AUDIT REPORT

Applelea

Date of Visit: 3rd and 4th February 2025

Contents:

Service Name: Applelea

Provider: Liaise Ltd

Address of Service: The Harrow Way, Basingstoke, Hampshire, RG22 4BB

Date of Last CQC Inspection: 4th September 2018

Ratings

CQC's Overall Rating for this Service:	Requires Improvement	🟡

SRG's Overall Rating for this Service:	Good	🟢

Key Questions	Rating	Overall Score
Safe	Good 🟢	69 (out of 100)
Effective	Good 🟢	75 (out of 100)
Caring	Good 🟢	75 (out of 100)
Responsive	Good 🟢	71 (out of 100)
Well-ed	Good 🟢	78 (out of 100)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

4 = Evidence shows an exceptional standard

3 = Evidence shows a good standard

2 = Evidence shows some shortfalls

1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 38% or lower = Inadequate

- 39 to 62% = Requires improvement

- 63 to 87% = Good

- 88 to 100% = Outstanding

Overall Service Commentary

INTRODUCTION

An audit based on the CQC Key Questions and Quality Statements, aligned with the Single Assessment Framework, was conducted by an SRG Consultant over two days on 3rd & 4th February 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

METHODOLOGY

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Manager, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, seven care plans were reviewed, four staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

OUR VIEW OF THE SERVICE

The service is a residential care home providing support for 4 people living with a range of mental health, Learning Disability, Autism and Physical disability. People were safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. While the home was generally clean, some redecoration was required in the kitchen area. Equipment was well-maintained and met the needs of the people living in the home again within the kitchen equipment was requiring repair/replacement.

The home is currently recruiting however had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink,

and staff closely monitored their health, working collaboratively with medical professionals. Consent was sought before providing support, and families were involved in decisions made in the best interests of individuals who lacked capacity.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. Opportunities for activities were restricted due to only 1 driver within the service however all individuals went out regularly. Staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and any issues raised were addressed promptly.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive.

PEOPLE'S EXPERIENCE OF THIS SERVICE

Peoples relatives expressed positivity about the quality of care provided. They felt safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. One relative commented, *"I think it's a good service she is always happy to go back there after visiting that says a lot doesn't it"*.

Peoples relatives noted that the staff were kind, respectful, and upheld their dignity. One relative shared, *"The staff are very good, he's very happy, very well looked after."* While some activities were restricted due to distance/driver not available there was ongoing activity and participation. People expressed satisfaction with the food, there was a variety of meal choices and back of choices offered.

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"If I have any concerns I would be happy to raise"*.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. Staff sought consent before providing support and were consistently engaging in conversation or singing while doing so.

Both people and their relatives described the staff as caring and attentive. One person stated, *"The staff are very good."* Visiting professionals also shared positive feedback about the staff team and the support they delivered. People were familiar with staff and leadership, with one individual commenting, *"they are all so good, easy team to work with proactive"*.

DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

RATINGS

Our audit reports include an overall rating as well as a rating for each of the Key Questions.

There are 4 possible ratings that we can give to a care service;

Outstanding – The service is performing exceptionally well.

Good – The service is performing well and meeting regulatory expectations.

Requires Improvement – The service is not performing as well as it should, and we have advised the service how it must improve.

Inadequate – The service is performing badly and if awarded this rating by CQC, action would be taken against the person or organisation that runs the service.

Please be advised that this represents the professional opinion of the reviewer conducting the audit, based on the evidence gathered during the review visit. This evaluation considers compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is aligned with the CQC's current assessment framework.

Key Question	Applicable Regulations	Quality Statements and Comments
Safe	**Regulation 12: Safe Care and Treatment** **Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment** **Regulation 17: Good Governance** **Regulation 18: Staffing** **Regulation 19: Fit and Proper persons employed** **Regulation 20: Duty of Candour** **Regulation 15: Premises and Equipment**	**Learning culture –** Score 3 There is a culture of safety and learning within the service. Incidents and complaints are appropriately investigated and reported. Risk assessments and support methods are in place for all individuals and when something goes wrong the team meet to discuss and identify learning points. Lessons are learned from safety incidents or complaints, resulting in changes that improve care for others. There is a proactive and positive culture of safety based on openness and honesty. Evidence was seen of management audits where identified areas were noted as planned actions, such as addressing infection control with staff during the next team meeting. Follow up actions noted as planned in with supervisions and discussed in depth in team meetings and schedules put in place. There are procedures in place for incidents and complaints to be appropriately investigated and reported. An accident file was in place with logs of accidents and follow up actions. All staff had practical competency checks undertaken by the Registered Manager, Deputy or Shift Leader to ensure good practice is embedded. Transparency was demonstrated by previous ratings and inspection information being on display. Evidence was seen of risks being explored and external professionals approached for support and learning to reduce harm, learn and improve. **Safe systems, pathways and transitions –** Score 3

Key Question	Applicable Regulations	Quality Statements and Comments
		Applelea House works with people and professionals to establish and maintain safe systems of care, in which safety is managed, monitored and assured. Evidence was seen of health passports and PEEPs ready to ensure continuity of care in health or emergency requirements. **Safeguarding –** Score 3 Applelea House work with people to understand what being safe means to them as well as with any relevant professionals on the best way to achieve this. Detailed information was seen recorded on peoples electronic records as well as their paper-based personal behaviour support plans. All employees are allocated safeguarding adults and children training, evidence on staff files of training completed was seen during inspection. We spoke with some of the support workers during the visit, and they were able to demonstrate understanding of safeguarding and actions to take to raise any concern. They were knowledgeable on what procedures to follow, and said that they felt confident in speaking about any concerned they had. Individuals observed were evidently comfortable with the staff supporting them and staff were seen to be providing safe and person-centred care. One occasion off physical support with an individual being assisted with moving and handling was observed during inspection. Staff are not trained in practical people moving and handling, this was discussed with the Registered Manager who advised she had addressed with same individual recently. The Registered Manager was also observed providing the same support however continued to encourage independent movement verbally and repetitively, which avoided the need for physical support. The Registered Manager advised they will address this with individual and the staff team to ensure all are following same method. **(SR1)**

Key Question	Applicable Regulations	Quality Statements and Comments
		Involving people to manage risks – Score 2 People and staff are encouraged and supported to raise concerns, they feel confident that they will be treated with compassion and understanding, and won't be blamed, or treated negatively if they do so. There was an open culture during the Inspection, with staff members approaching the Registered Manager and Deputy with any concerns and for support where required. Evidence was seen within the files of individuals of how the service works with them to create a support plan to enable them to live as independent life as possible, supporting outings and activities in the safest way without restricting individuals. About Me profiles and support plans detailed what is important to the individual. Outcomes are recorded with details of how the individual wants to achieve their goals, what support is required to do so, and a risk assessment takes place. Positive Behaviour Support plans are on each persons file with detail of the individuals' triggers, behaviours and de-escalation techniques. SALT team support was evidenced in the service; however, one individual, AE, requires a SALT referral to be made. **(SR2)** MCA assessment and DoLS applications, and ongoing reviews were evidenced on files. Where these were ongoing referrals, there was evidence of these being chased monthly. Employees asked during the Inspection had a clear understanding of mental capacity, the Deprivation of Liberty Safeguards (DoLS) and best interest decisions. People and staff are encouraged and supported to raise concerns. We spoke to staff during the inspection, and they stated they feel confident to raise any concerns. Encouragement to speak up posters were on the notice boards.

Key Question	Applicable Regulations	Quality Statements and Comments
		During the Inspection, the Shift Leader demonstrated a file of risk assessments being in place for each individuals' external activities. They explained that the activity risk assessment is checked prior to every outing, and the scoring is recalculated to ensure it is safe to proceed with the activity. They advised of *"the balanced and proportionate approach to risks by explaining that all risks are managed in the most supportive way for the individual, it is mainly for their safety however sometimes we have to accept that if the person understands the risk and still wants to undertake the activity we do not prevent them as it is their choice not ours, our role is to support them in the safest way we can"*. We saw evidence that risk assessments were reviewed, however, we saw there was two of the same risk assessments that were overdue for review on each file checked. The Registered Manager advised they had been reducing the number of risk assessments and was not sure where these ones fit in with support plans. They were discussed and Registered Manager will liaise with Operations Manager for support**. (SR3)** **Safe environments –** Score 3 Applelea detect and control potential risks within the care enviroment. They make sure that the equipment, facilities and technology support the delivery of safe care. People are cared for in safe environments that are designed to meet their needs. Facilities, equipment and technology are well-maintained and consistently support staff to deliver safe and effective care. There are effective arrangements to monitor the safety and upkeep of the premises. Evidence was seen of maintenance requests and completion logs. Safety checks of fire detection, emergency lighting, fire equipment, gas and electrical service, PAT testing and legionella. Assistive technology was discussed with the Registered Manager as an option to explore for supporting independence. A monitor was in place for an individual with epilepsy, however, staff still entered the room hourly throughout the night. As discussed with Registered Manager during the visit, the recording

Key Question	Applicable Regulations	Quality Statements and Comments
		on the system was sometimes duplicated and night checks taking place twice within 10-15minutes of each other. Alternative options may be possible to reduce having to enter the room. **(SR4)** Environments were looked at for another individual to keep safe from physical harm, for example padding being installed in hotspots for self-injurious behaviour. **Safe and effective staffing –** Score 3 Applelea make sure there is a qualified, skilled and experienced staff team, who receive effective support, supervision and development. They work together effectively to provide safe care that meets peoples individual needs. Evidence was seen within staff files that there are robust and there are safe recruitment practices in place to make sure that all staff, including agency staff, are suitably experienced, competent and able to carry out their role. All staff files checked had an application, interview, proof of ID and right to work checks on file, DBS checks had been undertaken on all staff and references had been received. Where documentation was not in place due a loss of information during new system uploads, there was an explanation of missing documents and competency of the staff member was in place. There are appropriate staffing levels and skill mix in Applelea to make sure people receive consistently safe, good quality care that meets their needs. Staff receive training appropriate and relevant to their role, starting with care certificate and all the service mandatory training to be completed within the first 3 months of employment. The Registered and Deputy Manager are Level 5 qualified, Shift Leaders are completing a Level 3 qualification and support workers are completing Level 2 qualifications. An assessor was on site during the Inspection.

Key Question	Applicable Regulations	Quality Statements and Comments
		Evidence was seen that staff receive the support they need to deliver safe care. This included supervisions, appraisals, competency checks and support to develop.

Poor performance is managed appropriately by addressing issues individually in one-to-one meetings or as a whole team within a team meeting.

Rota planning is in place by the Registered Manager using a Sona system, and bank staff are used where required. The service currently has one vacancy being recruited to. No agency staff have been used in the service since January 2024.

Infection prevention and control – Score 2
We saw evidence of assessing and managing the risk of infection.

All staff receive training on Infection Prevention and Control and food hygiene.

A cleaning schedule was in place and whiteboard was used to identify to staff and management who was responsible for what whilst on shift.

All communal rooms had wall mounts with PPE available to use. The COSSH cupboard was secure and there was a folder in place of identifiable products labelling and safety sheets.

The home and individuals rooms appeared overall clean, however there was one wall behind the waste and recycling bin that was stained of food/liquids that had run down wall. It had dried and not been cleaned. **(SR5)**

Food in fridges were clearly labelled with opening dates recorded, and all food was in date. |

Key Question	Applicable Regulations	Quality Statements and Comments
		There were water marks around the ceiling and wall from a previous leak in the kitchen and one oven door was unsafe to use, however we saw evidence that these were already identified as requested work by Registered Manager to the maintenance team. **Medicines optimisation –** Score 3 Evidence was seen that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen. Medication support was observed during the inspection and was seen to be safe, the staff member observed was knowledgeable of administration processes. Consent was requested prior to each individual being given their medication or cream needing to be applied. There was clear documentation within individual's files and medication was stored in locked cabinets. Regular health checks were evidenced on files and communication with GP, any other relevant persons for best interest decisions were documented. • This service scored 69 (out of 100) for this area.

SRG RATING: GOOD – This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as 'Good' Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation".

Key Question	Regulations	Quality Statements and Comments
Effective	**Regulation 9: Person Centred Care** **Regulation 11: Need for Consent** **Regulation 14: Meeting Nutrition and Hydration Needs** **Regulation 18: Staffing**	**Assessing needs –** Score 3 Peoples needs and outcomes are assessed on entering the service. We saw evidence of assessment of their health, care, wellbeing and communication needs. All residents have a support plan on the Blyssful system which includes, support required, all 'About me' section that details likes, dislikes, what worries or upsets me, how I communicate, who I like working with me, how pain is expressed and any contact and key workers allocated. People's communication needs are assessed and met to maximise the effectiveness of their care and treatment. People's needs are assessed using a range of assessment tools to ensure their needs are reflected and understood. Peoples care needs are routinely reviewed. There are planned review dates for each person's support plan which are documented on the electronic system and within the Registered Managers own diary to ensure regular reviews take place. Some consents were evidenced as out of date such as communication and were not linked on the system. The Registered Manager advised this was as they were not 'popping up' on her system whereas on the previous system they were every 6 months this system just shows red there is no amber alert. The consent module the Registered Manager is still working on and trying to navigate but has not grasped it fully as yet. We asked how the review dates are remembered, and it was stated that they are recorded manually within the Registered Managers own written diary. We were unable to see evidence of this during inspection as the diary was not onsite. **(ER1)** As mentioned within the report, the recording on the system was sometimes duplicated with some night checks showing as taking place twice within 10-15minutes of each other. Some records showed inconsistency in team recordings, contradicting the tasks taking place. Some recordings were very detailed in what choices were offered and how things were requested to be made such as with warm milk and what types of support was required during tasks and others were not person centred with minimal detail of what choices were offered, where support was required what support and what was undertaken independently, where the bath water temperature was asked 'yes' was recorded in place of the temperature. **(ER2)**

Key Question	Regulations	Quality Statements and Comments
		Delivering evidence-based care and treatment – Score 3 Documentation was seen on file around the individuals themselves including information on their daily routines. The information was comprehensive and gave good accounts of their likes and dislikes, preferred patterns of support requirements identifying what is important to the individual and outcomes are set and evidenced on the Blyssful system in long term and medium-term goals to record the steps achieved along the way to the desired outcome. Outcomes related to health and nutrition are evidenced, such as being supported to gain confidence in getting on to weighing scales weekly, to cooperate and engage to monitor own health and maximise to maximise the individual's quality of life. An evidence file was seen of photographic accounts of outcomes taking place and being achieved for the first time. Risk Assessments were on the system for all support tasks and activities along with the environments these take place in. Staff demonstrated how they use this information during the Inspection. Inconsistencies throughout the team was evidenced in recording, in external activity risk assessments questions such as have you remembered medication out/in/n/a was not always completed. Have you remembered communication aids out/in/n/a was not always completed, information was recorded on some but not others, and in some, the activity leader signature was missing. The Shift Leader explained this recording process, and said that before going out to an activity, a support worker was also working to the same recording process. On day 2 of the inspection, the RM explained to the support worker that, when taking medication out the process is that they must count and record the stock count on the medication sign out/in form in folder medication and count on return and record on same form. The RM reminded the support worker that medication count is not recorded on the trip out risk assessment form. **(ER3)** **How staff, teams and services work together –** Score 3 All staff are required to complete mandatory training on My Hippo system.

Key Question	Regulations	Quality Statements and Comments
		On the first day of the inspection, the Inspector and the Registered Manager both checked the training matrix online on your hippo and the compliance rating was at 99% across all areas. 1-night staff member was out of date however evidence was seen of chaser reminders to complete in January and the training was complete by day two of the Inspection. Mandatory training is a mixture of 90% e-learning via Your Hippo and face-to-face training. Staff communicate verbally to each other throughout shifts and work collaboratively to support each other when challenging behaviour with individuals is taking place. Communication also takes place across shifts via handovers on the Blyssful system. As mentioned within the report, they are not always consistent in information recorded. All staff members can access the same information at any point if they need to appropriately assess, plan and deliver people's care, treatment and support. **Supporting people to live healthier lives –** Score 3 Evidence was seen of the service supporting people to manage their health and wellbeing so they can maximise their independence, choice and control. As mentioned in the report people are empowered to manage their own health and wellbeing through their outcome objectives. Support is given in ways to enable them to live healthier lives and where possible, reduce their future needs for care and support. Ongoing health checks are documented within peoples files, and individuals attend appointments with health professionals or in some instances Health Care Professionals and external agencies may visit the service for individuals unable to attend the healthcare setting. Choices are given for meals and activity to promote health and wellbeing. **Monitoring and improving outcomes –** Score 3 Applelea use the Blyssful system for care planning. We saw on individual files the residents goals that have been identified for medium and long term and a scrollbar showing how close they are to achieving the goal.

Key Question	Regulations	Quality Statements and Comments
		Questionnaires were sent out to family members for feedback and positive results received.
		Questionnaires are sent out to staff members also which are evidence on the RADAR System.
		We spoke with some relatives during inspection who provided positive feedback of the service and were confident their family member was happy and well supported. External professionals visiting the service gave positive feedback on their engagement with the service and team that worked with the individual they worked with.
		Consent to care and treatment – Score 3 People understand their rights around consent to the care and treatment they are offered. People's views and wishes are taken into account when their care is planned. Communication support is evidenced on files, people's capacity and ability to consent is taken into account, and they, or a person lawfully acting on their behalf, are involved in planning, managing and reviewing their care and treatment.
		During the Inspection, observations were made of asking for consent before entering rooms and checking the individual wanted to undertake activity or task before starting.
		All team had awareness of MCA, training was allocated to all staff.
		As mentioned earlier in report, the Registered Manager is working to ensure consent reviews are monitored, recorded and take place when due.
		• This service scored 75 (out of 100) for this area.

SRG RATING: GOOD This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key Question	Regulations	Quality Statements and Comments
		"Characteristics of services the CQC would rate as' Good' People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work".

Key Question	Regulations	Quality Statements and Comments
Caring	**Regulation 9: Person-centred Care** **Regulation 10: Dignity and Respect**	**Kindness, compassion and dignity –** Score 3 We observed staff interactions with residents during our Inspection, and it was evident that staff treating people in a caring and compassionate way. Individuals were happy for support workers to take part in activities with them. Dignity was maintained throughout any support, and consent was always gained and manners used after every request, choices were checked to confirm. All staff were friendly, kind and welcoming to inspector during inspection days. There were no champions within the staff team. The Registered Manager advised there is a champion for each home in the company who is responsible for relaying staffs concerns to a wider meeting, however there are no champions for dignity, infection control, or any specialisms within the home. **(CR1)** **Treating people as individuals –** Score 3 Individual care plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only. The Registered Manager, Deputy and some support workers were familiar of the behaviours of each individual in detail from the length of time working with them in the service. All staff work towards what is best for the individual and spend time learning behaviours to easily recognise when service users are happy and respect when they are not and do not force activities, social interactions when not wanted. They were able to recognise and identify changes in behaviour and had plans in place to be able to diffuse and assist situations that may arise. People's personal, cultural, social and religious needs are understood and met. **Independence, choice and control –** Score 3

Key Question	Regulations	Quality Statements and Comments
		Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their care is to be provided. Staff were seen supporting people to be independent at mealtimes. Activities being attended were the individuals' choice in a subject or activity they were interested in or made them happy taking part in. **Responding to people's immediate needs –** Score 3 If needs change then these are reflected in support plans and risk assessments. This was identified where a resident may have had a deterioration in health or additional needs being identified. Staff were responsive to people's needs in the moment and were seen to minimise any discomfort, concern or distress. Activities varied dependent on mood of the individual each day, staff were prepared with a variety of activities to support responsively. Staff spoken to were happy to change round their day tasks to support colleagues to ensure the individual was able to be supported in the best way possible. There was a communication aids cupboard in the kitchen to support individual's communication and provide reassurance as and when needed. The Deputy Manager was supporting during day two of the Inspection due to staff sickness, and was observed responding quickly and was skilled and experienced in anticipating the needs and engaging with the individual being supported. In the last 6 months there has been one individual with specific additional needs from a reduction in independence imposed by individual themselves. Evidence was seen of engagement with all relevant professionals to gain support for this individual to regain independence. Initial GP liaison and referral to OT, PBS Practitioner involvement, ongoing regular OT and Psychologist liaison, developing routines for the team to try and continually reviewing. From small things such as using a parcel of handkerchiefs to encourage finger and hand movements, grab sheet by psychologist for positive reinforcement

Key Question	Regulations	Quality Statements and Comments
		communication, to larger routines to encourage movement. During inspection a routine after applying cream to ensure hands and arms were used with counting to increase movement and engagement hand contact with worker was observed before individual returned to fixed self-restricted position. Massage therapy is in place to support helping to stretch out arms and hands from restricted position. The RM was observed encouraging independence with movement during support, verbally encouraging to try to use zipper on top to zip himself. Photograph evidence was seen of a November holiday where staff were holding hands at front of individual to prevent from hitting himself. **Workforce wellbeing and enablement –** Score 3 Staff spoken to during inspection felt cared for and valued. Staff have a separate staff room that can be used as required. Blue light cards are funded by the company. Opportunities are given in several places for staff to raise concerns and get support internally, they also had access to Care First, which was a free counselling service. An above and Beyond recognition scheme is in place for the company to show staff they are valued. Staff are given regular individual supervision. The Registered Manager undertakes competency checks. Team meetings are held monthly. These cover items such as any general issues, reminders of specific areas such as medication, goals updates, staff understanding of MCA, whistleblowing and KLOE's. • This service scored 75 (out of 100) for this area.

SRG RATING: GOOD- This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as 'Good' People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people

Key Question	Regulations	Quality Statements and Comments
to live as independently as possible.”		

Key Question	Regulations	Quality Statements and Comments
Responsive	**Regulation 9: Person Centred Care** **Regulation 17: Good Governance** **Regulation 16: Receiving and Acting on Complaints**	**Person-centred Care –** Score 2 We viewed some support plans and that had good detail as to how care should be provided. It was clear what the individuals wishes were, and the support plans evidenced person-centred care. However, as stated earlier in the report there are inconsistent recordings within the files. **(RR1)** **Care provision, integration, and continuity –** Score 3 Where required, external services are sought. Individuals are supported to attend or engage with health professionals, services included dialogue with mental health teams and social workers. The Registered Manager has dialogue and positive relationships with local authority teams of mental health teams and social workers. Notifications were seen made to MASH teams, the Registered Manager advised of follow up calls with Hampshire and Sussex authorities and also the Hampshire local authority visiting to undertake a quality audit review last week. The service has a positive relationship with MENCAP, where staff support people to attend allotments once a fortnight. Health documents seen on individuals files in different formats for communicating the information in a way that is accessible and understandable to them. **Providing information –** Score 3 The majority of resident information is stored electronically. The service ensures that where possible, all information is provided in other formats to support individuals to understand and communicate with, in line with the accessible information standards. Staff information with names and photographs were displayed in the service.

Key Question	Regulations	Quality Statements and Comments
		Listening to and involving people – Score 3 Annual surveys are sent out to individuals, families, employees and other professionals for feedback. We saw feedback responses from external professionals and employee surveys, and most of the feedback was positive. Regular staff meetings were in place and there was a key worker allocated for each individual to feed into the team meetings. The home has a champion who attends champion meetings in different locations to share what is happening in the home and give a voice for all staff in the home if they have any concerns or requirements, which is listened to by Senior Mangers every quarter. The home champion spoke enthusiastically about these meetings and said they felt heard as they have had visitors to the home for actions to take place after the meetings. **Equity in access –** Score 3 The team make sure that everyone can access the care, support and treatment they need, when they need it. Staff are on site day and night for support as/when needed and communal areas available for use. In an emergency situation the Manager provides a 24/7 on call number and a further on call service from Senior Managers is in place for responsive support. Referrals to external professionals are in place and followed up where required. **Equity in experiences and outcomes –** Score 3 All individuals receive equal experiences from start of service to completion that will be reflected in outcomes and evaluations of care plans. **Planning for the future –** Score 3 The service supports people to plan for important life changes, end of life planning takes place as part of overall support and health planning.

Key Question	Regulations	Quality Statements and Comments
		There are no end-of-life champions in the service. **(RR2)** • This service scored 71 (out of 100) for this area.

SRG RATING: GOOD - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as 'Good' People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics".

Key Question	Regulations	Quality Statements and Comments
Well led	**Regulation 17: Good Governance** **Regulation 5: Fit and Proper Persons Employed - Directors** **Regulation 7: Requirements Relating to Registered Managers** **Regulation 18: Staffing** **Regulation 20A: Requirement as to Display of Performance Assessments**	**Shared direction and culture –** Score 4 The Registered Manager felt that she has good relationships with her direct Operations Manager and a good peer support network of other Managers and Deputy Managers in the South area. There is a weekly meeting with the Operations Manager, and the Regional manager visit the service in person. There is an open culture within the service and staff are encouraged to attend meetings to provide everyone with the opportunity to voice their feelings and ideas. Managers workshops are put on and the Registered Manager finds them interesting and a good learning experience. All Managers are given company updates and sharing overall information such as survey feedback results, agency use across the region and budget information. Every two weeks, a Director hosts a call for all to join to share positive news and stories from across the company. The Registered Manager feels it is a positive culture and a good system and gave the feedback *"you get checked in on, how you are doing not just work but in life in health and mental health"*. **Capable, compassionate and inclusive leaders –** Score 3 The Registered Manager and Deputy were actively involved with individuals support and staff support.

Key Question	Regulations	Quality Statements and Comments
		Staff spoken to during the Inspection spoke highly of the Managers, one staff member stated the Registered Manager was *"professional and has worked there for a long time so knows her stuff, she is supportive as well will be on the floor with you if someone goes off sick or the Deputy is on holiday"*. Inclusivity and capability will be further evidenced by staff feedback and service monitoring. Shift leaders are knowledgeable and undertake staff competency assessments such as medication weekly to support in any areas requiring improvement. **Freedom to speak up –** Score 3 All staff stated the management team were supportive and always present to support them. All staff spoken to were comfortable speaking to management with concerns or support requests and felt cared for. They were confident knowing that if they felt need to, they would speak to a manager higher than their Registered Manager or CQC without fear of reprisal. Posters encouraging speaking up and anonymously speaking up were visible during the Inspection. **Workforce equality, diversity and inclusion –** Score 3 Staff are recruited from many backgrounds and cultures. Policies and procedures are in place that are regularly reviewed and support this. All staff are allocated equality, diversity and inclusive training. **Governance, management and sustainability –** Score 3 Applelea House have clear responsibilities, roles, systems of accountability and good governance. There are clear and effective governance, management and accountability arrangements.

Key Question	Regulations	Quality Statements and Comments
		Staff understand their role and responsibilities. Quality and health and safety audits take place regularly with reports completed and any actions required which is shared with the Registered Manager.

Evidence was seen of an action plan of actions completed from an internal audit, external auditors were also sought for feedback. In addition, there were various audits being completed each month by the Registered Manager.

The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.

Evidence was seen of notifications submitted to CQC and safeguarding teams.

Partnerships and communities – Score 3
Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies. Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Individuals are part of the local community and attend activities and outings within the community.

There are local community links with a gardening and art club and night club.

Annual feedback questionnaires sent to external professionals.

Learning, improving and innovation – Score 3
Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. Annual feedback questionnaires are sent out to families and external professionals. |

Key Question	Regulations	Quality Statements and Comments
		There are processes embedded to ensure that learning happens when things go wrong, and form examples of good practice. Evidence was seen of incident debriefing after incidents. Team meeting minutes evidenced management invest time to listen and engage by showing that staff are consistently encouraged to speak up with ideas for improvement and innovation and contribute to improvement initiatives. **Environmental sustainability – sustainable development –** Score 3 The Registered Manager advised new electronic systems were introduced last February, although the majority of work is now on electronic systems there are duplications of paperwork in hard copy files and paper documents are completed and scanned into the systems. **(WR1)** Recycling is promoted within the service and one individual is taken out to take items to the recycling centre as a regular activity. • This service scored 78 (out of 100) for this area.

SRG RATING: GOOD- This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as 'Good' There is an inclusive and positive culture of continuous learning and improvement.
This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders
proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities".

ACTION PLAN:

CQC Key Question - SAFE
By safe, we mean people are protected from abuse and avoidable harm.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Practical moving and handling						
SR2	SALT referral						
SR3	Risk Assessment review						
SR4	Assistive technology to be explored.						
SR5	Wall behind bin infection control						

CQC Key Question – EFFECTIVE

By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	Consent reviews						
ER2	Consistency of recording PC notes						
ER3	Team clarity of recording process/potential amendment of form						

CQC Key Question – CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	Key area champions/leads						

CQC Key Question – RESPONSIVE

By responsive, we mean that services are 33rganized so that they meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	PC Care recording						
RR2	End of life champion						

CQC Key Question - WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	Review duplicate systems & creation of documentation on electronic system						