonds across the service was evident from the moment of arrival. The service had embraced recognised dementia best practice models and as such the physical environment provided people with a vibrant and specialist space to live.

People received exceptional care in a way that was personalised and responsive to their changing needs. A high ratio of staff meant people never had to wait long for assistance and there was also someone around to help them or chat with. People had confidence in the staff who supported them and felt safe in their care.

Staff were well trained and skilled at supporting people living with dementia to lead independent, active and fulfilling lives. People had numerous opportunities to participate in new activities and were encouraged to share and continue with existing hobbies.

Staff worked in partnership with community health professionals and therapists to maximise people's well-being and wherever possible, improve their health. People enjoyed a wide range of nutritionally balanced meals and specialist diets and preferences were catered for.

People benefitted from living in a well organised, forward thinking home where their needs were always put first. The culture of the home was open, and people felt confident to express their views and opinions.

Rating at last inspection: Good (Published August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We service has improved from Good to Outstanding.

Follow up: We will continue to monitor intelligence we receive about the service until we visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

# Appleby House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by three inspectors.

#### Service and service type:

Appleby House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed the information we held about the service. This included the statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met with 14 people and seven relatives/friends to ask them about their experience of the care provided. We spoke with seven staff including the registered manager. We also received feedback from seven other health and social care professionals who were involved with the service.

We reviewed a range of records. These included four people's care and medicine records. We also looked at the recruitment files for three staff and information relating to their training and supervision. The registered manager showed us documents relating to the management of the service, including how feedback is gathered and acted upon and the audits in place to maintain the safety and quality of the care delivered.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Appleby House. One person told us, "I have a nice bed to sleep in, everyone's nice and I feel safe living here." Visitor feedback also echoed that they felt their loved one was safe at the service. For example, one relative said, "I have no worries about him being here at all. He's safe for sure."
- Staff demonstrated they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. One staff member told us, "I would report and record any abuse I witnessed. Depending on the kind of abuse I would make the situation as safe as possible. I would inform senior managers. I would also inform CQC or the police if I needed to." The staff member went on to confirm they did not have any safeguarding concerns in respect of the service.
- The management team continued to ensure safeguarding concerns or incidents between people were appropriately reported to relevant agencies without delay.

Assessing risk, safety monitoring and management

- People and their representatives told us people were supported in a way that kept them safe. One relative informed us, "I can now relax... She is really looked after here...she is safe."
- Risks to people were assessed and managed in a way that proactively balanced people's safety with their right to live the life they wished. Staff knew people well and were able to take steps to support people safely. For example, one member of staff told us, "You get to know the residents so you can anticipate their care needs. It's like being with your family member and keeping them safe."
- Each person's care plan was linked to comprehensive risk assessments that outlined the action needed to keep people safe. We observed care being provided in accordance with the guidelines recorded. For example, when people were supported to mobilise, staff followed the moving and handling guidelines as recorded in their plans of care.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) described the support people would need to safely leave in the event of a fire.

Staffing and recruitment

- People told us they received support from staff when they needed it. For example, one person commented, "I think there are enough staff. I never need more staff attention than I have." Visitors feedback reflected the same, for example, one relative said, "Anyone can ask for help and someone is there straight away, like magic."
- We observed people receiving support in a way that not only physically met their needs, but also ensured they were engaged with in a meaningful way that took account of their individual and specialist needs. For example, we saw staff spending time with people on a one-to-one basis doing word searches, looking at photographs or just chatting and enjoying each other's company.

- The management team used a dependency tool as a guide to calculate staff levels. We saw the number of staff on duty and on the rota for other days exceeded the calculated number. A member of the management team explained, "It's about person centred care, it's not about following numbers. So, if we need more staff to provide person centred care for whatever reason, then that's what we do." Our observations confirmed that staff levels were arranged in a way that fulfilled one of the service's values of 'Living, not just existing.'
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

#### Using medicines safely

- Staff supported people to take their medicines as prescribed. One person told us, "Staff manage my medicines well." Staff had an excellent knowledge of people and used this to ensure people received their medicines in a way that met their individual preferences.
- There were good systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff were trialling an electronic system for recording the administration of medicines. The purpose of this was to work towards people's medicines to be stored in their own rooms and managed in a more person-centred way. The management team and staff reported that the new system had generated some teething problems, but there were measures in place to ensure these were managed and these had not affected the safety of the way medicines were handled.

#### Preventing and controlling infection

- We observed the service to be clean and tidy throughout with staff observing good levels of hygiene and infection control. Visitors, including other healthcare professionals confirmed the same whenever they visited.
- A designated infection control champion completed regular audits across the service to ensure staff were compliant with best practice guidance. We saw where previous actions had been identified, these had been completed.

#### Learning lessons when things go wrong

- One of the visions and values for Appleby House was; 'Apologising and learning from incidents and feedback.' The management team and staff demonstrated that learning when things went wrong was a shared commitment.
- The registered manager maintained a detailed analysis of incidents and accidents that had occurred. Moreover, the information from this analysis was shared across the service so staff could individually and collectively learn from the things that happened. One staff member told us that, following a recent fall, staff on each suite wrote their own statement about what had happened. There was then a suite meeting where staff and the management team discussed the accident. The staff member went on to say, "As a result of talking about it, we all agreed that we needed to talk to each other more about where we are and where we are going." During the inspection we observed excellent communication between staff and a consistent staff presence in communal areas.



## Is the service effective?

### Our findings

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

People's outcomes were consistently better than expected compared to similar services. People's feedback described the service in a way that showed it was exceptional and distinctive.

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

- □ The physical environment was continuously being reviewed and improved in line with best practice dementia guidance. Appleby House had embraced the 'Butterfly Model' and created an environment that was vibrant and engaging for people living with dementia. Great thought had been afforded to the layout of the service, with one relative echoing our view, "I cannot believe the home accommodates 75 people – it's so well arranged that it never feels crowded."
- □ Recognising that people were inspired by art, the service had been transformed into 'The Appleby Tate' with people's art work creatively displayed on walls throughout the service. Every part of the service was decorated in a way that celebrated people's achievements and individuality. For example, a three-dimensional 'Tree of Life' had been created in one of the hallways in which everyone had been invited to share something about themselves.
- □ Through the design of the service, the management team demonstrated their commitment to 'Active Risk Taking' and 'Creating and Enabling Dementia Friendly Environments.' For example, each suite now had its own open plan kitchenette which has empowered people to be involved in washing up, making drinks and 'pottering' as they would have done all their lives.
- □ Managers and staff were endlessly curious about how decoration and adaptation could be used to enhance people's independence and engagement. For example, since the last inspection, staff had noticed that the cinema room was no longer being used as much and had changed the area into an art studio equipped with easels and a pottery wheel. This was clearly now a hub of the service and an area which brought people together with other members of the community. Likewise, the traditional hairdressing salon, had recently been transformed into a unisex salon with barber area on one side and nail bar on the other.

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

- □ Feedback from people and their relatives was consistently positive about the food provided. For example, one person told us, "We get normal things just like we get at home. I get to have the food I ask for." Likewise, a relative said, "She eats well here. She has put on weight which is good as she was underweight before she came here. She is happy with the food."
- □ Staff had introduced creative ways of encouraging those most at nutritional risk to maintain a healthy and balanced diet. For example, an ice cream parlour had been created within the service, along with an afternoon tea trolley which we saw was used to tempt people to enjoy nourishing snacks.
- □ Staff and management collectively understood the significance of people eating and drinking well and the positive benefit of doing so for people's well-being. Staff gave examples of how improving people's nutrition had positively impacted on people's sleep quality, emotional well-being and reduced the number of falls. These examples were also reflected in people's records and audits carried out by the management

team.

- Kitchen staff exceeded expectations to present meals, including making food for those people on soft diets in a way that looked attractive and appetising. For example, one relative told us, "They make such an effort; when mum came in from hospital, she needed soft diet and they piped all her food into the shape of the item." They went on to confirm that their family member's appetite had improved, and they'd gained much needed weight as a result.
- Dietic professionals provided positive feedback about the whole service approach to nutrition and hydration. For example, a dietician talked to us about the proactive work the registered manager and staff had done to implement the 'Food First Advice for Improving Nutrition'. This included the 'Nutrition Prescription' in which people highlighted at nutritional risk automatically received nourishing fluids and snacks in addition to their usual meals. This process had led to significant improvements in people's nutrition and physical health.

Staff support: induction, training, skills and experience

- People and their representatives consistently told us how good staff in all roles were. One person said, "Staff know what they are about. They know what they need to do and when it needs to be done." Similarly, a relative informed us, "I have been very impressed with all the staff here and feel absolutely confident about the care being given."
- A health care professional told us, "I have found the staff to be very well updated on recent initiatives to improve wellbeing in those with dementia, which a number of times have been explained to me enthusiastically and unprompted. This was not only by the management, but also kitchen and care staff."
- Staff were skilled and experienced in the way they supported people which resulted in improved wellbeing. We observed consistently excellent support and engagement. Records confirmed what staff told us, that effective support had reduced the need for specialist medicines and lowered the number of anxiety and frustration based incidents.
- Staff training and development was centred around the ethos of delivering high quality dementia support. In addition to mandatory training, staff had received specialist ongoing training to improve their skills in dementia care. Dementia training followed a programme called 'Fulfilling Lives' which was developed by the Association of Dementia studies at Worcester University. One staff member described this training as, "An eye opener to things we don't usually see and how living with dementia affects them (people)." They went on to say that as a result of this training, staff had worked in partnership with people to develop life history books and added, "Being able to go back to the past with them really helps them now too." During the inspection we saw how staff were helping one person to use the photographs from their life history book as part of a new art project which was clearly meaningful for them.
- In addition to formal training, management and designated dementia champions delivered regular bespoke workshops to staff to deliver their aim. These included managers acting out scenarios of care practices they had observed and inviting staff to identify and discuss the bad practice and what could be done differently. One staff member reflected on the workshop and said, "It really made me think about the way I support people and if there's a better way." Relatives told us that people's well-being and engagement levels had improved since they had moved to Appleby House.

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

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

possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity to consent to specific decisions, staff advocated strongly on people's behalf and actively sought the input of other stakeholders as part of the best interests process. For example, the management team had supported one person who was admitted to Appleby House with a DoLS in place to return to their own home with a community care package in place. The registered manager recognised that it was not in the person's best interests to stay at Appleby House and arranged for the person to be supported by an Independent Mental Capacity Advocate. The registered manager stated, "This is something we are very proud of, that a person living in a care home was able to go back to their own home."
- One person told us, "Staff always ask me whether I agree to things before they do them."
- Managers and staff were skilled in the way they gained consent from people and were committed to overcoming communication obstacles. One staff member told us, "We always assume people have the capacity to make a decision and support them to make their own choices." A person was unable to verbally select a choice of drink, but we watched as the staff member slowly listed the options and looked for the one they smiled at. The person was then given that drink and their choice reinforced.
- Support was continuously reviewed to ensure care was provided in the least restrictive way. Staff understood using equipment such as monitoring devices was a restriction on people's freedom and followed best interests processes in respect of these decisions.

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

- People and their relatives told us they had valued the opportunity to visit and trial the service prior to choosing Appleby as their home. One relative informed us, "I visited many care homes before Appleby, but none of them felt right. Our social worker recommended Appleby and I am so glad that I made the decision to visit. I couldn't wish for a better place for her to be."
- The service had a holistic approach to the assessment, planning and delivery of people's support. From the point of initial enquiry, the whole assessment process was tailored to the individual.
- Management and staff worked in partnership with other professionals and organisations to implement innovative and creative ways of delivering dementia specialist care. For example, the registered manager worked collaboratively alongside other professionals to form a local dementia specialist steering group. Through this process Appleby House has been intrinsic to the provision of a smooth transition from community to residential care. A representative from the Local Age Concern Charity told us, "Excellent feedback is given by our clients and their families who are supported by Appleby House. A definite strength is that the whole family is supported which is such an important aspect when dealing with dementia."

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

- Staff and managers were committed to collaborative ways of working which enabled people to receive holistic support from all involved in their care delivery. Mini competitions between the different suites were used to encourage staff teams to collectively improve outcomes for people. For example, by praising staff where they had worked together to reduce falls or nutritional risk scores. Staff across the service told us,

"Each suite wants to be the one recognised for providing the best care to its residents" and this clearly had benefits for everyone living at Appleby House.

- Management and staff consistently referred to themselves as "Team Appleby" and this was reflected in the feedback from all stakeholders in respect of how well they worked together. Staff recognised that people received better care when they worked together. For example, one staff member told us, "Communication is really effective here and we know if we talk to each other then things get done better. If we spot a problem, then we talk about it straight away, so it can get resolved."
- People were empowered to make choices about their health and how it should be monitored and managed. Wherever possible, people were supported to retain links with the health care professionals they used before moving to the service. The management team understood and respected the importance of people continuing to be supported by professionals they knew and trusted.
- Links with health and social care services were excellent. Management and staff understood the importance of working in partnership with other health professionals to achieve the best outcomes for people. Professionals told us staff implemented their advice and kept them well informed about any changes in people's needs so they could plan their care effectively.

## Is the service caring?

### Our findings

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported;

- □ The love and warmth towards people were something you could feel from the minute you walked through the door. As one relative described, "There's so much love and affection both between people, staff and visitors. They ooze kindness and it follows everywhere."
- □ Everyone we spoke with referred to the "Appleby Family" and this was evident throughout the interactions we observed. One person told us, "The staff are wonderful here. They're kind and most importantly they're fun. They surprised me with a choir that came in to sing for my birthday last year, I was so surprised and happy that they did that for me."
- □ Relatives repeatedly told us that they could relax knowing their loved one was being so well looked after. One family member told us, "This is the best care home you'll ever find. They love him. They give people hugs all the time which is lovely." Likewise, another relative commented, "This place really is something special, it's one in a million".
- □ Staff in all roles were highly motivated to provide support in a kind and compassionate way that exceeded people's expectations. One relative told us, "There's not one staff member here that I don't think truly cares or sees this as just a job." Similarly, a health professional shared, "There is a great deal of respect in the way that this home treats service users. The challenging emotions and behaviour that sometimes arise for people with dementia for example, have always been met with the utmost dignity and respect. I have much admiration for the staff in their seemingly limitless understanding for behaviour that I know can be upsetting for healthcare workers. This far surpasses any home that I have observed as a health care worker in my nine years of practise."
- □ Staff were exceptional in noticing and responding to people's emotional needs. For example, one person was anxious and the staff member reassured them saying, "I won't leave you I promise. Why do you think you feel worried?" The staff member subsequently spent a further 20 minutes walking around the service with the person and engaging them in little jobs until eventually they felt settled and happy again.

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

- □ Involving people in every aspect of their care led to excellent outcomes for both their physical and emotional wellbeing. People felt valued and important. Staff used the knowledge they had about people to create meaningful engagement which in turn reduced levels of tension and conflict within the service. This was reflected in the low number of incidents between people.
- □ From the point of assessment, right through to reviewing care using the resident of the day process, people were at the heart of everything at Appleby House. For example, the management team worked hard to identify people's interests and values, so they could match them to a suite where they would live with

similar people. These suites were then staffed in accordance with this knowledge. As such, one suite was exclusively for females. The registered manager said; "We know the ladies on that suite prefer female company and so we make sure we staff it with females too." People confirmed this and we saw that each suite was individual, and this was because it was led by the people who lived in it.

- □ Staff were exceptionally skilled and creative in the way they supported people to express their views and make choices about their daily lives. For example, a coloured dot system had been introduced as a more inclusive way of gathering people's views in the monthly residents' meetings. Rather than having to verbalise their views, people were supported to place a coloured dot on statements that corresponded to their preference. The registered manager stated, "With this system, most people living in the home are now able to express a view." We saw people were consulted about all aspects of their life in the service.
- □ Managers and staff positively embraced partnership working with people's representatives to gain a better understanding of their needs. Staff recognised the more they knew about the person's life before their dementia diagnosis, the better they could support them and that often family and friends held the key to this information. As such, Appleby House operated an open-door philosophy to people's visitors who confirmed they were always welcomed and encouraged to be part of the 'Appleby Family.'

Respecting and promoting people's privacy, dignity and independence; equality and diversity

- □ People's independence was promoted through every interaction with staff. One person confirmed, "I still have my independence here." Care plans provided detailed information about how to involve people in their care and staff echoed this commitment. For example, a staff member told us, "People can have good days and bad days. So, I always ask them how much support they want and what they want to do themselves."
- □ Respect for privacy and dignity was at the heart of the service's culture and values. People told us that staff always treated them with respect and sought permission before entering their rooms or supporting them. Staff were constantly alert to ensuring people's dignity was maintained. For example, whilst talking with us, a staff member noticed that a person's trousers had slipped down and immediately excused themselves to go and discreetly support the person.
- □ Staff proactively anticipated people's needs and used their skills to recognise and reduce distress and discomfort. For example, when one person became tearful, a staff member immediately noticed and went over to give them a hug and lead the person to a quiet area, so they could privately talk about what was upsetting them. When both returned to the suite the person was smiling and looked relaxed.
- □ The registered manager reinforced the importance of using respectful language through written records as well as the spoken word. For example, they told us, "It is important that staff use positive language, as it affects the way we perceive a person." This was reflected in the way staff talked to us about people and in the records we read.
- □ Staff demonstrated a real empathy for people and enabled them to live the life they wanted, free from judgement or discrimination. People had been empowered to share personal information with staff about their lives and the people that were important to them. Staff then sensitively used this knowledge to support people to continue with relationships and enjoy a private life. For example, for Valentine's Day, one of the communal areas had been transformed into a restaurant where people enjoyed a formal dining experience with their partner.
- □ People's individuality was celebrated whether that be through supporting them to attend religious services or recognising their spirituality through creative art, music or quiet reading and mediation.

## Is the service responsive?

### Our findings

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

Our last inspection identified Outstanding support in this domain. This inspection found Appleby House continued to tailor services to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ The service continued to deliver exceptional opportunities for people to follow their social interests. A whole service approach was adopted in the delivery of meaningful activity which created a sense of belonging and purpose. A 'Making Moments' initiative encouraged staff to use information gathered through people's life stories to create new memories and enjoyable moments. For example, one person had been supported to continue his lifelong gardening hobby. He led a project of re-designing an outside area that included visits to the garden centre to buy tools and choose plants. Using the new art studio, people had designed pieces of artwork which had been transformed into products. For example, a group of people had been taken to a local park and encouraged to take photographs of things that inspired them. Back in the studio, they used these photographs to recreate the images using paint. People then voted for their favourite piece of art and this was then printed onto tea-towels and sold to raise money for a charity people selected to support.
- □ The service had a key and sustained role in the local community and continued to build links with local groups and networks that benefited the whole community. Appleby House was well-known within the community and regularly opened its doors to share their stories and successes with members of the public. For example, last summer the service held an open-air concert in the garden which was well attended by friends and neighbours. One relative told us, "It was brilliant. The carers were dancing with residents.... It was the best Sunday afternoon I have ever had."
- □ The registered manager had worked with a local primary school to enable weekly inter-generational projects between people and pupils. The Head Teacher of the school told us, "The collaboration with the staff at Appleby House is a very positive one. We liaise regularly to develop ideas and create opportunities to enhance the experience for the children and the residents." Through this relationship people and pupils have joined together for art projects, singing, gardening and taking part in a raft of charity fundraising events held both at the service and in the community. Relatives told us that the benefit of people spending time with the children had been incredible. For example, one person had moved to Appleby House with limited verbal communication and had come to life working with the children and had been involved in setting them homework.
- □ Recognised care organisations commended the way Appleby House supported people. For example, a recent visit from Care England saw the service praised for the innovative way the service had used art and music to enhance people's well-being. In addition to stimulating group sessions, staff had also worked with other dementia pioneers to introduce individual MP3 players to people. We saw how people had re-connected both with themselves and others using bespoke playlists of songs that had been carefully selected and saved to their own personal device.
- □ Managers and staff had an excellent understanding of people's individual needs and how they wished to



be supported. People were intrinsic to the development of care plans that were comprehensive and guided staff in the delivery of highly effective support. Staff responded quickly when people's needs changed and, through excellent communication across the service, care records were continuously updated, and changes shared to ensure all staff were up to date.

- Information and choices were presented to people in a way that made them accessible to people living with dementia. Each person had a communication care plan which outlined how staff should support them to make decisions about their care. For example, some people were supported using a communication passport, objects of reference or simple sign language.
- People's diverse needs were respected. For example, staff had effectively supported a person where English was not their first language. Staff had cue cards with the most frequently needed sentences translated into the person's native language. At their care reviews, the management team had arranged for an interpreter to be present to ensure the person's views and wishes were understood and communicated effectively.

#### End of life care and support

- Staff responded rapidly when people's needs changed and the exceptional knowledge they had about people enabled excellent end of life care to be provided. For example, in one case a person of Catholic faith had expressed that they wanted to receive the Last rights in the presence of their family. As such, the person's relatives who did not live locally were enabled to stay at the service to facilitate this wish.
- People were involved in making advanced decisions about their final days and enabled to die with dignity. For example, people's choices about whether they wished to be resuscitated or not were known by staff and recorded. Where people lacked the capacity to make these decisions for themselves, appropriate best interests processes had been followed.
- The registered manager was continually looking to develop and adopt best practice. As such, end of life 'champion roles' were in the process of being developed. These 'champions' would complete a higher level of training to enable them to support other staff through the process of advanced care planning and understanding pain management and symptom relief.

#### Improving care quality in response to complaints or concerns

- People and their representatives felt valued and that their opinions mattered. For example, one person told us, "If I wanted to complain I think they would listen to me." Relatives confirmed that they would have no hesitation in raising concerns, feeling confident that any issue would be resolved. A such one relative said, "I feel that if I ever wanted to go into the office there she would be receptive and open to me."
- Despite being passionate and hands on with the delivery of care, the management team were able to constructively and professionally respond to any concerns raised to resolve matters. For example, when it had been identified that laundry services had been a theme amongst complaints received, the number of housekeeping staff had been increased and new machines purchased.
- The management team actively sought feedback and viewed any issue raised as an integral part of its ongoing improvement journey. In addition to proactively addressing concerns, the registered manager also used relatives' meetings, care reviews and an 'open door' policy to ensure stakeholder views were known and acted upon.
- The leadership team led by example in ensuring that the culture was open and reflective. As such we saw where issues had been raised, people always received an apology and information about what action had been taken.



## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ Without exception everyone we spoke with applauded the leadership of the service. One person told us, "I think the service is managed and organised well as everything runs well and everything goes according to plan." Likewise, a relative informed us, "The manager is very innovative. She has got a very active presence and she is very visible."
- □ People consistently received a well-managed and personalised service that exceeded their expectations. People and other stakeholders repeatedly told us they had recommended the service and would continue to do so without hesitation. For example, one professional told us, "Out of all the homes in the area, this is the one I like to go to and the one I would place my family members in." Similarly, another commented, "We signpost clients to Appleby House if they are looking into dementia care for themselves or one of their family members with a highly recommended label attached!"
- □ The registered manager was an exceptional role model and championed person-centred care. Since the last inspection, the registered manager had been externally recognised as 'Registered Manager of the Year' by the Surrey Care Association Excellence Awards. Staff echoed this view, for example, one staff member told us, [the registered manager] is wonderful. She is devoted to care and to this service."
- □ The registered manager's passion and enthusiasm for providing high quality care was embedded in the culture of the service as staff were constantly driven towards excellence. A relative told us, "She's the heart of the home and everyone follows her lead." The visions and values for Appleby House were owned by staff across the service who were passionate and believed in the quality of the care they delivered.

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

- □ The management team was visible in the day to day running of the service and had effective oversight of what was going on. They understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service.
- □ Through clear systems of delegation and accountability, individual staff knew what was expected of them and how they contributed to delivering high quality support. For example, the introduction of a 'Five Key Tree' encouraged staff to think about and commit to the ways they could individually and collectively provide care that was safe, effective, caring, responsive and well-led.
- □ Robust systems of governance were embedded across the service. A series of audits were completed, and the registered manager carefully reviewed them to identify themes and trends which were then used to further improve care. For example, through the ongoing analysis of falls, action was taken which reduced the average number of falls from 17 in March 2018 to just eight by the end of the same year.

- The provider also played an active part in monitoring the safety and encouraging improvement of the quality of the service. In addition to comprehensive auditing, the provider had also supported the service as part of their 'Good to Great' strategy for developing high performing locations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management team understood and valued the active participation of all stakeholders in the development of the service. There were numerous systems for gathering feedback, but most importantly when opinions were shared they were listened to and ideas acted upon.
- Creative tools were used to enable people to share their views and ensured communication was never a barrier to consultation and inclusion. For example, the dot system for people and small workshops for staff meant that even the quietest voices could be heard.
- Staff reported they stayed working at Appleby House because they felt valued and appreciated. For example, one staff member told us, "They [the management team] are fantastic. I feel so valued. If we're not well, then they look after us too. X [the registered manager] is an amazing person to work for." This feedback was further reflected in the low turnover of staff in comparison to other similar services.
- There was an open and transparent culture of continuous learning and development. One of the values for the service was 'Learning' and the commitment was; "We are not perfect. We say sorry when we get things wrong and strive to learn from our mistakes." We were told that, if things went wrong, the focus is not on blame, but on securing improvements. Through the process of supporting staff it was clear the registered manager adopted a leadership style that provided high support and high challenge. As such people were confident to express their views and staff felt able to challenge each other within a context of support and learning. One staff member told us, "If we notice a problem, we go and speak with the other staff member straight way, so they can put it right."
- The registered manager told us, "Not a month goes by where we don't bring in a new idea. We're always looking and thinking how we are going to make it better and more exciting." The transformation of the underused cinema room into a vibrant art studio and the bar into an ice cream parlour were just a few examples of the ongoing innovation at the service.

Working in partnership with others

- Appleby House had a reputation for being an excellent role model for other services. As one professional told us, "I have had the privilege of being involved with the home over many years and have seen improvement after improvement. The residents are at the heart of the home it's like a community and the leadership of [the management team] is clear for all to see."
- The management team worked exceptionally well with other health and social care providers to ensure people received a smooth transition between services.
- The management team continuously researched best practice and were endlessly curious about creating different opportunities and networks to further improve care delivery.