Apex Care Centre Limited

Apex Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection at Apex Care Centre on 8 and 9 March 2017.

Apex Care Centre is situated in the seaside resort of Mablethorpe in Lincolnshire. The home can accommodate up to 40 older people with personal and nursing care needs, some of whom live with memory loss associated with conditions such as dementia. The home also provides day care support although this activity is not regulated by the Care Quality Commission (CQC).

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found some areas in which improvement was needed to ensure people were provided with care that was safe, effective and well-led and that the provider's regulatory responsibilities were being met in full.

This was because the registered provider had not ensured the arrangements for the safety and security of the building were consistently being planned for and maintained. We also found the systems in place to help people to take their medicines did not support the consistent administration of those medicines prescribed for people as required.

People were supported to make decisions for themselves. However, when people needed any additional help to make specific decisions, for example about how care was provided, the information about which decisions had been made and by whom had not been fully reflected in the care records.

In addition the provider had not always notified us of issues relating to the safety and welfare of people living in the home in a timely way.

The provider's quality assurance and audit systems were not reliably or consistently managed so as to enable them to quickly identify and resolve shortfalls in the services provided for people.

In other areas, the provider was meeting people's needs in a responsive and caring way.

The provider had recruitment processes in place and background checks had been completed before new staff were appointed to ensure they were safe to work at the home. Staff were supported by the provider and registered manager to access training in order to keep developing their knowledge and skills.

Staff understood how to identify report and manage any concerns related to people's safety and welfare. Staff knew how to minimise any identified risks and care was supported through staff having access to a

range of visiting health and social care professionals when they required both routine and more specialist help.

A range of activities were provided at the home and people were supported to maintain and develop their personal interests and beliefs. People were treated with kindness and compassion by care staff and people had access to the food and drinks they needed to keep them healthy.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of this inspection two people who lived in the home had their freedom restricted in order to keep them safe. A number of other people were awaiting the outcomes of their assessments for a DoLS authorisation. The provider had acted in accordance with DoLS guidance to ensure people had their rights protected.

The provider, registered manager and staff recognised people's right to privacy, respected confidential information and there were systems in place for handling and resolving formal complaints. When individual concerns or complaints were raised with them the provider and registered manager took action to address them quickly.

People were invited to comment on the quality of the services provided and arrangements were in place for people and their relatives to give regular feedback about the day to day running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The arrangements in place for the security of the building had not always been robustly managed.

The systems in place to support people with their medicines were not always inconsistent.

Staff knew about the action they needed to take in order to keep people safe from harm.

Background checks had been completed before new staff were employed and there were enough staff on duty to give people the care they needed.

People had been supported in the right way to manage their personal day to day money.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's legal rights were not always fully protected due to shortfalls in the review processes and in identifying how any decisions made in people's best interest had been made.

Staff had received the training and support the provider had identified they needed.

Staff helped ensure that people received the healthcare they needed and people where helped to eat and drink enough to keep them healthy.

Is the service caring?

Good

The service was caring.

People were treated with warmth and dignity and their right to a private life was respected.

Staff were responsive to people's emotional needs and

encouraged people to express their views and opinions.

Staff maintained the confidentiality of people's personal information.

Is the service responsive?

Good

The service was responsive.

People had individual care plans which were kept updated regularly by staff.

People's care needs were met in a timely manner and people were supported to pursue a range of meaningful activities and maintain their individual interests.

People and their relatives had been consulted about how they wanted their care to be provided.

There was a system in place to make sure any concerns or complaints raised with the provider could be responded to in the right way.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider and registered manager's quality checks and audit processes had not always led to problems being quickly identified and resolved.

The registered manager promoted good team work and staff had been encouraged to speak out if they had any concerns.

People and their relatives were encouraged to voice their views and opinions about the service provided so that they could be taken into account as services at the home were being developed.

Apex Care Centre

Detailed findings

Background to this inspection

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

At the last inspection the service was rated 'Good'.

We visited Apex Care Centre on 8 and 9 March 2017. Our inspection was unannounced. There were 39 people living in the home at the time and the inspection team consisted of a single inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who undertook this inspection together with us had experience as a family carer of older people who have used regulated services.

Before we undertook this inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about). We also reviewed information that had been sent to us by other agencies such as the local authority and health authority who commissioned services from the registered provider, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion for health and social care.

During our inspection we spoke with eleven people who lived at the home and seven visiting relatives. In addition we spoke with two community healthcare professionals and two social care professionals who undertook visits to the home. We also spoke with the provider, the registered manager, the nurse in charge, nine care staff, the homes activity co-ordinator and the cook.

We spent some of our time observing how staff provided care for people. In order to do this we used the

Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people, for example those who lived with dementia and were unable to tell us about their experience direct.

We also reviewed the information available in five care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at as part of our inspection included; of the care staff recruitment information, staff duty rotas, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider and the registered manager had in place for continually assessing and monitoring the quality of services provided at the home.

Requires Improvement

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe living at the home. One person said, "I feel very safe and well at home here." A relative commented that, "When I leave here I know that [my family member] is safe and looked after really well."

When we started our inspection we noted that along with a signing in book to keep a record of who was in the home, hand sanitisers were available for all visitors to use in order to reduce the risks associated with cross infection. The home had been purpose built and was split into sections with a separate dementia unit. The provider employed a team of domestic staff and when we looked around the home we saw all areas were kept clean and there were no odours evident in any area, including people's rooms.

We saw the home was fitted with fire alarms and fire extinguishers and a fire drill notice was displayed in the reception. People had information included with their care records to show the help each person would require if they needed to evacuate the home in an emergency. We also viewed the internal building safety and security arrangements in place and the security for entrance and exit doors to and from the home. We observed push button key pads at the entrance to the home and also a separate key pad entrance to the dementia unit, which the registered manager said helped in keeping vulnerable people safe. We saw these had been secured and the registered manager confirmed the access codes were being changed regularly to help keep people safe. However, the front door and two of the exit fire doors had security lock systems which we saw could be opened if a person applied sufficient force. We discussed our concerns with the registered manager and provider who agreed to further review all of the arrangements in place related to the door security and assured us that these would be fully addressed.

We found that when it had been requested people had been supported in the right way in regard to any risks associated with the management of their personal day to day money. We noted that in most cases people or their relatives deposited small amounts of money that were held by the home's office manager. Care staff then used the funds to pay for service such as when people wanted things buying for them from the shops such as daily newspapers or to pay privately for things such as hairdressing or chiropody support. We checked the amounts in credit for four people and found these matched the records in place. These were kept regularly updated by the office manager and the administrator.

The registered manager told us they had a range of equipment in place to manage any identified risks and help people avoid having physical accidents. We saw that people had been provided with equipment such as walking frames, and raised toilet seats. Care staff had also taken action to provide additional support for those people who needed to be cared for in bed. Examples of this included people being helped to keep their skin healthy through the use of mattresses that reduced pressure on key areas.

We observed that care staff quickly responded when people called for any additional support with their care. We also saw that when people who were sitting in communal areas and asked for help this was given without delay. Most of the people we spoke indicated that there were enough staff to meet their needs. However, when we asked if their call bells in their rooms were answered in a timely manner people told us

response times varied and that the call system was not working correctly. One person commented that "Staff are so busy I do not like to press my button."

When we spoke with care staff about the call bell system they confirmed it was not always working as it should and that this sometimes led to slight delays in responding to people's calls when they were in their rooms. We saw some of the room numbers highlighted on the main call bells electronic screen system showing calls for assistance were not consistently being linked to the room people were calling from. Care staff said they were used to the system and knew which rooms the calls related to. However, we were concerned that some care staff, particularly those new to the role might get confused about which person they needed to assist and that this might lead to longer delays in care staff responding to calls. In addition we noted that the call bell used on the front entrance door had the same sound as the call bell system. Care and administrative staff confirmed it was sometimes difficult to identify when someone was at the front door and was calling to be let in. We discussed this with the registered manager and the provider. They welcomed our feedback and responded immediately by confirming they had been reviewing the arrangements for the front door and the call system and would be replacing or updating those parts of the system soon to make sure it worked consistently and effectively.

We saw the registered manager and office manager had planned care staff rotas in advance and kept them under review to make sure there was the right level of skill mix and staff experience required for each shift. The registered manager told us they calculated staffing levels based on an assessment of people's needs with support from a small team of bank staff in case of shortfalls. When we looked at the rota information it showed that they had been short of a staff member the night before our inspection. They told us that when staff were unavailable at short notice it was not always possible to obtain cover although they ensured that a system was in place to enable senior staff to flag up any urgent risks and there was guidance in place for this.

During our inspection the registered manager told us and records confirmed, the senior care and nursing staff who had the responsibility to help people take their medication had received training to make sure they did this safely. When speaking with one person about getting their correct medication they told us, "More so than doing it myself, if I am being honest." The registered manager showed us how they ordered, recorded, stored and disposed of medicines, including those which required special control measures for storage and recording. However, we also found the arrangements were not consistently in line with good practice and national guidance. For example, although people's medicine records included their names and showed how and when they were supported to take their prescribed medicines there were no identification photographs linked to the records. This meant it would be difficult for care staff to always know who each record related to. We also saw there were a number of gaps in the medicine records which indicated that the person had not received the medicines they needed. The registered manager showed us the medicines had been administered but that the staff member responsible had not updated the record to confirm this. Temperature checks for the refrigerator used to store medicines which needed to be kept refrigerated had also not been consistently updated. We discussed our concerns with the registered manager and the provider as part of the inspection. Following our inspection the registered manager told us photographs were now in place so people could be easily identified by care staff who administered medicines. The registered manager also assured us that other areas related to the way the medicine room was organised and syringe disposal and collections were being managed had been followed up and were being fully addressed.

Care staff told us they knew how to take action to ensure people were kept safe from harm and were clear about external agencies they needed to report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff told us and the providers

training plan showed staff had received or were due to undertake training in this area. In addition staff said they were confident that if required, any concerns or allegations would be investigated fully by the provider and manager.

The provider had safe systems in place in order to recruit new staff. We looked at the staff recruitment information for staff members who had recently been recruited. The administrator showed us how they kept record logs to ensure information related to an applicant's identity and previous employment checks which had been requested were recorded and maintained. Checks were also undertaken to ensure nurses employed by the provider were appropriately registered to carry out their role and that their registrations were active. The provider had also completed checks with the Disclosure and Barring Service (DBS). These checks helped ensure new staff would be suitable and safe to work with people who may be vulnerable.

Requires Improvement

Is the service effective?

Our findings

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that some people who lived in the home did not have capacity to make important decisions including those related to how the care and support they needed was given. Care records for those people who needed support with their decision making contained an assessment document to confirm this. However, the information the documents contained gave only a broad indication of the person's capacity and they did not fully reflect the type or range of decisions each person could or could not make for themselves. This meant that people, or those who lawfully acted on their behalf could not always be assured that their capacity to make decisions had been suitably assessed and taken into account when care was planned and reviewed. This was also an area of concern which had been raised by the local authority commissioning team following a recent visit they had made to the home.

We discussed our concerns with the registered manager. They informed us that they had recognised the records needed to be improved and that the registered manager and care staff were in the process of updating them to confirm how decisions had been reached and ensuring the mental capacity information and best interest information for each person was decision specific.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that two people were being deprived of their liberty at the time of our inspection visit through an authorised DoLS and the registered manager informed us a number of other people were awaiting the outcomes of their assessments for a DoLS authorisation. These arrangements had been made to ensure that those people remained in the home so that they could safely receive the care they needed. By doing this the registered manager had ensured that only lawful restrictions would be used that respected people's rights.

People and relatives we spoke with told us they thought staff were trained to meet their or their family members' needs. One relative said, "The staff seem to know what they are doing." When speaking with us about their recent move to live at the home one person told us, "They are letting me bring my special tip up chair in, I am planning for life here. Another person said, "This is just like my old home."

Records showed that staff had received guidance and training to undertake the roles they had been employed to do. We noted that care staff completed an induction before working without direct supervision. Care staff told us the induction involved shadowing other colleagues and completing training to ensure they were competent to undertake the care staff role. New care staff also described how their induction had been organised in accordance with the requirements of the Care Certificate. This is a nationally recognised model

of training for new staff that is designed to equip them to care for people in the right way. The registered manager told us any new staff they recruited were undertaking the certificate as part of their induction. One care staff member said, "I know about the 15 standards and I am working on my books which will soon be completed."

Throughout our inspection visit we observed care staff applying their training and experience to the care roles they had. For example we saw they correctly used equipment such as mobile hoists and wheelchairs to help people move around safely. When it was needed care staff worked together in pairs and took action to assist people when they chose to be mobile. Care records also showed a range of additional information which staff referred to in order to keep people safe. For example, we saw people had records to show when they needed help to move, reposition or turn in bed to reduce the risk of them becoming sore. The registered manager told us as part of the on-going team development and understanding related to dementia one of the care staff members had the role of dementia champion and that they used this role to share updates information about supporting people who lived with dementia with care staff. We observed staff supporting people who lived with dementia in positive ways. One person carried a doll with them when they walked around the home. They smiled at a care staff member and said they liked the music that was playing in the background in the communal lounge. The staff member paused and had a gentle conversation with the person asking them about their favourite music and asking them about what else made them happy. It was clear the care staff member knew the person and we saw the discussion helped to promote the person's well-being.

The registered manager also had information about the on-going training staff had received and the future training the manager had planned for staff. This included confirmation that most of the care staff team had completed or were undertaking nationally recognised qualifications in the provision of care in residential settings.

Care staff told us that the registered manager sometimes worked alongside them to provide care for people. This enabled them to give useful feedback to care staff about how well the assistance they provided was meeting people's needs and wishes. Records also showed that care staff regularly met with the registered manager or a designated a senior colleague to review their performance and to plan for their professional development. The provider and registered manager told us that when any new training and development needs had been identified the training would be sourced. For example, they told us they had identified a need for additional training in regard to supporting people who may have challenging behaviour and that this was being planned.

People told us that they enjoyed their meals. One person commented, "We have very good meals here" and "Food is good, plenty of it." When referring to the food one person added, "It really is excellent."

During both days of our inspection we saw and heard a member of staff going round asking what each person in turn would like for their meals the next day, also giving them a choice.

We spoke with the cook who told us they had been established at the home since it opened and knew people and their dietary needs very well. The cook showed us they planned and regularly reviewed the menus using information about each person's dietary needs and preferences. Through our discussion with them they showed that they understood how to provide the range of meals based on the choices people had made and that the meals were served in the way people needed and wanted them to be. The cook also confirmed they had staff cover support in place during any periods they were away from the home and that information about people's dietary needs and food and drink preferences were kept updated for all kitchen staff to access.

We observed lunch time was a social occasion for people and that people were given the choice of where they would like to have their lunch. Some people had chosen to have their lunch in one of the two communal dining areas of the home. Other people chose to eat in their rooms and their choice had been respected.

We saw there were plenty of staff available to help any person who needed extra assistance to eat their meals and we also noted that staff were careful to ensure people had enough to eat and drink and were not left wanting more.

People said and records confirmed that they received the help they needed to stay physically healthy through the care staff gave and through having access to external health care professionals such as their doctor, dentist and chiropodist. We also saw a notice in the reception area of the home confirming 'on site' visits were due to be carried out by a visiting optician in the near future for anyone who wished to have a test.

One person said, "I feel well cared for not just by the care staff but by the other nurse who comes to check me over." During our inspection we spoke with a community healthcare and two social care professionals who visited the home. Most of the feedback we received indicated they and care staff had developed good working relationships with the home and that communication was positive between the care staff and themselves. One of the community healthcare professionals commented that, "I have had no issues when I visit. I know when any issues have arisen we raise them and they do get sorted out." We noted that the registered manager and provider were following up an invitation they had received from the local doctors practice to meet together. The provider said this was positive and the meeting would be used for them to explore how they could work more closely together and maintain and further develop communication and good practice.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they felt the staff were caring toward them. One person said, "They have made me feel at home." Another person said they were, "Exceptionally well looked after." The person also added that, "We have a great laugh together" and "I think it is very good, everything you want is here."

A relative said, "If I have to be in a place like this, I couldn't find a better place than this." Another relative told us, "If I ever have to come in to a home, this would do me just fine." The relative also described how their family member had been unhappy about the idea of going to live in a care home, but they said the other day their family member had remarked, "I'm happy in that home, Thank you." The person smiled while they were telling us this and the relative added that, "That is a genuine smile."

We observed care staff being involved in a number of positive conversations with people and relatives who they clearly knew well and that this promoted their well-being. Examples included staff taking the time to speak with people, treating them as individuals and calling them by their first names. We saw staff respected people and that they were friendly, patient and discreet when caring for people. We also noted that each staff member consistently acknowledged people when walking around the home. In addition people told us they could have visitors whenever they wished and we saw this was evident in the number of people who visited the home to see their relatives during our inspection. A person told us, "This is my home and I feel better for being here."

Staff knew about the care people needed, gave them time to communicate their wishes and respected the decisions they made. For example, during one conversation between a care staff member and a person the care staff member asked, "Are you alright if I call you sweetheart?" When the person said that was fine the care staff member explained the care they were going to give and we saw they had a conversation with the person about the medicines they were due to have. The person responded positively to the interaction. We also observed that one person was unable to speak or write, but that they had been supported to use an alphabet sheet and they spelt out their conversation in their own way and at their own pace. Care staff were very patient and caring whilst the person communicated about general things and about how they wanted their care delivered. We also saw that the registered manager had introduced a process as part of the care reviews being completed called 'resident of the week' This involved care staff having a focus on the person, checking their records carefully and updating them with information about the person.

People had their own bedroom which they had been encouraged to make into their own personal space. The registered manager told us how they and staff worked to ensure any existing or new relationships people had or were forming could be maintained in the way people chose. For example, two separate rooms had been arranged so they could be made private and were shared by two married couples who lived in them.

People had been supported to be involved in maintaining their own identity and individuality. For example, one person who had recently moved to the home had bought a wide range of personal belongings in to the

home which care staff were helping the person to organise and arrange in order to make their room as individual as they wanted it to be. We noted that one feature of the home's layout was that each bedroom had its own, "pod" or small conservatory with a door leading to the communal garden area of the home. People who lived in these rooms told us that they loved sitting and looking out on to their own part of the garden.

We observed care staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. They also made sure that doors were closed when providing personal care. We observed that people were given choices, if they wanted to remain in their rooms, or in bed or where they would like to sit in communal areas. Some people joined in happily with the daily activities in those communal areas, others declined, but the staff respected their choices. We also saw care staff helped to facilitate telephone calls between people and their relatives who called to see how their family members were.

We saw that people could choose whether to have their bedroom doors open or closed whilst they were in their bedrooms and that staff respected people's privacy when people had said they wanted to be on their own. Staff recognised the importance of not intruding into people's private space.

We did observe two rooms where relatives had asked for locks to be fitted to their loved ones bedrooms so the room would be secure when they were not in them. We observed that the particular locks that had been fitted were not suitable and this was mentioned to the provider. The Provider responded immediately and ordered appropriate locks for both rooms and they told us they would be delivered the next day and would be fitted immediately. After we completed our inspection visit the registered manager confirmed the locks had been fitted.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom. In addition, the provider had developed links with local lay advocacy services who can support people to make decisions and to communicate their wishes. Information about how to contact these services was also available to people and visitors to the home so they could make their own decisions about whether they wanted to contact them independently.

We noted that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Good

Is the service responsive?

Our findings

People said that care staff provided them with a wide range of assistance with their personal care needs including washing, dressing and using the bathroom. One of them remarked, "I always feel the staff are there for me. I have a laugh with them and they make me feel I am at the centre of what they do for me, particularly in the way of personal care and support. I am very happy." Another person commented, "I chose to stay here, I would not be doing that if I didn't like it here."

Most people we spoke with who lived at the home were happy that the staff knew what care they needed. The registered manager told us how they maintained information to show staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care records showed where people had consented to their care being given and information indicated the record information was regularly reviewed. However, the review information the records contained was brief. They included statements such as, 'review completed no change' There was no detailed information to confirm who had been involved in the review or if the review outcome had been discussed with the person direct. We discussed this with the registered manager who assured us the reviews did involve people wherever possible and that they would strengthen the information the review records contained to confirm this.

The registered manager told us they worked together as a staff team to ensure people were involved in the planning of their lives and in regard to any interests they had and activities they wished to undertake. The home also supported people to maintain any spiritual beliefs they had. One person told us, "We have prayer books and I am calling [My family member] today to request they bring me a bible. The church visits on about the first Wednesday in each month. They sing songs of praise and we use our books."

The registered manager confirmed they currently employed an activities co-ordinator for 30 hours a week between Monday and Friday. They also told us they had a vacancy for a further activity co-ordinator and that once they had recruited to the vacant role they would be employing two staff for 18 hours a week each to provide activities. We spoke with the activity co-ordinator who showed us around the home and confirmed they enjoyed their role and that they provided a range of activities in order to support people to maintain and develop their interests.

The activity co-ordinator showed us they kept separate files to evidence all the activities that took place and who took part in each of them. We saw the fie contained comprehensive examples which included people being supported to go out into their local community to places such as the local library. For each activity a form was completed to show the name of activity, what happened during the activity and anything people felt could be improved. With this in mind the activity co-ordinator told us that they had responded to any specific requests for changes regarding activity timings. For example, people had asked if they could start group activities at 2pm not 1.30pm as people had said that they would like a rest after lunch before the afternoon activities started. The activity co-ordinator told us she had adjusted the timings to meet this request.

One person told us how they had been involved in joinery and making things before coming into the home

and that the home was supporting them to continue their profession and hobby. The person went on to show us some of the things that they had made while being in the home. Another person said, "I join in most things to be social." Another person commented that, "The activity co-ordinator is very helpful." A relative told us, "[My family member] has done some cooking, pizza I think, and painting.

The activity co-ordinator also described how they planned various fund raising events with all proceeds going towards the activities. For example this included an upcoming Easter raffle and Easter fayre planned for 16th April 2017.

At the start of our inspection we had noticed there was a large board located on the communal notice board in the reception area of the home which contained a range of information. This included a single sheet which listed some of the week's activities. We were concerned the sheet did not provide people with a picture of all the activities that took place. We discussed this with the registered manager and the activities co-ordinator who confirmed they would include more information about the range of activities which were actually available for people so that people and visitors could see this more clearly.

Information was also available in the reception area of the home for people to access if they needed to raise a concern or complaint. The information was clear but we noted it did not include the contact details for the health service ombudsman. We raised this with the office manager who undertook immediate action to update the information. People and relatives we spoke with told us they knew how to raise concerns or more formal complaints.

One of the people we spoke with said they had raised a concern about their care through their social worker regarding the number of staff available to meet their needs. The registered manager told us they already knew about these concerns and was working with the person to address their feedback.

The registered manager maintained a record of all compliments, concerns and formal complaints they had received. The information showed concerns and complaints had been responded to in line with the providers policy and there were currently no outstanding complaints.

Most of the people and relatives we spoke to told us that although they currently had no complaints they would not hesitate to speak with a member of staff or the registered manager and that they felt they would be listened to. When we spoke with one relative they told us how they had experienced some communication related issues which they had not raised direct with the registered manager. We asked the relative if they would be happy for us to ask the registered manager to meet with them to discuss the issues. With their agreement we liaised with the registered manager who informed us they had set up a meeting with the relative to address any concerns they had.

Requires Improvement

Is the service well-led?

Our findings

People and relatives we spoke with told us that they considered the home to be well led. One person commented that, "I always think things are under control because the staff are around to check I am alright. That's the main thing for me." A relative told us, "I think the manager and the office staff are very good because one of them are always about to speak to when I visit. If I can't get to the home on a particular day I can phone and they are always there to answer any questions."

Relatives we spoke with and some of the people who lived at the home we spoke with knew who the registered manager was and felt they could approach the registered manager with any problems they had. When we arrived to carry out our inspection the office manager told us that the registered manager was on holiday. When the office manager contacted the registered manager to inform them of our visit they came in to assist in providing the information we needed.

The registered manager confirmed they were regularly available for people, visitors and staff to speak with. The registered manager and office manager had offices located at the entrance to the home and we saw their doors were kept open so that people could speak with them at any time.
The provider told us and records we saw confirmed they regularly visited the home to meet with and support the registered manager.

In addition the registered manager told us they were supported in their role by a management team, which included the office manager and the administrator at the home. The provider and registered manager told us they were in the process of establishing clear definition and delegation of roles and responsibilities for the management team with the registered manager having a lead role in this process. However, when we asked about the management tasks each undertook it was not always clear about who was responsible for each area so that staff would know who to report any specific issues they had to. For example, during our inspection we noted the air conditioning was not working correctly. When we asked staff about this they said they were unsure which of the management team they needed to raise it with and that it had therefore not been formally reported. When we raised this with the provider they undertook immediate action to ensure it was repaired.

We also found that although the registered manager had completed a range of audit checks the areas they had identified for improvement and which we found during our inspection had not been fully followed up. For example, those related to the call bell system and door security. The registered manager had also previously completed audits related to medicines to help them identify and if needed respond to any areas related to the processes in place. However they had not followed up with actions related to the need for photographs for the medicine records and had not followed up the gaps we found in the medicine records as highlighted earlier in our report. The registered manager and provider welcomed our feedback and assured us they had already started to strengthen the systems in place for all audits and identify which member of the management team were responsible for each of the checks.

The registered manager told us they understood their role and their responsibilities under the Health and

Social Care Act 2008 and associated Regulations and that they had maintained records of untoward incidents or events which had occurred in the home. However, in preparing for our inspection visit, we noted that in the previous 12 months there had been several cases involving people using the service that had been considered by the local authority under its adult safeguarding procedures which although they had been reported to us there had been delays in notifying The Care Quality Commission (CQC), as required by the law.

The provider confirmed they and the registered manager had already discussed the need for more timely and accurate reporting of incidents with care staff and that they were planning to undertake a training session together with care staff in the near future to ensure this was fully covered.

In addition, the provider confirmed they had arranged for the registered manager to receive mentor support from another registered manager who ran a home owned by the provider. The provider was also providing support for the manager to complete an accredited manager training course together with the another registered manager of a home located near to Apex Care Centre and again which was owned by the provider. The registered manager showed us they had started to undertake manager support visits to each of the homes to give peer feedback on any areas for development and that this was helping them to develop a consistent management approach across the homes.

The registered manager showed us that as part of the on-going development of the home they had worked together with the provider to strengthen their management systems in place. For example, they had introduced an electronic care management system (CMS) in order to help give them better oversight of the services they provided to people and to enable them to keep care records up to date. The system had been developed to include all of the care and staff related records.

We also saw a letter which had been sent to all staff in February 2017 confirming they had introduced a system for managing staffing levels through the monitoring of attendance. The system was based on a national model commonly used in health related services. The registered manager said this would enable to them to better support staff when they were unwell and to manage absence at short notice more effectively whilst rewarding staff excellence.

Staff told us the management team were supportive and fair in their approach to managing the home and the staff team. They told us they were encouraged to express their views and share ideas and felt their contributions were valued. During our inspection we joined a staff handover meeting between care staff working in the morning and those due to start work in the afternoon and evening. The meeting was led by a member of the senior staff team and we saw that care staff exchanged information about people's care needs and well being. Care staff told us the meetings were useful in maintaining the continuity of person centred care.

We saw records which confirmed staff team meetings were held regularly for care staff and senior staff so that any issues related to the running of the home could be discussed and action taken to address them. Staff also said they were aware of the provider's whistleblowing policy and felt confident that the provider would take action if they raised any issues about poor practice.

The registered manager told us they had held quarterly meetings with people and their relatives but that they had not held a formal meeting for some time. Records for the last meeting showed this was held in June 2016. The records confirmed people had been kept updated with the homes developments including activities and that they were consulted with in regard to the homes menus. The registered manager said this was because the attendance at the meetings had been low and that they were readily available to speak

with people and visitors at any time. The registered manager and provider said that they intended to develop greater links with the relatives of people and that the registered manager was setting up new meeting dates which were in the process of being confirmed.

The provider undertook satisfaction review surveys for people who lived at the home, their relatives and staff. We looked at the provider's findings from the surveys completed in April 2016. Overall the feedback they had received was positive. Action had been taken in regard to some of the suggestions people had made. For example a Bain Marie had been purchased for use in the dining area to keep meals hot whilst they were in the process of being served. The registered manager confirmed they were in the process of sending out their next annual survey during April 2017.