

Your Choice (Barnet) Limited

Apthorp Care Centre

Inspection report

Nurserymans Road
London
N11 1EQ

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13 January 2021

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26 March 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Apthorp Care Centre is a care home providing personal and nursing care to 32 older people at the time of this inspection. The service can support up to 82 people in one adapted building, separated into eight self-contained flats. Not all flats were being used at the time of the inspection, due to low occupancy at the service.

People's experience of using this service and what we found

We observed people to be cared for by staff who were caring and compassionate. Relatives spoke positively of the caring and friendly staff team.

People were not always receiving their medicines safely and as prescribed. Systems and processes in place to manage medicines safely were ineffective. This was identified at a previous inspection.

There remained ongoing concerns with the overall safety of the building. There had been delays to the replacement of windows. Following extensive remedial work to the home's water and heating system, improvements were seen to the levels of Legionella detected at the service, however it had not been fully eradicated. There were risk management plans in place to reduce the risk this posed to people using the service.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions. We saw staff consistently not wearing Personal Protective Equipment (PPE) appropriately. The management team promptly addressed this concern through additional spot-checks and training.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. We found that a significant proportion of staff had not received training in first aid. Following the inspection, the registered manager confirmed that this training had been booked for staff who did not already have it.

Quality assurance audits had failed to identify improvements needed at the service in relation to medicines and infection control and training concerns that we identified on this inspection. The service's improvement plan was not kept up to date.

Relatives praised the service for keeping their loved ones safe during the COVID-19 pandemic, however some relatives felt communication and updates could be improved. We have made a recommendation about this.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

People living at Apthorp Care Centre had a care plan which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in activities, although these were impacted by the pandemic.

Staff spoke very positively of the registered manager and we heard how staff morale had improved at Apthorp Care Centre. Despite the challenges posed by the COVID-19 pandemic, the registered manager had implemented some improvements and new processes at the service.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 November 2019) and there were breaches of regulation in relation to medicines management and premises and equipment.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 15 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and premises and equipment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apthorp Care Centre on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, premises and equipment and good governance at this inspection.

In response to the breach identified regarding good governance, regulation 17, we will be writing to the provider asking them to provide an action plan to cover the issues identified and to provide time specific updates on the progress of actions taken to address the concerns found on this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Apthorp Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a medicines inspector and one 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. They supported the inspection by making phone calls to relatives to request feedback.

Service and service type

Apthorp Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications submitted, action plan, service improvement plan and communication with the local authority. We sought

feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with ten members of staff including the Head of Care, registered manager, senior care workers and care workers. We spent time observing the experience of people in the home and the way staff interacted with them.

We reviewed a range of records. This included five people's care records and eight people's medicines records. We looked at two staff files in relation to recruitment. A variety of documents relating to the management of the service, including policies and procedures, complaints and incident records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to seven relatives by phone. We looked at training data and quality assurance records. We requested feedback from one professional who regularly worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- There was a medicines policy in place. However, the policy did not have adequate or up to date guidance for staff to handle medicines. There was no information in the policy for staff on what actions to take if the medicines refrigerator or room temperature was out of the recommended range. Also, the policy mentioned monitored dosage systems (MDS) being used by the home. The home currently had all their medicines dispensed from original packaging. The policy outlined use of paper medicines administration records (MARs). The provider had changed to electronic medicines administration records. There was an additional medicine policy documenting the electronic medicines system but there was no reference in the medicine policy to the the additional policy. The need for the policy to be updated was also highlighted during the previous inspection but had not been acted on.
- Time sensitive medicines were not always given as prescribed. For one person who was prescribed a medicine to be given on an empty stomach at least 30 minutes before breakfast or another oral medicine. The staff had not always given their medicine as per the prescriber's instructions. This meant the medicine may not have the desired effect.
- For one person their eye drops had passed their 28 days use by date. However, these were still stored with the current medicines. There was a risk these were still being administered putting the person at risk of harm.
- For one person appropriate assessments were not carried out before giving them medicines covertly. Also, the pharmacist had not been consulted to seek advice on the most suitable way to give medicines mixed with food or drink. Covert administration is when medicines are administered in a disguised format hidden in food or drink.
- There was minimal information in care plans about medicines, however care plans did not state where full medicines information and guidance for staff could be located which was on the e-mar system and medicines folder. This was particularly important for high risk medicines such as insulin and medicines prescribed at end of life. Also, this did not meet NICE guidance and provider's own medicines policy.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were adequate stocks of prescribed medicines.
- The home had introduced electronic medicines administration records (eMAR). There were enough devices for staff to use eMAR. Also, the staff were provided training to use eMAR. Staff told us they preferred the use of eMAR and liked working with the system.
- Staff members were assessed for their competence in administering medicines and received training to handle medicines.
- There was a process in place to report and investigate medicine incidents. Learning was identified from medicines errors and incidents and shared with the staff team.
- The home management received and acted upon medicine alerts.

Assessing risk, safety monitoring and management

At the last inspection, we found aspects of the building to be unsafe due to the presence of Legionella and concerns about the fabric of the building. The building was owned by the local authority which was leased to the provider. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reported that there were aspects of the building which were assessed as being unsafe, for instance the windows. They were due to be replaced during 2020. However, due to the challenges posed by the pandemic, this work was delayed and not completed. We were advised on this inspection that the windows would be replaced in 2021, which the building owners were responsible for arranging.
- In the interim, regular safety checks were carried out to ensure the windows posed no immediate risks to people living and working at the service.
- At the last inspection, there were significant concerns with the presence of Legionella in the water systems, which resulted in additional monitoring and the removal of showers at the service.
- Extensive remedial work was completed such as replacement of the heating and water systems at the service. This was completed early 2020 and improvements were observed to the levels of Legionella detection. However, Legionella had not been completely removed from the service, with recent positive samples indicating an ongoing issue. The provider and an external Legionella control specialist were maintaining an ongoing programme of testing, flushing and monitoring of the water system.

The above concerns related to the fabric of the building placed people at risk of harm. This was a continued breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks were completed to ensure people's safety. This included checks and tests of equipment and systems such as fire safety systems, gas and electrical safety.
- We reviewed the provider's training records and found that 41 staff had not received training in first aid or basic life support. We raised this with the registered manager and head of care who after investigating, confirmed that these staff had not received this training at the time of the inspection. We were advised that senior staff only had previously been trained which was the policy of the previous provider at the service. This meant that people could be placed at risk of harm in the event of an emergency as not all flats had a trained first aider on duty.

- The registered manager confirmed that all staff would receive first aid and basic life support training. They provided confirmation of the dates the training was taking place and advised that the provider's training policy would be updated to reflect this. They advised that all rotas would be reviewed and until all staff were trained, the trained first aiders would be clearly identified.

- Risks associated with people's care and treatment were assessed and documented. Since the last inspection, the provider and registered manager were reviewing and rewriting all care plans and risk assessments. At the time of the inspection, these were in the process of being rolled out across the service.

- Overall, risk assessments contained detailed guidance for staff on how to keep people safe from known risks, such as falls, behaviour that challenged and specific health conditions.

Staff and the registered manager knew people well and were able to discuss their health and well-being with a good level of knowledge.

- We found some inconsistencies in the information in people's risk assessments which differed from their care plans and documented advice from health professionals. For example, one person's risk assessment for choking did not accurately reflect advice from the Speech and Language Therapist. We pointed these issues out to the registered manager who advised that the risk assessments would be reviewed and updated. The guidance was available to staff in the person's care plan and staff told us they understood the persons risks and how to keep them safe,

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes in place safeguarded people from the risk of abuse.

- Relatives told us they were confident that their loved ones were safe and well looked after. One relative told us, "They look after [my relative] very well."

- Staff received training on safeguarding, how to recognise signs of abuse and the actions to take to report their concerns.

- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report any safeguarding concerns to the local safeguarding authority and CQC.

- The provider and registered manager had oversight of accidents, incidents, complaints and safeguarding enquiries which were reviewed regularly. However, we found accident and incident recording forms not always completed appropriately or checked by a senior staff member. We raised this with the management team who advised that this would be reviewed and improved.

- Learning from any incidents was discussed and shared in staff meetings.

Staffing and recruitment

- Safe recruitment procedures were followed to make sure staff were suitable to work in a care setting.

- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

- Overall, we observed enough staff on duty to ensure people's care needs were met. Staff told us that staffing levels were enough to allow them to respond to people's care needs. We observed staff spend time talking with people and engaging people in activities.

- However, we observed one flat left unattended for a minimum period of eight minutes when people were seated in communal areas. We raised this with the management team who investigated and took appropriate action to address the concern.

- The service used agency staff regularly to top up staffing levels. The registered manager told us they ensured agency staff were only working at Apthorp Care Centre and were included in the homes COVID-19 testing regime.

Preventing and controlling infection

- Staff completed training in infection prevention and control and attended additional training and webinars provided by the local authority and NHS partners.
- We saw a significant number of staff not wearing Personal Protective Equipment (PPE) in line with current guidance. We raised this with the management team who updated us following the inspection with actions taken to address the concern, which included additional spot checks, refresher training and disciplinary action, if required.
- The provider's infection prevention and control policy was up to date.
- People and staff were regularly tested for COVID-19, and the registered manager managed any instances of outbreaks effectively to reduce further transmission in the service.
- The service was clean with handwashing and sanitising facilities throughout the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives were satisfied with the care their loved ones received at Apthorp Care Centre. They praised the staff team in particular. Feedback included, "The staff are very, very good. There's been consistency with staff."
- We saw a selection of compliments and Thank You cards received from relatives which praised the caring and supportive staff team. Compliments read, 'We would like to express our appreciation to you and the entire staff for all the care and support that everyone provided our late mother during her four year residency' and 'During [Person's] stay we both got to know many members of staff and appreciated their friendliness and candour and no request seemed to be too much trouble'.
- Staff knew people well and as most people had lived at Apthorp Care Centre for at least one year, had developed good relationships with people. We observed staff providing person-centred care which met people's needs and preferences. A staff member told us, "The residents become your family in a way. We make sure they are loved and well cared for."
- Care planning was recently reviewed, and the registered manager and staff were working to review and update all care plans. This was in process at the time of the inspection.
- Care plans were person centred and detailed, with people's backgrounds, likes and dislikes documented. Care plans detailed how staff should support people in areas such as personal care, eating and drinking, mobility, activities and social interests and with specific medical conditions.
- People's cultural, religious and spiritual needs were assessed and documented in their care plans.
- People were able to take part in activities in the home. External activities were not possible at present during the COVID-19 pandemic. The home had a dedicated activities team who led group and one to one activities such as quizzes and puzzles. We also observed staff in the 'flats' leading group activities.
- People were supported to maintain contact with their loved ones mainly through video and phone calls. Staff told us they supported people with this as they understood how difficult the circumstances were for people and their families. One staff told us, "We use Facetime. We have a [person] whose family are in [Name of Country], we do WhatsApp and Facetime calls."
- Staff understood the impact the pandemic restrictions had on people and their families' well-being and worked hard to provide additional comfort and support when people were distressed or upset.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plan, so all staff had the guidance needed to understand where people had difficulties, for example, hearing impairments.
- We heard how staff recently supported a person with translating communication they received from their home country.

Improving care quality in response to complaints or concerns

- Records showed that the registered manager investigated and responded to complaints. Any lessons learnt were fed back to staff in supervision and team meetings. The complaints procedure was on display.
- Relatives told us they were confident any concerns raised would be investigated.

End of life care and support

- As the service did not provide nursing care, staff and the management team worked with other healthcare professionals to meet the needs of people nearing the end of their life.
- Care plans documented people's wishes for care at the end of their lives.
- Staff spoke of supporting people at the end of their lives, particularly during the pandemic. One staff member told us, "During the pandemic we lost some residents. It reminds us how deeply we love the residents. We couldn't go to funerals, so we sent flowers. I make sure we handwrote the cards. One relative said to me it's more personal as handwritten. I felt proud."
- A compliment from a family read, 'The family would like to say a massive thank you for all the help and care you gave to our mother with the residents and with COVID to deal with you still found time to care and be with mum until her passing.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This is the second inspection of Apthorp Care Centre under the current provider, Your Choice (Barnet), who took over the running of the service in July 2019. At the time the service was rated inadequate under the previous provider.
- At the last inspection in October 2019, we found concerns with medicines management and the safety of the building. However, the management team were working to improve the overall service.
- Since the last inspection, a new manager was recruited and their registration with CQC was completed less than two weeks prior to the commencement of this inspection. They had made improvements across the service with improved care planning, oversight of care delivery and staff management.
- At this inspection, whilst we noted improvements to many aspects of care and documentation, we found continued concerns with medicines management and the ongoing Legionella control issue.
- We were concerned to note that the management team were not aware of the gaps in staff training until raised with them during the inspection.
- We found that some aspects of governance systems such as the service improvement plan were not updated to reflect the current situation at the service, for example ongoing readings of Legionella contamination.
- Some of the concerns identified on this inspection such as medicines management were not picked up through the provider's own quality checking processes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the management team open and responsive during the inspection. The management team worked with us during the inspection to make improvements to the areas we had highlighted of concern. We will check improvements have been embedded into practice at the next inspection.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they felt their loved ones were safe and well cared for during the COVID-19 pandemic. They praised the caring and compassionate staff team. Feedback included, "When I used to visit regularly the staff were always caring and welcoming and I'm sure they still are. I have great respect for them" and, "I could not speak more highly of them [staff]. I consider them friends."
- Relatives told us they were aware of the changes to the management team and felt the changes were positive. One relative told us, "[Registered Manager] been good to me whenever I've got in touch with her."
- We observed the staff team to be dedicated, friendly and approachable during the inspection. Staff engaged well with people. People had a good rapport with staff, and we saw some friendly and jovial interactions.
- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback from relatives about how the service communicated with them during the pandemic. Some family members praised the staff team on how they were responsive to enquiries and kept them updated on changes to people's care needs.
- One relative told us, "I call and ask how [my relative] is every week for an update." Others said they felt that they had to chase for updates and would have appreciated regular communication. Feedback included, "I have received no emails. Absolutely nothing about COVID arrangements" and "I haven't really seen many updates by email. I wasn't updated on what their procedures were for visiting. There was a lack of keeping relatives informed of what's going on. Emails have been more regular since the autumn, for example, an email about vaccination consent before Christmas and a phone call last week about it."

We recommend that the service provider consult with people and their families around how communication could be improved.

- When we last inspected, we found that the staff team was affected by low morale and in some instances poor working relationships which was evident to people using the service.
- The registered manager had made progress in tackling this issue, through regular staff meetings, supervisions and the use of disciplinary process if necessary.
- Staff we spoke with praised the registered manager and their approach to engagement with the staff team. Feedback included, "[Registered Manager] is trying her very best, easy to talk to and has respect for us. She speaks to us as a human and how we should be spoken to. She treats us very well" and "[Registered Manager] is one of the best managers in the company. She is fantastic. I feel comfortable coming to work. She is understanding and a fantastic support. Any issues with colleagues are addressed and dealt with immediately. She doesn't take sides."
- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at increased risk because medicines were not always managed safely and in accordance with best practice guidelines. Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment was not always suitably maintained and fit for use. Regulation 15(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation 17(1)