Apex Care Homes Limited

Alicia Nursing Home

Inspection report

105-115 and 33-35 Marsh Road
Luton
Bedfordshire
LU3 2QG
Tel: 01582 560500
Website: apexcare.co.uk

Date of inspection visit: 8 May 2015
Date of publication: 24/07/2015

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

Overall summary

We carried out an unannounced inspection of this service on 5 and 14 November 2014. A number of breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to providing person centred care, dignity and respect, the need for consent, safe care and treatment, safeguarding people from abuse and improper treatment, ensuring people had sufficient to eat and drink, staffing and good governance. We undertook this inspection to check that they had followed their plan and to confirm that they now met the legal requirements.

The service provides accommodation and nursing care for up to 68 people living with physical needs, mental health care needs, dementia, and learning disabilities. The service is divided into five units, four of which are on one site and the fifth unit, Atwell House, is located a five minute walk away. At the time of the inspection, there were 47people being supported by the service.

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

Summary of findings

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.

Some areas of the home had not been cleaned to an appropriate standard.

Staff had received further training so that they appropriately recognised and reported concerns about people's safety. There were detailed risk assessments in place that gave guidance to the staff on how risks to people could be minimised.

People's medicines were managed safely and administered in a timely manner.

People were asked for their consent before care was provided.

Staff supervision, support and training had improved to enable them to support people well. Further training had been given so that staff had the skills and knowledge to support people with complex needs. However, this needed to be embedded so that the improvements were sustained.

People were supported to have sufficient food and drinks in a caring and respectful manner. They were also supported to access other health and social care services when required.

People's needs had been assessed, and detailed care plans were now in place and they took account of people's individual needs, preferences, and choices.

People were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives to improve the quality of the service.

People's care records were now held securely within the service.

There were improvements in the provider's quality monitoring processes. However, these needed to be fully embedded, understood and implemented by all the staff. This was necessary so that improvements made were sustained.

During this inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Some areas of the home had not been cleaned to an appropriate standard.

Staff had received further training on how to safeguard people.

People's medicines were managed safely.

Requires improvement

Is the service effective?
The service was not always effective.

Staff training had improved, but a longer period was necessary to ensure that this was effective in developing their skills and knowledge necessary to provide consistently good care.

People's consent was sought before care was provided.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity.

Information was available in a format that people could understand.

Good

Is the service responsive?
The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people, their relatives and other representatives in order to meet people's needs well.

People were now supported to pursue their interests and hobbies.

Good

Is the service well-led?
The service was not always well-led.

The provider promoted an open and person centred culture.

People's care records were held safely.

The provider's quality monitoring processes had been improved, but these needed to be embedded to drive sustained improvements.

Requires improvement

Alicia Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 May 2015 and it was unannounced. It was carried out by three inspectors.

Before the inspection, we reviewed the information we held about the service including the previous inspection report, an action plan the provider sent to us following the previous inspection and notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, one relative, four care staff, the cook, the catering manager, the registered manager and the provider. We also spoke with an independent remedial therapist who provided aromatherapy massage to people who used the service.

As some of the people's complex needs meant that they were unable to tell us their experiences of the service provided, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records for six people. We checked how medicines and complaints were being managed. We looked at the training for all the staff employed by the service. We saw a report of the most recent review by the local authority. We also reviewed information on how the quality of the service was monitored and managed.

Following the visit to the home, we spoke with the commissioners of the service and the quality monitoring team from the local authority.

Requires improvement

Is the service safe?

Our findings

At the last inspection in November 2014, we identified that people were not always protected from the risk of harm and neglect, risk assessments did not contain sufficient information on how to reduce the risks and support people's independence, and people's medicine was not always administered as it had been prescribed.

During this inspection, we found that improvements had been made. However, we noted that appropriate standards of cleanliness had not been maintained in some areas of the home. We observed that there were several large wheeled chairs that were worn and the foam padding was exposed. This presented an infection risk as the foam could not be cleaned effectively. A number of radiator covers were damaged and rusty. Some were coming away from the walls and presented a hazard should someone fall on them. Some radiators were covered in food debris where the cleaning staff had been unable to clean them because they could not easily remove the covers on them.

There was damage to paintwork, including window sills in the kitchenette off the day centre, and cupboards in which foodstuffs, drinks and crockery were stored could not be cleaned effectively because the surfaces of the shelves had worn off, exposing the hardboard underneath. The corners of some walls along the corridors were not clean and there were broken tiles on the walls of some of the bathrooms and wet-rooms. There were items inappropriately stored in one of the bathrooms and the light pull cords were dirty. However, the provider showed us evidence that they had already carried out an audit of all the radiators and covers so that they could replace damaged ones, including with covers that can be easily cleaned. On 25 March 2015, they had also received a quotation of how much this work would cost, but they did not have information on when the work would be completed. The manager also told us that they would monitor the level of cleanliness more frequently so that people were protected from risks of acquired infections.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they received regular training on how to reduce the risk of people acquiring a healthcare related infection. They explained the procedures they used to reduce the risk of infection, such as hand washing and the use of personal protective equipment, including aprons and gloves. Although some staff were wearing jewellery, they explained that they removed this and placed it in their pocket when providing personal care to people.

The relative of one person told us that they believed their relative to be safe at the home. They said, "[Relative] wouldn't let anyone harm [them]. [They] can be aggressive. It would be difficult for people who didn't know them."

We saw that there was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in entrance hall. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, "If someone is not given personal care when they need it, not turned when they should be or not given their medication when it is due that is neglect, which is abuse."

There were personalised risk assessments in place for each person who lived at the home. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. These included the risks to people going out in the community, of them handling their own finances and health related risks. They also included the identification of triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. At the previous inspection, we found that people were not protected from developing pressure area damage because staff did not understand how to set pressure relieving mattresses correctly. We saw that staff had been retrained and the settings were checked and recorded twice daily to ensure that they remained accurate.

Staff were able to tell us of the plans in place should an emergency arise to ensure the safety of people who lived at the home, including the use of a grab bag that contained vital information about people and the use of different means of transportation required for them. We noted that the emergency contingency plans were displayed on the noticeboards so that all staff had easy access to them. These had been reviewed in February 2015 and covered areas such as fire, flood, loss of power and included the evacuation plans for people.

Requires improvement

Is the service safe?

Staff told us that there was enough of them to provide for people's care needs, although there was only one nurse and one care worker to provide care to eight people on the ground floor, five of whom were not mobile. They said that they were able to seek assistance from staff on other floors if they needed it. We observed that there was sufficient staff throughout the home to provide care safely. In addition, we also noted that the service had significantly reduced the use of occasional (agency) staff so that people received consistent care from staff who knew them well.

Medicines were now being managed safely. Medicine administration records (MAR) were completed properly with no unexplained gaps. We observed a nurse giving one person their lunch time medicines. They sat with the person at the table and encouraged them to take their medicines and watched whilst they did so. It was very calm and unhurried and the nurse ensured that the person was comfortable and agreed to take each of the medicines.

Requires improvement

Is the service effective?

Our findings

At the last inspection in November 2014, we identified that most of the staff training was out of date and was not always effective to enable them to support people well. In addition, the induction process was not effective to train new staff, consent to care and treatment was not always sought before care was provided, people were not offered a choice of suitable and nutritious food and drink and they did not get appropriate support to eat.

During this inspection, we found that improvements had been made. A relative of one person and a healthcare professional told us that the staff had the skills needed to care for the people who lived at the home. The relative said, "The staff care for [relative] well." The healthcare professional told us that the care was good and they had never seen anything untoward.

People's consent was sought before care was provided. Where necessary, people's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and staff explained how these were followed in the delivery of care. We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and these were documented within their care plans.

We saw that the training for all staff was now up to date and the provider had a system to monitor this so that staff were kept up to date. However, this needed to be embedded so that improvements were sustained and that there was evidence that training was effective in developing staff's skills and knowledge necessary to provide consistently good care. The induction process had also been improved so that staff completed a more detailed induction, including being given more time to become familiar with people and their needs while being supported by a mentor. The provider had also introduced competency assessments to assure themselves that staff had the right skills to support people safely and effectively. Staff told us that they had the training they required for their roles. They told us this was provided in a number of ways, mainly by e-learning, but face to face training was also provided for some areas, such as managing behaviour that challenged other people. One staff member told us that the recent dementia awareness training they had received had enabled them to identify people more as individuals and to deal with them more appropriately. They said, "With the training I know how to prioritise people's needs." All staff had also had training in managing behaviours that challenge and sexual awareness to enable them to appropriately meet people's complex needs.

Staff also told us that they received regular supervision and felt supported in their roles. One member of staff told us, "Supervision is every six to eight weeks. We discuss my progress, how the team works together and the progress of the service users. I can raise any concerns during supervision meetings." They went on to tell us that they had yearly appraisal meetings at which they set goals for the coming year and discussed their future plans and development needs.

People and relatives we spoke with told us that the food was good. One relative said, "There are choices and there are always cakes and fruit available. This morning there were chocolate doughnuts." We spoke with the catering manager for the provider. They told us how they had reviewed the menus and that they now met regularly with people to obtain their views about the quality of the food provided. They also said that they were made aware of any special dietary needs of people and where appropriate special foods, such as gluten free products were provided.

We observed people having their lunch time meal in two areas of the home. We saw people were supported appropriately during lunch time. We observed people being offered choices of food and being supported to make decisions. We noted that staff were patient with people when assisting them to eat their food. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk that they were not eating or drinking enough. This provided detailed information on what people had consumed each day so that appropriate adjustments were made to the amount they ate, including having their food fortified (nutritionally enhanced) and where necessary, they were also referred to the dietician.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. The relative we spoke with said, "About six weeks ago they called in the tissue viability nurse. They

Requires improvement

Is the service effective?

have also got the urology nurse when [relative] needed them." The health care professional we spoke with confirmed that people were referred to them when this was appropriate to improve their health and well-being.

Good

Is the service caring?

Our findings

At the last inspection in November 2014, we identified that the staff were not always caring, did not support people to make choices and care was not always provided in a dignified manner.

During this inspection, we found that improvements had been made. We observed the interaction between staff and people who lived at the home and found this to be friendly and caring. The staff talked with people as they passed them in their rooms or in the communal areas. Staff told us that they also used body language and other non-verbal forms of communication, such as facial expressions, to understand people's needs. This included people looking uncomfortable when they may require personal care. We observed that staff maintained eye contact with people when talking with them to explain what they were planning to do.

As much as possible, people were involved in making decisions about the way in which their care was provided. Staff told us that people's bedrooms had been furnished and decorated in the way they liked to reflect their individual interests and taste. People were given choices, such as in how they spent their time during the day, what time they got up and what clothes they wanted to wear, and staff respected their choices.

Staff supported people in a way that maintained their privacy and protected their dignity. We observed that if people were in their bedrooms, staff knocked on the door before entering the room. Although the bedroom doors of some of the people being cared for in bed were mainly left open so that staff could easily monitor their welfare, staff were able to demonstrate how they maintained people's privacy and dignity when providing care to them. A member of staff told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed support while they were in the communal areas. Staff were also able to tell us how they maintained confidentiality by not discussing people's care outside of work or with agencies who were not directly involved in the person's care. We also saw that all confidential and personal information was held securely within the home.

Information was given to people in a format they could understand to enable them to make choices and decisions. Some of the documents given to people were in an easy read format, with short sentences and pictures to help people understand what they were being told. Most of the people's relatives or social workers acted as their advocates to ensure that they had the care they needed. The manager told us that it was important for them to work closely with people's representatives to assure themselves that they always listened to and acted on people's views and choices. Information was also available about an independent advocacy service that people could access if required.

Relatives told us that they were able to visit at any time with no restrictions place upon them. One relative told us, "My son comes in at night time. Ten pm is fine. We can visit at any time at night."

Good

Is the service responsive?

Our findings

At the last inspection in November 2014, we identified that people and their relatives were not always involved in the planning of care, some of the care plans contained very little information about people's preferences and there was insufficient guidance for staff on how to care for people in a way that promoted their mental wellbeing. Also, staff failed to respond quickly to people's needs, there was little on offer to stimulate people or create opportunities for them to pursue their interests and hobbies, and some complaints had not been investigated in a timely manner.

During this inspection, we found that improvements had been made. People had a wide range of support needs and these had been assessed, and appropriate care plans were now in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and support and the care plans we looked at confirmed this. Relatives told us that they had been involved in deciding what care their relative was to receive and how this was to be given. One relative told us, "I write in [relative's] care plan." They went on to say that staff were responsive to their relative's changing care needs as their condition had deteriorated. They told us, "They had the wheelchair people come to assess [relative] last week. [Relative] has a new cushion for their wheelchair now."

Each person had been allocated a 'keyworker'. This was a member of staff responsible for ensuring that people's care plans were up to date and contained relevant information. Where possible, they also regularly discussed the planned care with the person in order to check if this still met their needs.

People were now supported to pursue their hobbies and interests and those able to do so, were supported to go out regularly by their relatives or friends. Relatives we spoke with confirmed this. One relative said, "They try and are watching as well. If someone can't do anything they help. People enjoy quizzes and they have reminiscence quizzes which they love." They also said that family members were welcome on trips arranged for people in the home and we saw evidence of a number of trips to the seaside and other places of interest. One relative said, "I always go on the trips." There were also planned activities to support people to positively occupy their time within the home, including a number of people who attended the in-house day centre. People we spoke with said that they enjoyed this and we saw a number of art and craft projects completed by people who used the service. Staff also positively interacted with people throughout our time at the home. For example, one member of staff was singing along and dancing with two people on one unit, while another staff was playing a ball game with another person.

There was an up to date complaints policy in place, however, people we spoke with told us that they had not made a complaint. One relative told us, "I'm always here and if I have got any problems I just talk to staff. If I have got a complaint it is just part of a conversation." Staff told us that they would assist people to make a complaint if they wanted to and would inform the manager in accordance with the protocol in place. They would reassure the person, put their complaint in writing and pass it to the manager. The provider had improved how complaints were handled so that these were now responded to in a timely manner and there was learning from these. We also saw a number of compliments from people's relatives about the care provided by the service.

Requires improvement

Is the service well-led?

Our findings

At the last inspection in November 2014, we identified that the registered manager did not demonstrate strong leadership, people and their relatives' views were not always sought, systems to monitor the quality of the service were ineffective and had failed to identify shortfalls found during the inspection, and people's records were not always stored securely.

During this inspection, we found that improvements had been made including in how people who used the service and their relatives were involved in the development of the service. Relatives told us that they were involved in developing the service. One said, "They always say, What do you think of this? They listen to you."

The service had a registered manager in post. Staff said that the manager was very supportive of them and they were able to make suggestions for improvement to the home. They told us of the suggestion box in place and that they could discuss any suggestions for service improvement during their supervision meetings. They were aware of their roles and responsibilities and were able to tell us about the provider's vision and values, which included maintaining people's respect and dignity. Relatives told us that the manager was very approachable. One said, "It's no problem. I just go in. It's like an open door."

A number of quality audits had been completed since our previous inspection to assess and monitor the quality of the service provided. These included reviewing people's care records, staff files, health and safety systems, medicines management processes, as well as, taking the necessary steps to rectify the number of issues we had identified during the inspection in November 2014. They had developed systems to ensure that people's pressure relieving mattresses were always set appropriately so that they were effective. In addition to training all staff, a checklist that was completed by staff twice daily had been introduced. The provider had also strengthened their quality monitoring processes so that audits were completed in a timely manner. Where issues had been identified from these audits, the manager took prompt action to rectify these. Although we found significant improvements had been made in how the quality of the service was monitored, further work was required to ensure that these had been fully embedded, understood and implemented by all the staff. This was necessary to ensure that improvements could be sustained.

Improvements had also been made so that care records, and other records in relation to staff and the management of the home were appropriately stored, were clear and well maintained. Significant progress had also been made to improve the contents of care records so that they contained accurate and up to date information, which enabled staff to provide consistent and effective care and treatment. Therefore, robust records were now kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored. There was evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of reoccurrence.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The premises and equipment used by people were not always cleaned to an appropriate standard and properly maintained. Regulation 15 (1) (a) & (e).**