Care Quality Commission

Apex Care Centre Limited

Apex Care Centre

Inspection report

Ruskin Road,
Mablethorpe,
Lincolnshire,
LN12 1BP
Tel: 01507 478 856
Website: www.careplushomes.com

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Ratings

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

Overall summary

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 experience 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 were 20 people living at the home at the time of our inspection.

The home originally opened in May 2015. It was re-registered with us by the same registered provider as a limited company in October 2015. This was our first comprehensive inspection since the home was registered on 5 October 2015. We carried out this unannounced inspection on 1 December 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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.

Summary of findings

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 our inspection the registered manager confirmed they had not needed to submit any DoLS applications for people living in the home but understood the processes required to do this if needed.

People said they felt safe living at the home and that their needs were met. People also said were treated with respect and their dignity was maintained. Arrangements were in place to support people to enjoy a range of activities and further develop their individual interests.

Staff knew how to recognise and escalate any concerns related to people's safety and there were sufficient staff employed at the home to enable staff to care for people safely. However, the recruitment reference checks undertaken before staff commenced in post had not always been fully completed in advance of new staff commencing work. The provider was taking appropriate action to address this issue.

People had to access appropriate healthcare services and their medicines were managed safely. Menu planning took account of people's nutritional needs and they were provided with a variety of food and drinks which matched their preferences and kept them healthy.

The provider, registered manager and staff listened to people and information was available to support people to raise concerns or make a formal complaint if this was needed.

Systems were in place to regularly assess and monitor the quality of the services people received.

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?

Requires improvement

The service was not consistently safe.

There were sufficient staff employed by the service to enable them to care for people safely however, recruitment reference checks had not always been fully completed in advance of new staff commencing work. People were therefore not fully protected from the risks associated with unsafe staff recruitment.

Staff understood their role in relation to safeguarding procedures and knew how to take action to keep people safe from harm.

People were protected from the risks associated with unsafe ordering, storage, administration and disposal of medicines.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink enough to stay well and they received the healthcare support they needed.

People were enabled to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Staff had the skills and experience needed to undertake their roles and to provide effective care for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were aware of people's choices and care needs and how these should be met

The registered provider and staff maintained people's personal information in a way which ensured it was kept confidential.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their needs and wishes and they were supported to be able to enjoy activities and interests of their choice.

A complaints process was in place and any concerns received had been responded to in line with the registered providers policies and procedures.

Is the service well-led?

Good

The service was well-led.

Summary of findings

There was a registered manager in place at the home and staff were well supported by the registered manager and provider.

Systems were in place and kept under review to monitor the quality of the services people received.

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.

Our inspection took place on 1 December 2015 and the inspection was unannounced. The inspection team consisted of a single inspector.

Before the 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 to us and we took this into account when we made our judgements in this report.

In addition to the PIR, we reviewed other information that the registered provider and registered manager had sent us since the service was registered. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service. This enabled us to obtain their views about how well the service was meeting people's needs.

During the inspection we spoke with six people who lived at the home, three relatives and a local doctor who visited the service. A local authority senior contracts officer also undertook a visit to the home during our inspection. We spoke with them about their findings as part of our inspection.

We also spoke with two nurses who worked at the home, five care workers, the housekeeper, the head cook, the registered manager and the registered provider. We observed care in communal areas and looked at the care records for three people.

In addition, during the time people had their lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

We also looked at records that related to how the home was managed including how staff were recruited and deployed, staff training and how the registered provider monitored the quality of service.

Requires improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living at the home. One person said, "I'm here to be cared for and I feel safe. There is a good range of staff who come over and check to see if I am okay. This happens regularly." A relative we spoke with told us, "I visit to see [my relative] all the time and it feels like a happy and safe place to be to me."

Staff we spoke with told us how they ensured the safety of people who lived in the home. They said they were clear about who they would report any concerns and were confident that any allegations would be investigated fully by the provider and registered manager. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC).

Risks related to the on-going safety of people were assessed and records were in place to reduce those risks staff had identified. For example, We saw staff followed plans to transfer people safely when they bathed and needed support to get into bed. We also saw that when using equipment such as hoists, staff explained what was happening throughout the process and made sure people were helped to move around the home safely.

We saw the provider had recruitment processes in place. We looked at five staff personnel files and saw that Disclosure and Barring Service (DBS) checks had been carried out to ensure that the provider had employed staff who were suitable to work with people living in the home. The checks also included confirmation of identity, previous employment, and references from previous employers. However two of the files we looked at did not show a second reference had been obtained in line with the provider's recruitment policy and procedure. We spoke with the registered manager and provider who confirmed that although the references had been requested they had not been responded to. The registered manager confirmed they had considered any risks associated with each staff member who had second reference requests outstanding and was in the process of following the requests up. During the inspection the registered manager undertook an additional audit of the recruitment files for all staff. As a result of the audit the registered manager confirmed they had taken action to re-send requests for second references for those still outstanding.

Staff we spoke with said the registered manager worked closely with them to ensure there was enough staff to keep people safe and they worked together as a team to provide the staff required.

The registered manager and staff told us there had previously been some ongoing recruitment difficulties which meant staff had worked extra hours and additional shifts. During this period the provider had ensured agency staff were available to provide additional cover when it was needed. The provider also told us they had a clear ongoing recruitment strategy and the registered manager told us they were working closely with the provider to actively recruit new staff in order to have a more established staff team. The registered manager also confirmed they had commenced recruiting a team of bank staff so cover could be provided at short notice when this was needed.

During our inspection we noted some staff who had recently been recruited did not have English as a first language. Where this was the case we saw the provider had considered some of the implications in regard to communication. For example, they had dual language job descriptions, medication and safeguarding procedures in place for all staff to refer to. This meant all staff would understand what was expected of them in their respective roles. However, we received comments from some people that some of the staff did not always fully understand their requests for support and that it was frustrating for them. One person told us they felt very happy living at the home but were concerned about an issue directly related to communication. The person said that although they had not previously raised it they were happy to speak directly with the registered manager and lead nurse about their concerns. Immediate action was taken by the lead nurse to address the issues raised. We saw the actions completed protected and promoted the ongoing safety of the person.

The registered manager told us they were already aware of the issues related to communication and were working to address this. For example staff rotas had been reviewed and arranged to make sure an English speaking staff member would be available for staff to refer to if they were unsure about any requests for support. Meetings had been also been scheduled to speak with staff about the communication. We also saw those staff who had English as a second language were being supported by the provider to attend a local college in order to further develop their English language skills.

Requires improvement

Is the service safe?

The registered manager and lead nurse showed us they had planned staff rotas in advance to ensure the right number of staff with a mix of skills were available to provide a consistent level of care for people. The arrangements also confirmed there was a registered nurse available across each 24 hour period to provide advice and support for people and care staff when required.

The home was clean and tidy. Equipment was stored appropriately in order to avoid tripping hazards. A staff member we spoke with from the housekeeping team demonstrated that they knew about infection control procedures and we observed staff followed good practice in regard to infection control management, for example they used hand gel when this was needed and wore aprons and gloves whilst undertaking some care tasks in order to reduce the risk of cross infection. The registered manager said in order to keep staff fully updated with infection control practise they were in the process of identifying a lead for infection control within the staff team. At the end of our inspection the infection control lead was confirmed and the registered manager informed us they had arranged for themselves and the infection control lead to attend the next local health authority led infection control meeting.

Staff who supported people with their medicines told us they felt confident to do this and had received appropriate training. During our inspection we saw staff stayed with people whilst they took their medicines and only signed for administration when the medicines had been taken.

At the time of our inspection the arrangements for the storage, administration and disposal of medicines were being reviewed and audited by the clinical nurse lead at the home. As part of the medication system audit the clinical nurse lead and the registered manager told us that they were working with an external pharmacy professional and where needed local GP's to review all of the medicines used by people who lived in the home. After we completed our inspection the registered manager told us an external medication audit had been completed to confirm the systems in place were running in the way they intended and was in line with good practice and national guidance.

Good

Is the service effective?

Our findings

People told us the support they received from staff was good. One person said. “They have some very experienced staff here and the nurses are great. Another person said, “I think the staff know what they are doing. We all have different levels of requirements and staff seem to respond to each of us as it’s needed.”

Staff we spoke with said they had received an induction when they started to work at the home. This had included reading a range of policies and procedure documents so staff were clear about the role they had been employed to do.

As part of their induction staff said they had been supported to spend time shadowing more experienced staff until they were confident and were clear about their role and responsibilities. Care staff said they felt confident in their roles and that the registered manager and qualified nurses who led each shift provided any additional support they needed. Staff we spoke with told us they had received key training in areas such as moving and handling and had previous training from the different care settings they had worked in. They said they were able to apply this learning and experience to the new setting they worked in. This included training in infection control, fire safety, helping people move around safely, dementia and supporting people to take their medicines.

In order to further develop staff learning the registered manager told us that because the service was new they were undertaking a skills audit in order to identify and plan to meet the specific training needs of each staff member. After we completed our inspection visit the registered manager provided us with a training schedule showing the future training and update training planned for all staff. This included dementia care, equality and diversity, catheter and continence management. Staff also said and records confirmed they had been supported to undertake nationally recognised qualifications and the new the new national Care Certificate. The Care Certificate sets out common induction standards for social care staff.

We observed that when people were supported they had their individual needs and preferences met by staff who had the right skills to give care in the way people preferred. This included staff demonstrating an understanding of people’s behaviour and their day to day lifestyle choices.

Staff asked people for their consent before they provided support for them. They explained the support they were going to give before they gave it and we saw people were reassured and responded positively to staff.

People and their relatives told us they were involved in decision making about how their care was given and received. The registered manager and staff also knew how to support people who were unable to make all of their own decisions. This included being clear about the processes needed for making decisions in people’s best interest. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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). At the time of our visit none of the people who lived within the home had their freedom restricted. However, the registered manager understood how to make Deprivation of Liberty applications and had systems in place to make sure these would be made in line with national guidance when required.

People’s healthcare needs were recorded in their care records and showed when they had been seen by healthcare professionals such as community nurses, dentists and opticians. One person told us, “I have recently been out to the dentist and am making an appointment to see my own doctor for a review.” We also spoke with a local doctor who visited the service. The doctor told us the communication they had received from the registered manager and staff had been good and they were confident relationships would be further developed as the home became more established.

People told us they enjoyed the meals provided by the home. One person said, “I can’t fault the food. It’s always good and we have a variety. I like trying different things but if I don’t like what I have asked for they change it. I don’t go without.” Staff demonstrated their knowledge and understanding of people’s nutritional needs. They followed

Good

Is the service effective?

care plans for issues such as encouraging people to drink enough and records showed staff weighed people to ensure they maintained a healthy weight. Staff we spoke with confirmed that where people were at risk of poor nutritional intake they understood how to make referrals to specialist services. The cook had a range of information available to refer to in relation to peoples dietary needs and they said they followed this to make sure people had the food they liked and that food was served in the way each person needed. Throughout our inspection we observed staff made sure there was always a range of hot and cold drinks available to people to prevent them from becoming dehydrated.

Good

Is the service caring?

Our findings

We observed staff spoke with people in a caring and respectful way at all times using people's first names and titles people said they liked. Staff respected people's wishes to be on their own when they chose to be. For example one person told us, "This is my spot right here. I like to sit here and staff respect my wishes. They know, understand and help me do the things I like in my life and I like that."

We noticed staff took time to chat with people and their relatives about every day issues. A relative we spoke with told us, "I think the staff do their thing and are very caring. Our visits are always pleasant and the staff have got to know us quickly." Another relative said, "It feels like home here, when I come in I am treated well and I can see [my relative] is treated the same."

Staff maintained people's privacy and dignity when they supported them to carry out personal care. They ensured care tasks were carried out in private areas such as bathrooms and private bedrooms. We saw staff gently reminded people how to maintain their own privacy and dignity when being independent with care needs. For example, this included shutting toilet doors when people chose to use them but had forgotten to close the door. One person told us they carried their alarm call buzzer with them when they moved around the home. The person said, "If I need any discreet help and I'm caught short I know I can get help and they come quite quick."

We also saw the activity co-ordinator spoke with one person about a bereavement they had recently experienced. The co-ordinator listened and allowed the person time to talk through their feelings. They then explored ways in which they might help the person, For example they talked about setting up a calendar to schedule some tasks the person wanted to achieve and how they could help them to do this. When we spoke with the person they told us, "I have a lot to do and they have been great in understanding my grief. It's really important to me that people understand and they [staff] do."

Staff provided consistent reassurance for people whose behaviours may have impacted on others in the home. This ensured a calm atmosphere was maintained and helped people feel more relaxed. For example, during lunch one person became confused, distressed and loud with their communication. A staff member noticed this may be disturbing for other people and kept returning to the person, giving gentle reassurance. The person responded positively and ate their meal together with a family member.

Care records and personal information was stored securely to ensure they were only accessible to those who needed to read them. Staff we spoke with told us they had received support and guidance from the registered manager about how to correctly manage confidential information. Staff said they understood the importance of respecting the privacy of people's information and only disclosed it to people such as health and social care professionals when it was needed. Two relatives we spoke with told us they could meet with their family member at any time in private if they wished. We saw quiet areas in the home which had been designated for people to meet with their visitors in private when they chose to. One person we spoke with told us staff always respected their right to privacy and that they often spent time in private speaking with a friend who visited them.

People were supported to maintain their spiritual beliefs and a local vicar visited the service regularly to minister to people with a Christian faith. When we spoke with the activity co-ordinator they also confirmed people had the option to go out to church if they wanted to.

The registered manager told us they had developed links with local advocacy services and that two people were being supported to communicate their wishes through advocates. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. The information about how to contact advocacy services was not on display or readily available for people to access. We discussed this with the registered manager who undertook immediate action to ensure the information could be accessed by all of the people who lived at the home.

Good

Is the service responsive?

Our findings

People we spoke with told us they had received an assessment of their needs either before or at the time they moved in to the home. One person said, "It all happened quickly but the staff took the time to check the areas I needed care in and they did the paperwork needed so I got the care intended." Another person said, "I am fully aware of the fact staff need to keep records about my care. I don't need to know the details as I have given them all my information and they do what is needed to care for me. That's all I need."

People's care records identified people's needs, wishes and preferences. We saw staff provided the support and care described in the records. Care plans had been developed in consultation with people and their relatives. Monitoring charts for needs such as nutrition, weight, pressure area care and continence were completed to show any changes in the person's needs. We saw some of the care plans needed to be reviewed in order to check if the information was fully up to date. We spoke with the registered manager about this who told us recent changes in the staff team had led to a delay in reviews being completed but that they now had a clinical nurse lead in place who had started to fully update the plans. We spoke with the nurse lead who confirmed they were undertaking a review of all care plan information and updating the records.

People we spoke with told us how they were encouraged to personalise their private rooms and we could see that people had their own furniture, photographs and other souvenirs on display in their bedrooms. One person said, "I feel they are interested in me and I can be myself here. There is always something to do if I want to do it, from reading to joining in with some of the things that go on here. I make the choice and it works."

The provider employed an activity co-ordinator who supported people with a range of individual and group activities. Group activities ranged from music afternoons, exercise and pampering sessions, quizzes and external visitors from local community groups. One person told us, "I'm not an activity sort of person. I prefer to just talk and to do my own thing." We saw plans had been made with the person to have one to one time with the co-ordinator to talk as they wished.

The activity co-ordinator had produced a profile for each person based on their discussions with them. The profile included the times people liked to get up and when they chose to go to bed, the activities they enjoyed doing and the things they had been involved with before they moved to live at Apex Care Centre. The co-ordinator said this helped them to plan activities for everyone. They then maintained records about the activities they undertook with people and how people had responded to them. This information was used to further develop activities in line with people's interests. For example a bird watching and gardening group had been set up for those who had expressed interests in these areas. Information in the providers PIR showed plans were also being developed for a sheltered garden area for people to use to either just sit in or to further develop their gardening hobbies. People we spoke with said they really enjoyed the activities provided and the co-ordinator also showed us they had a range of events planned for Christmas including a carol service.

Two people told us they would speak with the registered manager or other staff if they had any complaints about the services they received. One person said, "I have absolutely no doubt that any concerns I might have would be addressed." Another person said, "I don't have any issues but feel certain the staff and the manager would listen and take up any cause I had to complain."

The registered manager carried out a regular audit of any concerns or complaints raised with them to ensure any trends could be identified and early actions taken. Records showed that when it was needed to registered provider took an active role in responding to concerns or issues when they arose and complaints were managed in line with the provider organisation's policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post and we observed that there was a clear management structure in the home which included a clinical lead registered nurse. Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and said the registered manager and senior staff were always available to speak with either direct or by telephone. Staff also confirmed they had access to a registered nurse at all times as part of the staff team and that when the registered manager was away from the home management cover arrangements were in place to support them at all times.

People we spoke with told us the service was well-led. One person said, "The manager is great. Easy to approach and speak to at any time. What I like is she knows us all individually and that helps me feel I'm home." A relative told us, "The manager is nice and we feel things are organised well. We visit regularly and always feel things are good. If there are any questions we know where the manager has their office."

Staff told us they were encouraged to express their views or any concerns they may have.

They said they were reassured that the registered persons would listen to them and that action would be taken if there were any concerns about poor practice. Staff also demonstrated their awareness of the provider's whistleblowing procedure and said they would use this it if was ever necessary.

We saw that people, relatives and staff freely approached the registered manager and that there was an open and supportive culture within the staff team. The registered manager talked with people who used the service, their relatives and staff throughout the day. They knew them well and had a very good understanding about more detailed areas such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively oversee the service and provide the leadership the home needed.

A staff member we spoke with said, "The manager is very supportive and understanding. Very measured in her approach and listens" Another staff member said the registered manager was "hands on" and understood what was happening in the home. We saw the registered manager was visible and available for staff and helped them with care issues and decision making.

The registered manager told us and records confirmed there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. We looked at the records for the last two meetings. Information confirmed subjects such as infection control, training, staff deployment and maintenance issues were discussed with actions agreed and completed. Staff told us the meetings contributed to supporting them to be able to work as a team and support each other in their roles.

People had been invited to contribute their views about the development of the service. For example, the activity co-ordinator told us they had met with people during October 2015 and had collated questionnaires people had completed about the quality of care and support provided at the home. The registered manager told us how they were in the process of analysing the feedback received and would be discussing any key areas for consideration with all staff. After we completed our inspection visit the registered manager told us they had met with staff to consider the overall findings and make any appropriate changes needed to keep improving the services people received. For example, people had requested that the home's snack trolley should be available when they were in their rooms. The registered manager told us staff now took the trolley around the home when serving drinks so people had easier access to it. People had also fed back that a suggestion box for all people and visitors to use would be a good way of receiving ongoing feedback about the quality of care being provided. The registered manager confirmed this was being obtained and would be in place during December 2015.

The provider also told us they welcomed feedback in other formats. For example, they had registered with a national website so that people could submit their views about the home. After we completed our inspection visit the registered manager sent us feedback they had received from a relative through the website in December 2015. The relative said, "The professionalism shown towards us as a family and to [our relative] has eased a very difficult situation. I feel very happy to leave [our relative] in their care."

Good

Is the service well-led?

The registered manager showed us they had maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. We saw that the manager analysed incidents collectively with the clinical nurse lead and staff through daily discussions and meetings to identify any learning or changes in the way people were supported.

The provider had systems in place to monitor the quality of the care provided. A range of checks were completed regularly in areas such as the environment, medicines management, and activities provision. We saw that action had been taken to address any issues highlighted in these audits.