The Fremantle Trust

Apthorp Care Centre

Inspection report

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Date of inspection visit: 2nd June 2015
Date of publication: 22/07/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13, 15, 17 and 18 October 2014. At which we found several breaches of legal requirements The registered provider did not deploy staff appropriately and we found that there were not a sufficient number of staff available to meet people's needs. Some medicines were not dispensed correctly and medicine administration charts were not always completed. Staff had not been appropriately supervised .We saw people did not always have an enjoyable experience at meal times, due to insufficient staffing and an uncaring attitude from some staff. Staff did not always understand the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards and how these affected the people they supported.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulations 9, 10,13,17,18, 22 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this inspection on 2 and 3 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

Summary of findings

Apthorp Care Centre provides care for people with learning difficulties, dementia and physical frailty. The home has 108 beds split into 10 units on the day we inspected there were 92 people living in the home.

The home has a registered manager. 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 and associated Regulations about how the service is run.

At our inspection on the 2 and 3 June 2015, we found that the provider had followed their plan and legal requirements had been met.

We found that action had been taken by the provider to improve in all the areas where breaches had been identified; we found that action had been taken by the provider to improve the way medicines were managed. Systems for the management of medicines were now safe. Protocols for the use of pain relieving medicines were in place, and medicines were stored securely and appropriately.

We found there were sufficient staff on duty in all flats to ensure people received a safe service. We spoke with the registered manager and regional manager who stated they felt that whilst staff numbers had not increased during the day time [night staff had however been increased from eight to nine waking staff] practices, morale, support and the organisation of staff had been improved. We noted rotas had been modified and that the provider had increased its management team to ensure staff numbers were highest at busiest times such as morning and lunchtimes. We also noted staff were now receiving formal supervision every two months and that the manager had commenced staff appraisals.

Appropriate checks were undertaken before people began work. Staff files contained a completed application form and supporting documents to demonstrate training and copies of photo identity, evidence of the person's right to work and a criminal record check .

The service had policies and procedures on safeguarding adults from abuse and on whistleblowing (confidential disclosure) and staff demonstrated a good understanding of these.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA), its associated code of practice and the Deprivation of Liberty Safeguards (which provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Staff spoken with had an understanding of the MCA and the implications of this legislation

We found the provider had taken action to improve the effectiveness of the service. Members of staff spoken with told us they were provided with appropriate training and they were positive about their employment. Staff confirmed that they were provided with regular supervision and they were well supported by the management team.

Staff appeared motivated, and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity.

Activities provided entertainment and stimulation for people living in the home including those unable to leave their rooms.

The manager provided good leadership and people using the service, relatives and staff told us the manager had made a number of improvements since our last inspection.

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?

Good

We found that action had been taken to improve the safety of the service

Medicines were managed safely. We found accurate recording on peoples' medicines administration charts. Medicines were stored securely and appropriately.

We found there were sufficient staff on duty to ensure people received a safe service.

People and their relatives told us they felt safe. Staff knew how to recognise abuse and what action to take. Risk assessments were carried out to monitor and reduce risks to people.

Appropriate recruitment checks were made on staff

Is the service effective?

Good

We found that action had been taken to improve the effectiveness of the service . Staff were appropriately supported and their work monitored through training, supervision and appraisal.

The registered manager was aware of her role in assessing people to ensure they were not unlawfully deprived of their liberty. Staff understood their roles in caring for people who lacked capacity to make decisions.

People said that food and drink were readily available and they had choice at each meal time.

Staff referred people to health care professionals as needed.

Is the service caring?

Good

The service was caring. We found that action had been taken to improve this.

People and their relatives said that staff were caring and we observed this to be the case.

Staff understood people's likes, dislikes and preferences for their support.

People at the home had access to independent community advocacy services.

Is the service responsive?

Good

We found that action had been taken to improve the responsiveness of the service.

Activities were available for all people living at the home.

People and relatives were involved in planning their care of findings

People and their relatives were supported if they needed to make a complaint.

Is the service well-led?

Good

The service was well-led. The manager had made a number of improvements since our last inspection.

There were systems in place to get regular feedback from people, relatives and professionals.

Summary of findings

Staff told us the manager was visible and approachable.

A number of audits were now in place to monitor the quality of the service.

Apthorp 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.

This inspection took place on 2 and 3 June 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacist inspector and two experts 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.

Prior to the inspection we looked at the information we held about the service including notifications they had sent us and information from the Local Authority and Quality in Care Team.

Some people living in Apthorp Care Centre were unable to tell us about their experiences. We also used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in two of the dining rooms at lunch time. SOFI is specific way of observing care to help us understand the experience of people who could not talk with us. We noted positive interactions between the staff and people living in the home throughout the observation period

During the visit, we spoke with 20 people using the service, three relatives, the regional manager, registered manager and deputy manager, ten care staff, the activities organiser and the kitchen assistant. We observed how the staff interacted with people who used the service. We looked around the building. We looked at eleven records of people who used the service and eight staff records. We also looked at records related to the management of the service. This included a range of audits, the complaints log, training matrix, staff rotas, and minutes of various meetings, safeguarding records, health and safety records and policies and procedures for the service

Good

Is the service safe?

Our findings

People using the service told us they felt safe and secure in Apthorp Care Centre. One person told us, “When you come in you feel very safe,” another person commented, “They’re all great people working here; they’re very good to me.”

Apthorp Care Centre has ten flats located on three floors. There were between six and fifteen people living in each flat. We found there were sufficient staff on duty in all flats to ensure people received a safe, effective service. During the previous inspection in October 2014 it was noted that staff numbers might be too low to provide a safe service. During this inspection we spoke with eight members of staff in relation to staffing issues at the home. All told us they felt there were enough staff to safely support the people who used the service. We spoke with the registered manager and regional manager who stated they felt that whilst staff numbers had not increased during the day time [night staff had however been increased from eight to nine waking staff] practices, morale, support and the organisation of staff had been improved.

We noted rotas had been modified and that the provider had increased its management team to ensure staff numbers were highest at busiest times such as morning and lunchtimes. We also noted staff were now receiving formal supervision every two months and that the manager had commenced staff appraisals. Staff we spoke with confirmed this and told us they felt more supported since rotas and support had been modified. We noted the provider had used the Age UK dependency scale to work out staffing numbers. This assisted the provider to complete an assessment of people's needs in terms of their level of dependency. This ensured there was an appropriate number of staff on duty when they moved into the home.

We spoke with people who used the service in relation to staff numbers, comments included “When I have a problem [staff] come soon”. “There seems to be enough staff but some of them are new,” “they are always here when I need them,” and “Oh yes, someone comes [if she presses the call bell in her room], you don’t have to wait unnecessarily.”

People were cared for or supported by suitably qualified, skilled and experienced staff.

Appropriate checks were undertaken before people began work. We reviewed staff files. All files contained a completed application form and supporting documents to demonstrate training. The completion of these documents demonstrated why the individual had been employed or not, and whether they held the appropriate knowledge and skills necessary to do the job.

Personnel files contained copies of photo identity, evidence of the person's right to work and a criminal record check prior to starting work. Staff files also contained evidence of checks from the Disclosure and Barring Service. This meant staff were considered safe to work with people who used the service.

From discussions with staff and from looking at records, we found there was a robust induction and training programme for new staff which should ensure they were confident, safe and competent. Staff were given job descriptions, staff handbooks and contracts of employment which would help them to understand their rights and responsibilities whilst employed by the service.

The service had policies and procedures on safeguarding adults from abuse and on whistleblowing (confidential disclosure). Staff had access to copies of the procedures and they were available in the staff room. The staff we talked with understood their roles in preventing people from being abused and were confident about reporting any concerns. One staff member said, “I would report any abuse I saw, even if the allegation was against the manager.” Another staff member told us “I would have no qualms in providing statements as part of a whistleblowing investigation.” We saw the provider had placed appropriate contact numbers for whistleblowing in different areas of the home. All staff we spoke with were aware of this and aware of the provider’s whistleblowing policy.

We discussed safeguarding procedures with six members of staff and the registered manager. (These procedures are designed to protect people from abuse and the risk of abuse). All staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff training records seen confirmed all staff had received training on safeguarding adults within the last year.

We spoke with the home manager who was able to show us records of several recent safeguarding concerns. We noted that in each case the provider had acted appropriately and effectively to keep each person safe. For

Good

Is the service safe?

example incidents and plans had been put in place to minimise a reoccurrence and internal investigations had been immediately completed. This meant the registered manager had taken appropriate steps in order to protect people from harm.

We saw risk assessments were carried out as required. For example we saw people had a risk assessment for falls, skin integrity, moving and handling and nutrition. We reviewed the daily records of care given and found that care documented as given was a reflection of the care needs identified in the care plans. We saw that the care plans were reviewed and updated regularly. This meant that people's care and support were planned and delivered in line with their individual care plan.

We saw that there was a business continuity plan in place for dealing with emergencies that could affect the home, such as flood, fire or loss of power. A place of safety had been identified should evacuation be necessary and evacuations of the building were completed monthly. We noted people's names were written on their respective bedroom doors in different colours corresponding to their individual levels of mobility. This meant that should the home need to be evacuated members of the emergency services would be aware where assistance might be required.

During our last inspection on October 2014 we found that the service did not always record and dispense medicines safely. We looked at the management of medicines in the home and saw that improvements had been made. Medicines were stored securely and appropriately. temperatures were monitored daily to ensure they remained within safe limits. Creams and eye drops were dated on opening to ensure they were used within their expiry date. We saw that plans were underway to move the storage to more suitable rooms on two of the floors.

Medication administration records (MAR) were available for everyone living in the home. These had photographs to identify people and information about allergies. The MAR were completed at the time of administration with signatures to show that medicines had been given or codes to indicate why they had been omitted. We saw that where people refused their medicines frequently their GP was consulted. Some people were prescribed medicines to be taken 'when required'. Most of these had clear protocols for staff to follow when giving them the medicines. Some were less clear but care staff could describe how these medicines were used and could refer to the GP or consultant's information. Some people were prescribed creams that were kept safely in their rooms. The use of these creams was recorded on a separate chart kept in their room. We spoke with one person who managed some of their own medicines, they were confident with the use of these medicines and how staff supported them, although we saw that their risk assessment had not been recently reviewed. All medicines we checked were available for people and the quantities tallied with the records of administration. Controlled drugs, which are medicines that require a greater level of security, were stored and recorded appropriately. Staff told us how a medicine that was subject to frequent blood tests and complex doses was being managed more safely, checked by two care workers each time. Care staff described the training they had received for medicines handling and the new processes, including increased audits and reporting, that supported them to manage medicines safely. We found that care workers knew about the medicines they were giving and what individual support people needed.

Good

Is the service effective?

Our findings

Staff told us they had completed training booklets on the Mental Capacity Act 2005 (MCA), its associated code of practice and the Deprivation of Liberty Safeguards (DoLS). DoLS provide a legal framework to protect people who need to be deprived of their liberty for their own safety. Staff spoken with had an understanding of the MCA and the implications of this legislation. The registered manager confirmed there had been several applications made to the local authority to deprive a person of their liberty. The manager was aware more people who used the service required DoLS referrals but had agreed with the local authority to prioritise and make applications where the person might be at high risk of harm.

We observed people's capacity to make decisions was considered as part of the preadmission assessment and wherever possible people were involved in the care planning process. We saw in care support plans that the provider had requested permission of the person to provide care and where the person lacked capacity assessments, best interests decisions had been made. We noted family were consulted whenever possible. An assessment of people's needs was carried out before moving into the home and they were invited to visit so they could meet other people and the staff. We saw information was sought from a variety of sources during the assessment process including relatives and health and social care professionals.

People confirmed they had been consulted about their care needs, and we saw that people had signed their care plan reviews to indicate their participation and agreement. This meant the staff were aware of how people wished their care to be delivered and how best to meet their needs.

During the inspection we looked at support plans and associated records. The records and care plans were well organised and laid out in such a way that it was easy to locate specific pieces of information. We also noted risk assessments were kept in individual flats and where appropriate in individuals rooms. This enabled people and their representatives to see what was being written about them.

Members of staff spoken with told us they were provided with appropriate training and they were positive about their employment. There were established systems in place to ensure all staff received regular training, which included moving and handling, medication, fire safety, first aid, health and safety, safeguarding, and infection control. Staff also completed specialist training on caring for people with a dementia. We were able to access the staff training matrix electronically during the inspection and noted all training was complete and up to date. The manager confirmed that most permanent members of staff had completed NVQ (National Vocational Qualification) level two or above. This meant their work practice had been assessed and they were deemed competent in their role.

During our last inspection some staff had told us they were not receiving regular supervision. We spoke with the home manager who told us this issue was now rectified. Records in staff files confirmed staff were now in receipt of regular supervision. Staff spoken with confirmed they were provided with regular supervision and they were well supported by the management team. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings, both with colleagues on their units and the wider staff team. New staff undertook a twelve week period of induction training which was structured to ensure they understood the organisation's policies and procedures and the manner they should conduct themselves. The induction included training on areas such as safeguarding, manual handling, dementia and health and safety. Staff also shadowed experienced staff to allow them to learn and develop their role and begin to build relationships with people living in the home. We were able to speak with six staff specifically with regard to their induction period. All stated they felt it prepared them to work effectively and safely with the people who used the service. One staff member told us "my induction period was good and informative; another stated, "it gave me the confidence I needed."

We observed how people were supported over lunchtime. We saw that staff encouraged people who used the service to be as independent as possible. We saw staff offered people a choice of drinks with their lunch. People we spoke to told us they enjoyed the food in the home. They told us, "The food is more than ok," and "the food is top, really top". A relative told us, "The food is good, they can have eggs and bacon etc. for breakfast if they wish – and there is always fresh fruit."

Good

Is the service effective?

During the inspection we were able to speak with kitchen staff and care support staff in relation to nutrition. We were told by staff that food was prepared for all ten flats in the central kitchen. From there it was loaded into food warmers and the temperature of the food was recorded. We were able to watch this process and confirmed that temperatures were taken by looking at records kept in the kitchen. We noted that the chef had a list of any special dietary requirements that people might have. These included people requiring soft diets; people with diabetes and people with cultural or religious dietary needs. We saw in care plans that dieticians and speech and language therapists had been involved where appropriate. People were shown menus on a daily basis and could either choose from the menu or request a meal of their choice. People also had food preferences in their individual care plans. Each flat had its own kitchenette. This meant people could have snacks and drinks at any time of the day or night.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. They were also respectful of people's privacy and dignity. One person told us, " `I think it's wonderful here – kind people – as I'm getting older I like it here – I'm happy and there is always lots of tea.'' Other comments included, "It's absolutely super (here), food is good and staff are good," and "Nothing I want to change, they look after you, feed you, it is wonderful," and "I don't think you could find anywhere better staff are lovely, I really like it here."

At our last inspection we saw that not all staff were caring. The registered manager told us she had taken action to address this by managing and supporting staff more closely. We also saw that most staff had recently attended face to face dementia training which included training on dignity and respect. People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "The staff are very nice indeed – we have nice meals – I like my room.'' Another person told us, "Staff are lovely, I really like it here – I'm friends with everyone." Another said, "The girls are very good, most of them are very kind."

Staff were motivated, and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person told her she didn't like what she was wearing today; they linked arms with the member of staff and went with them to find their room. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations, we saw that people chose how to spend their time.

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choice of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People had access to a community advocacy project and this was advertised in the main reception of the home.

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information shared with staff.

Activities provided entertainment and stimulation for those who took part. During our last inspection it was not clear that there was any such service for those people reluctant or unable to leave their rooms, or for those who disliked group events. We spoke to one of the activities coordinators who told us he had spoken to those people on an individual basis; we saw that individual activity plans had been created. As a result a number of 'hobby trolleys' had been created for these people, we saw that there were specific items such as sensory equipment that were suitable for people with dementia. The activities co-ordinator told us that the home was a member of NAPA (National Association for Provision of Activities) and that he had sought advice from them as required. We saw that activities were more person centred for example we saw that a reference library had been created for a person who enjoyed research and sewing equipment had been provided for another person at their request.

People told us they enjoyed the activities on offer, comments included, "I'm never bored there are plenty of things to do and they look after you here," and "I'm never bored – I can mix or stay in my room and read – I'm very happy with my life here – at home I was often very lonely. I even like the old records you can sing along to."

In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. We noted that these were also available at weekends. These included film afternoons, group quizzes, hair dressing, bowls, skittles and arts and crafts. The activities coordinator told us that he also had access to a minibus and took people out regularly to local school events, the theatre and the seaside. We saw that weekly activity schedules were displayed in various areas around the home as well as in individual rooms. He told us that he also worked with local volunteer groups so he could work more closely with the local community, especially with local schools..

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw that a copy of the complaints procedure and a feedback form was available in peoples' rooms. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I've got no complaints; there is nothing to moan about here." We saw there had been one recent complaint made and there was a record of how it had been investigated. Letters had been sent to the complainants detailing any action, demonstrating how changes had been made and how the provider had responded.

Good

Is the service well-led?

Our findings

During our last inspection in October 2014 ,we found that the home did not have adequate systems in place to monitor the quality of the service. We found problems with the home's medicines and concerns from people, relatives and staff about the staffing levels. During this inspection we found that the registered manager had made a number of significant improvements.

We saw that she had now reviewed the dependency needs of all the people using the service and increased staff levels at night, risk assessments had also been undertaken for all people who use the service to determine staffing levels required.

Activities were available for people who preferred to stay in their rooms and audits systems had been improved, for example we saw that a new audit system for medicines management had been introduced.

Staffs were positive about the changes that had taken place. They said that new systems of support had been brought in and some staff had left. Staff comments included, "Things are so much better; we work better as a team." Staff said they felt valued and included in decisions about people's care. They said the manager was approachable at any time and was often visible in the service.

The regional manager told us she felt that some of the issues around staff motivation had related to "the drab environment". During our inspection we saw that refurbishment of the home was taking place and that most of the homes' furniture was in the process of being replaced. She also told us that she was managing conduct more closely and had performance managed a number of staff in order to improve the quality of care.

The registered manager told us "our philosophy here is to have an open door, things are improving and we are working much more as a team."

People, their relatives and staff all spoke positively about the manager. People told us, "The manager is good," and "She does listen to what you have to say and has made changes." Comments from relatives included, "The manager has made changes, things are better," and "The manager seemed to have improved standards."

We saw that monthly meetings were now taking place for both staff and people and their relatives. We viewed the latest minutes of the residents meeting that had taken place on 5 May; we saw that activities, staffing levels and whistleblowing had been discussed.

The registered manager told us she was well supported by the provider. The regional manager was visiting regularly to provide support with the required improvements. We saw that a regular service monitoring report was completed for the provider's head office this included information on the number of falls, pressure ulcers, medication errors and hospital admissions. The registered manager was aware of her responsibilities as a registered manager and attended local authority organised provider forums. She said they had been helpful in providing training and meeting other registered managers to share good practice. The home was also a member of the National Care Forum and had recently signed up as a 'Dementia Friend'.