Apex Care Homes Limited

Alicia Nursing Home

Inspection report

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Date of inspection visit:
13 September 2017
15 September 2017

Date of publication:
27 October 2017

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 13 and 15 September 2017.

When we inspected the service in June 2016, there was not always sufficient numbers of staff to support people safely, and mental capacity assessments were generic and did not always identify what specific decisions the assessments related to. Additionally, staff did not feel supported, valued and listened to. At this inspection we found improvements had been made and the service provided to people was now safe, effective, compassionate and of good quality.

The service provides care and support to people with a range of care needs including those with chronic health conditions, physical disabilities, dementia, learning disabilities and mental health conditions. At the time of the inspection, 38 people were 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 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.

People were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely way by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. The requirements of the Mental Capacity Act 2005 were now being met because people's ability to make decisions about their care and support was appropriately assessed. People were supported to have enough to eat and drink, and to access various health services when required.

Staff were kind and caring towards people they supported. They treated people with respect and as much as possible, they supported people to maintain their independence. People were happy with how their care was provided and they valued staff's support. People made decisions and choices about how they wanted to be supported and staff respected this.

People's needs had been assessed and they had care plans that took account of their individual needs and preferences. Care plans were reviewed regularly or when people's needs changed. Staff were responsive to people's needs and where required, they sought appropriate support from healthcare professionals. The provider had an effective system to manage people's complaints and concerns.

There was now stable leadership of the service, and staff felt well supported and their contributions

recognised. The provider had systems to assess and monitor the quality of the service and they explored ways of further improving the quality of the service in order to enhance people's experiences of care. They also encouraged feedback from people, relatives and staff to enable them to continually improve the service.

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

The service was safe.

People felt safe with how staff supported them and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received regular training, supervision and support in order to develop and maintain their skills and knowledge.

The requirements of the Mental Capacity Act 2005 were being met.

Staff understood people's individual needs and provided effective support.

People had been supported to eat well and to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and friendly.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and they had appropriate care plans in place.

People's needs were met in a timely way by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager provided guidance and stable leadership to the staff.

People, relatives and staff had been encouraged to routinely share their experiences of the service.

Quality monitoring audits were being completed regularly to assess and monitor the quality of the service and prompt action was taken to rectify any shortfalls.

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 13 and 15 September 2017, and it was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We reviewed this and other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with six people who used the service, three relatives, five care staff, and two visiting professionals. We also spoke with the registered manager (manager), the clinical lead, a non-clinical manager, a team leader, and the provider's registered nominated individual.

We looked at the care records for eight people who used the service. We also looked at recruitment and supervision records for four care staff and the training records for all staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the quality of the service was assessed and monitored.

We contacted 12 professionals who worked closely with the service and we received responses from seven of them. The feedback given by all of them was positive about actions taken by the service to make improvements over the past 12 months. We also contacted the local Healthwatch and they had not received any concerns about the service.

Good

Is the service safe?

Our findings

When we inspected the service in June 2016, staff told us that there was not always sufficient numbers of staff to support people safely and quickly, particularly in the mornings when they supported a number of people with personal care.

During this inspection we found improvements had been made. Some people said that they at times had to wait to be supported, but none of them told us that this had led to any omissions in care or harm. One person told us that they once had to wait for 20 minutes to be supported at night, but they also said that there was enough staff. A visiting professional also said that there were times they did not feel there was enough staff. They added, "I sometimes have to hunt for somebody." Although people and relatives provided mixed views about whether there was enough staff, rotas we saw showed that staffing levels were planned consistently to ensure that there was sufficient numbers of staff to support people safely

The provider now also promoted continuity of care because they had employed enough nurses to cover all shifts. The manager told us that they had not had agency nurses working at the service for many months and this had improved the quality of care provided to people. However, they still used regular agency care staff to cover for leave and sickness. Staff we spoke with told us that most of the agency care staff had worked at the service for a long time and had become part of the team. One member of staff also said, "We have enough staff and it helps that there are empty rooms. We are definitely not short-staffed, but we sometimes have agency staff to cover for sickness and leave. We rarely have agency staff who are new to the service, regular ones always come." Another member of staff said, "Staffing is fine. Annual leave and sickness is always covered by permanent staff or regular agency staff." A third member of staff said, "Staffing levels are fine."

Apart from one person who was concerned that a confused person sometimes came to their bedroom door, other people told us that they felt safe and were supported well by staff. One person said, "I feel safe." Another person told us, "The place is secure." We discussed with the manager concerns raised by a relative that staff were not always close to a person they provided one to one support to. The manager said that they will discuss the issues with the relative so that everyone understood what was expected of staff.

The provider's safeguarding and whistleblowing processes were effective in protecting people from potential harm and abuse. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Staff had been trained on how to safeguard people and those we spoke with showed good knowledge of the safeguarding procedures. One member of staff said, "I would report a safeguarding concern to the nurse in charge or manager and issues would be dealt with." The member of staff was also aware of who to contact outside of the service if required. Another member of staff told us, "I am confident any safeguarding issues would be dealt with." A third member of staff said, "I had safeguarding training within the last year and I don't have any concerns about safeguarding." We noted that the manager appropriately reported any potential safeguarding issues to relevant organisations.

The manager reviewed incidents that occurred within the service and there were risk management systems

in place to ensure that risks people could be exposed to were appropriately managed and mitigated. Care records showed that people had individual risk assessments including those for risks associated with them being supported to move, falling, eating and drinking, pressure damage to the skin, use of lap belts on wheelchairs, bedrails, behaviours that may challenge others, and specific health conditions. These provided a risk rating of either low, medium, high or very high and the corresponding care plans provided more detailed information on how staff could support people in a way that decreased the risks. We noted that the risk assessments were reviewed monthly or updated when people's needs changed, and where necessary, appropriate preventative care put in place. For example, a person was provided one to one support following a number of incidents of them falling. This had been effective as the last recorded incident was in April 2017. The manager was keen to continue with this level of support as long as the person needed it and the commissioners continued to fund the cost of additional staff.

Care was provided in a safe environment because regular health and safety checks were done to ensure that the service was clean and free from hazards that could cause harm to people who used the service, staff and visitors. Each person also had a general risk assessment to identify and reduce any environmental risks and there were regular bedroom safety checks. The floor of the day centre was worn and did not look clean, and the manager confirmed that it needed to be replaced when redevelopment plans of that part of the service were finalised. They told us that in the meantime, the floor was deep cleaned regularly. Gas and electrical appliances had been checked. This and the regular checking of fire alarms, fire-fighting equipment, emergency lighting, and fire drills reduced the risk of a fire.

We looked at the files for four members of staff who had been employed after our previous inspection and we found the provider had robust recruitment processes in place to carry out thorough pre-employment checks. Records showed that checks including confirming each member of staff's identity, employment history, qualifications and experience had been completed prior to them working at the service. The provider had also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed safely because the provider had appropriate processes in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. People were happy with how they were supported with their medicines. One person who described taking their medicines in the mornings said, "It's all good. I take the tablets and then have breakfast." We reviewed the service's medicines management systems and medicine administration records (MAR) with the clinical lead and found these were effective in ensuring that people took their medicines as prescribed by their doctors. Nurses mainly administered medicines, but some senior care staff had now been trained to administer medicines. We spoke with two of the trained senior care staff who told us that there had no issues with how people's medicines were managed. One of them said, "Everything is going well. There are no issues with medication."

A recording error where a member of staff had signed on the wrong date was quickly dealt with by leaving a note in the communication book informing staff on the next shift that the medicine had not been given. This ensured that the person would be given their medicine when it was due. Guidance for staff on how to administer 'as and when required' (PRN) medicines led to these being given in a consistent way to ensure effective treatment.

Good

Is the service effective?

Our findings

When we inspected the service in June 2016, we found mental capacity assessments did not always meet the requirements of the Mental Capacity Act 2005 (MCA). This was because these were generic and did not always identify what specific decisions the assessments related to.

During this inspection, we found the requirements of the MCA were met as there were now new mental capacity assessments that identified specific issues that people were assessed for. For example where required, there were individual assessment forms to record various issues including whether people were able to make decisions about being supported to take medicines or whether they were able to take part in planning their care. The 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. Staff also promoted people's rights by ensuring that they obtained verbal and written consent prior to care being provided.

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). We saw that where required, the manager had made referrals to relevant local authorities to ensure that any restrictive care was lawful.

People were happy with how staff supported them and they also said that staff had the right skills to support them effectively. One person said, "Staff are well trained." Another person said, "Staff are very good and they will do anything for me." A third person told us, "The home is good and the staff are good."

Staff told us that they provided appropriate and good quality care to people because they had received adequate training. They were all complimentary about the quality of training and told us of some of the training they had completed in recent months. One member of staff said, "Training is good. It's all face to face and done over three days." Another member of staff told us, "The training is good and I have what I need." A third member of staff told us, "Training is good and staff are motivated to attend now because we are paid to do so. If you need more training you could always ask and they will try to accommodate this." We saw examples of additional training being provided to staff in order to meet people's individual needs. For example, staff confirmed they had received basic training in Makaton that enabled them to communicate with a person who used this.

Training records showed that most staff were up to date with their training and there were plans to arrange some for those whose training was overdue. Staff also told us that they were supported to gain other nationally recognised qualifications such as National Vocational Qualifications (NVQ) or Qualifications and Credit Frameworks (QCF). One member of staff told us, "I have done my level 3 and I am hoping to do level 5." The clinical lead told us that the training and development needs of nurses were also being met, including being supported to provide evidence towards their revalidation with the Nursing and Midwifery

Council (NMC). For example, some nurses had done training in catheterisation and venepuncture.

Staff told us that they received appropriate support, and they had regular supervisions and appraisals. One member of staff said, "Supervision is one to two monthly and done by senior staff. I think my appraisal was two to three months ago." Another member of staff told us, "Supervision is about six weekly." A third member of staff said, "We get regular supervision. I find it useful as you can express your views and they will listen to you."

Apart from one person who said that they did not always like the food, most people told us that they enjoyed the food and they always had enough to eat. One person told us, "The food is good. If I don't like it they bring something else." Another person said, "The food is delicious, always." A third person said, "The chef is very good and I like the food." The provider had previously contracted out the catering services, but had now brought this in-house in their bid to further improve the quality of the food provided. The manager told us how they were working with chefs to improve their current food hygiene rating of 2 and to ensure that they achieved the 'Food First' award. Food First is a programme run by the NHS dietetics service to help care providers manage nutrition and hydration for older people in care homes and in the community. Staff we spoke with had no concerns about people not eating or drinking enough. We saw that people's weight was monitored monthly and appropriate action taken if they were noted to be losing weight.

People told us they were supported to access health services such as GPs, dentists, chiropodists, opticians or to attend hospital appointments. One person said, "The doctor comes if needed." An aromatherapist and a chiropodist visited the service on the first day of the inspection, and we saw a notice advising people that the optician would be visiting to do eye tests later in the month. A member of staff also supported a person to attend a hospital appointment.

Good

Is the service caring?

Our findings

Apart from one person who once found one member of staff not caring and reported this to other staff, other people and relatives told us that staff were kind, caring and friendly. One person told us, "I'm happy, very happy." Another person said, "I love the people here. The staff are ever so nice, they love me and they tease me all the time. I'm as happy as can be." One relative said, "They're friendly, welcoming and can't fault them." This was supported by staff who told us that they always supported people in a compassionate way. One member of staff said, "Staff are very caring. We even had positive feedback from agency staff who have worked in others services about how much we care for the residents."

People told us that staff always had time to chat with them, and we observed that interactions between staff and people were positive and respectful. One person said, "We have a laugh and a joke." A relative said, "The carers are lovely and they all talk to [relative]." Staff told us how they had developed loving and trusting relationships with people including two members of staff who described the relationships between staff, people and relatives as being 'a family'. One member of staff said, "I like it here because I enjoy helping people. It brings joy." Another member of staff told us, "I'm happy working here, staff are very nice and the management staff are supportive." Relatives told us that they could visit the service whenever they wanted and they always felt welcomed. We observed that staff were very welcoming and offered drinks to relatives and professionals who visited the service.

People told us that they and their relatives were involved in planning their care. They also said that they made decisions and choices about how they wanted to be supported, and staff respected this. One person told us, "Staff talk to me and know me." Another person told us, "My [relative] attends all the meetings and asks all the questions." People told us that staff respected and promoted their privacy and dignity, particularly when supporting them with personal care. They also praised the laundry service for looking after their clothes well, including a person who said, "It comes back the same day and it's nice." Another person told us about their religion and that their relatives took them to a [place of worship] sometimes. They were also happy that they were able to bring religious items important to them to the service. They said, "I have all my religious things around me."

Staff demonstrated good knowledge of people's individual needs and preferences. They described how they promoted people's dignity. One member of staff said, "I promote people's dignity by ensuring the door is shut when supporting them with personal care, and sitting next to people and talking to them when supporting them to eat." Staff also told us that they supported people to maintain their independence by giving them opportunities to do as much as they could for themselves. We noted that staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely within the service to ensure that they could only be accessed by people authorised to do so.

People had been given information about the service in order for them to make informed choices and decisions. There was a 'service user guide' available to people and their relatives. This included information about the service and where they could find other information, such as the complaints procedure. Some of

the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received appropriate care. There was also information about an independent advocacy service that could support people to better understand their care plans and express their wishes.

Good

Is the service responsive?

Our findings

People told us that their individual needs were met by the service. They also said that they were happy with how staff supported them. Assessments of people's needs had been completed prior to them moving to the service and this information was used to develop their care plans. We saw that people's care plans identified their care and support needs in various areas including communication, nutrition, mobility, personal care, medicines, social contacts and relationships, and end of life care.

Care plans included people's preferences, wishes and choices so that they received the care and support that met their expectations. We saw that for a person living with epilepsy, there was good information for staff on how to support the person during a seizure. Actions to be taken by staff to ensure that the person was safe and their dignity promoted included: 'make the environment safe'; 'place a screen around me'; review my medication six monthly'. Also a care plan for a person who sometimes presented with behaviours that may challenge others detailed what the known triggers were and actions that staff needed to take to help them to relax. One member of staff told us how they supported this person. They said, "We talk to [person] to try and calm them down, away from the others. [Person] needs time to calm down and staff always get an apology afterwards."

We saw that care plans were reviewed by staff on a monthly basis and there was evidence that where possible, people and their relatives were involved in annual care reviews or earlier if there were significant changes in people's care needs. Where necessary, staff also communicated regularly with people's relatives and this was supported by a relative who said, "I prefer them to ring me if [relative] is not well."

Staff supported people to take part in a range of activities they enjoyed within the service's day centre, during trips in the local area or holidays in other areas of the country. Two people told us that they did not always take part in planned activities because they preferred to spend time on their own. Both enjoyed music with one of them telling us that they listened to music CDs in their bedroom and the other person said, "I have my guitar in my room. I play blues, some rock and some jazz." Another person who told us that they had enjoyed going on two holidays since they moved to the service said, "I've been to Blackpool and the Isle of Wight."

We saw that there was a weekly activities planner and within the service, people were encouraged to engage in various art and crafts projects; board games and word games. The service also facilitated seasonal celebrations and arranged for external entertainers to provide fun and age appropriate entertainment for people. Some of the people enjoyed social events like coffee mornings at one of the provider's other care homes. The manager told us that their plan to further improve the quality of the activities and opportunities for people to pursue their hobbies and interests included visiting another care home in the area to see what they did well and whether they could learn from this. The provider also wanted to further enhance the service's involvement with the local community and they had arranged coffee mornings where members of the public could attend for a small fee. These were planned to run for nine Mondays a year and the manager said that there would also provide a good opportunity for people who used the service to interact with various people or even develop friendships.

The provider had a complaints policy and procedure so that people knew how to raise any complaints they might have about the service. Most people said that they had not complained because they were happy with how their care was managed. One person said, "I would tell her (manager) if I had a complaint." Another person said, "I never had a problem, but I would expect something to be done if I did." We noted that the provider had received seven complaints in the 12 months prior to our inspection and we saw that the manager had taken appropriate action to investigate these and respond to the complainants in a timely way.

Good

Is the service well-led?

Our findings

When we inspected the service in June 2016, there was no registered manager. A manager who was there at the time of the inspection left the service without registering. At the time of the inspection, staff did not feel supported and valued. They also said their concerns about staffing levels had not been listened to.

During this inspection, we found improvements had been made and the service benefitted from stable leadership as there was now a registered manager in post. Apart from one relative who said that the manager was not always responsive, other relatives and people spoke positively about the manager. This included a person who said, "[Name] is the manager. She's very good." Another person said, "The home is well managed. I would tell her if I had a complaint." A relative told us, "The staff, management team and everything is excellent."

Staff were also complimentary about how the service was managed, and they found the manager and other senior staff approachable and very supportive. Staff now felt valued, listened to and encouraged to contribute to the development of the service. For example, a note in a member of staff's supervision record positively encouraged them to challenge the system and ask questions. Also, the provider had introduced a reward system for staff which invited people to nominate an 'Employee of the Month'. All members of staff we spoke with told us that they really enjoyed their work and that the service provided a caring and inclusive environment for people who used the service. They were all enthusiastic about their role. One member of staff said, "I love working here. The Managers do listen, the residents are so nice and team working is strong." Another member of staff said, "Management is strong. You can talk to any of them." A third member of staff said, "[Manager] is so open, you don't even hesitate to go to her." Everyone we spoke with told us that the service was good including a member of staff who said, "People get good care, the food is nice and there is entertainment. They (people) don't get bored."

We saw that regular staff meetings took place to enable staff to discuss issues relevant to their work. Staff found these meetings relevant and information. One member of staff said, "Staff meetings are good communication tools between staff and managers." Another member of staff told us, "Staff meetings provide a good forum for discussions. They normally ask staff one by one if they have any concerns." Staff also told us that they used handover meetings and communication books effectively to share important information that enabled them to appropriately plan people's care.

The provider sought feedback from people who used the service, relatives and professionals so that they had the information they needed to continually improve the service. 'Residents and relatives meetings' were planned in advance and these gave people the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see within the service. Staff told us that they also regularly asked people if they wanted anything done differently or improved. This was confirmed by one person who told us, "Staff ask me what I think of the home. There is also a suggestion box at reception." The provider also completed an annual survey and the results of the 2016 survey showed that people and their relatives were mainly happy with quality of the service. The only areas of improvement recorded in the action plan included: encouraging people to be more in the survey; update people's food preferences;

improve dining experiences through decoration of dining rooms; ideas for themed events or trips; allocate named nurse and keyworkers. We noted that some of these areas had already been completed and the manager had a plan to complete all areas before the next survey. The service had also received a number of compliments about the caring and responsiveness of staff.

The provider's nominated individual (NI) also told us about other improvements made since our last inspection. For example, CCTV was installed in communal areas and we saw that people, relatives and staff had been appropriately consulted about this. Other areas included: Development of the lounge on the top floor; part of a local Dementia Action Alliance and have used learning from this to develop a 'Dementia café'; events planned to celebrate the 'learning disabilities week'. The service was working with other stakeholders such as the local authority and the Clinical Commissioning Group (CCG) to trial ways of working that could lead to the provision of quality care to the local population. For example, the service was part of a group working on the implementation of the 'Red Bag Scheme', where bags containing essential information are sent when a person is admitted to hospital. They were also involved in a CCG led project to find ways of preventing hospital admissions. The NI was also pleased that the service had developed a positive reputation for being able to provide safe and effective care to people with complex needs and they wanted to further build on this.

The manager and other senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that action plans had been developed and prompt action taken to address these. Additionally, a member of the provider's compliance team was completing an internal review on the first day of our inspection and the service had also been recently inspected by the local authority who found people received good care. All the professionals we received feedback from provided positive feedback and were complimentary about how the provider promoted collaborative working. The manager also attended three different meetings arranged for local providers and they told us that they always found these beneficial.