The Fremantle Trust

Apthorp Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 9, 10 and 11 October 2017 and was unannounced. During the last inspection on 1 February 2017 we found the service was in breach of four legal requirements and regulations associated with the Health and Social Care Act 2008. We found that people who used the service were not protected against the risks associated with their care and treatment. Medicines were not managed safely. There were not always adequate staffing levels at meal times. Staff were not receiving consistent support through regular supervision. Not all people were supported to maintain their personal dignity.

At a previous inspection in July 2016, we found the service to be inadequate overall. We placed Apthorp Care Centre into special measures and imposed a condition on the provider's registration to submit monthly audit reports to the Care Quality Commission (CQC). Following the inspection in February 2017, although some improvement had been made, the service remained in special measures and the conditions on the provider's registration remained in place.

This inspection was carried out within the six-month time frame to check if improvements to the quality of care had been implemented. At this comprehensive inspection we found the registered provider had taken action to achieve compliance with some of the regulations previously identified as non-compliant during the comprehensive inspection in February 2017. However, we found repeated breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Apthorp Care Centre is a purpose built residential care home that is registered to provide accommodation for up to 108 people who require personal care. The home is split into three floors that contain units called 'flats'. At the time of our inspection there were 75 older people living at the home, many of whom were living with dementia.

There was a registered manager in place. 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.

At our last inspection we identified that staff were not effectively deployed around mealtimes. At this inspection we found that although there were sufficient staff on duty, at key times throughout the day such as mealtimes, we found that staff were not effectively deployed to ensure people received support with eating in a timely manner.

At our last inspection, we found that appropriate fluid monitoring records were not kept for people who were at risk of dehydration. At this inspection we identified repeated concerns in this area.

At this inspection, we found that although risk assessments were now identifying risks individual to people and staff were receiving appropriate guidance, some risks to people were, in practice, not actively mitigated

against.

Improved systems and processes were in place to monitor quality of care. However, quality monitoring required further implementation and embedding.

Medicines were now safely stored and administered. Appropriate records were kept of medicine administrations and regular medicines audits took place.

Staff training, supervisions and appraisals were monitored and updated regularly. Systems had been implemented to ensure a better oversight of when staff training, supervisions and appraisals were due.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of the types of abuse to look out for and how to raise safeguarding concerns.

Care plans were person centred and reflected what was important to the person. Care plans provided appropriate guidance to enable staff to deliver person centred care in line with people's preferences.

Accidents and incidents were monitored and analysed on a monthly basis.

People engaged in a comprehensive activities programme delivered by dedicated activities co-ordinators.

People and relatives spoke positively of the caring nature of care staff.

The home was clean and well-maintained; however we identified a concern regarding water temperatures. The registered provider took immediate action to resolve the situation.

Consent to care was obtained from the appropriate person. Care plans specifying best interest needs were in place. Staff had received training on the Mental Capacity Act 2005 (MCA) and staff understood the importance of obtaining consent from people. Deprivation of Liberty Safeguards (DoLS) were applied for and monitored.

At this inspection we identified breaches of regulations. You can see what action we have asked the provider to take at the back of the full version the report. However, as the provider had demonstrated significant improvements, the service is no longer rated as inadequate for any of the five questions and therefore no longer remains in special measures.

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. Staff were not effectively deployed at certain times of the day to ensure people's needs were met.

Medicines were managed safely.

Individual risks were assessed and guidance was provided to staff, however we found instances were assessed risks, in practice, were not mitigated.

People told us they felt safe. Staff were aware of different types of abuse and what steps they would take if they had any safeguarding concerns.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Is the service effective?

Requires Improvement

The service was not always effective. The service was not completing health monitoring charts effectively to ensure people at risk of dehydration received sufficient hydration.

Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

Mental capacity and Deprivation of Liberty Safeguards were understood and principles of the code of practice were being followed.

People were given the assistance they required to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring. There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

Staff had a good knowledge and understanding on people's

background and preferences.

People were supported to maintain independence, where possible.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People had access to a variety of activities.

The home had a complaints policy in place; complaints were investigated and responded to. People and relatives knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led. We identified repeated concerns at this inspection.

Quality assurance systems were in place, however further embedding was required. Negative feedback received from people in a quality survey was not acted upon in a timely manner.

We received positive feedback regarding the registered manager from people, relatives and staff. People and relatives told us they had seen the quality of care improve at Apthorp Care Centre.

Apthorp Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 9, 10 and 11 October 2017 and was unannounced. The inspection team consisted of a lead inspector, three supporting inspectors, a pharmacist inspector, a specialist nurse advisor and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts. We also looked at the action plan that the service had provided to the CQC following the last inspection and the monthly updates received. We obtained feedback from the local authority quality monitoring team and one involved health professional.

During the inspection we spoke to 30 people who used the service, 10 relatives, 20 care workers, housekeeping and maintenance staff, four activities staff, three floor managers, two deputy managers, the registered manager and two regional directors. We obtained feedback from two visiting health and social care professionals.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We looked at 14 people's care plans and risk assessments, 14 Medicines Administration Records (MAR), 13 staff files and records related to the management of the service such as quality assurance documents, health and safety records and the training matrix.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 1 February 2017, we found that staffing levels were not sufficient around meal times to ensure that people were supported to eat and drink. We found at this inspection that although some improvements had been made and that there were sufficient staff available in the home overall to safely ensure people's care needs were met, we remained concerned about how staff were deployed to ensure people received support in a timely manner during meal times.

We spent time looking at the staffing arrangements in place to support people living at Apthorp Care Centre. We spoke with people who used the service, relatives, and staff, looked at staffing rotas, the dependency tool and observed the support offered throughout the day.

We observed lunch time across three days in all areas of the home. We found that in areas where people needed additional support to eat or required staff to prompt them, this was not always happening. We observed that one person waited in excess of thirty minutes to be supported by care staff after their lunch had been served, although it was noted that the staff member apologised to the person for the delay when they started to assist them to eat. We also observed that in one flat, two care staff were supporting five people to eat, two of whom were entirely dependent on staff for support with eating. Three people required prompting and encouragement to eat and were refusing their meals. Both staff members attempted to support all five people; however, it meant that people were receiving their meals in a stop-start fashion and food was left to get cold. We observed some senior staff members assist care staff during lunchtime; however, we received consistent feedback from staff and a professional involved with the service that senior staff did not usually assist at mealtimes.

Since the last inspection, we found that the service no longer relied on agency staff to ensure staffing levels were at a safe level. The regional director told us that this had been a significant achievement in stabilising the workforce and ensuring that the quality of care improved. Rotas confirmed that 21 care staff were on duty in the early part of the day, 20 care staff in the afternoon and evenings with nine care staff on duty at night which was reflected in the provider's dependency tool. We received a mixed response from people who used the service when asked if they thought there were enough staff. Comments received from people included, "Sometimes a bit short. Not a big thing. Carers come and chat and talk when doing something", "Yes I do think there is enough", "No it is woeful. There is not enough staff here" and "Staff very helpful and enough of them." Relatives told us, "I noticed recently new staff recruited i.e. floor managers and they take notice" and "They ring me and keep me updated and you get continuity of staff. All good now. Staff were really poor and there was bad treatment; none of it now."

We discussed our concerns with the home management who advised that they recognised staffing at mealtimes was a challenge and following the inspection, submitted an action plan detailing that mealtimes would be protected and all staff in the home including admin and domestic staff, with appropriate training, would be drafted in to support with mealtimes.

There were not always sufficient numbers of staff suitably deployed at the service to ensure people's needs

were met. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2017, we found that although risk assessments were identifying most risks associated with people's care and treatment, there were instances were risks had not been considered appropriately. At this inspection, we found that the provider had mostly addressed the issue.

Risk assessments were person centred, up to date and reviewed regularly. They covered risks to people such as skin integrity, moving and handling, falls, risks associated with the use of bedrails, smoking, alcohol consumption and health conditions such as diabetes, mental health conditions and associated behaviours. Staff were able to explain how they would work with people's identified risks. For example, one person's care record detailed that the person had been identified as being at risk of falls. Staff supported this person regularly to ensure the person continued to maintain their independence and felt safe. The person told us, "The staff checks on me during the day and at night and accompanies me to the toilet. At home I used to have small accidents. Not here."

Another person's care record indicated that they were at risk of developing pressure ulcers. Their care record specified they should be supported to turn over in bed to relieve pressure on their skin. They were supported to do this every two hours. Staff had signed a chart to confirm that they had done this. There were repositioning charts for the past ten days confirming that they had done so consistently. The person's relative told us, "There has been a lot of improvement in [person's] ulcer. I know this because she is no longer in pain." A health professional told us, "The wound has improved, there is strong evidence that the staff are turning [person] regularly and changing [person's] pads." Staff had also documented that the wounds 'showed signs of healing'. Staff we spoke to knew how to refer people to the district nurse and tissue viability nurse in order to obtain advice about the prevention and management of pressure ulcers when required.

However, we found some inconsistencies in how identified risks were managed to ensure people stayed safe. We observed two occasions where people requiring supervision for certain tasks, were left unattended. One of these occasions was where a person required supervision whilst eating their meal. The person's care plan stated, "Staff need to support [Person], as they have a tendency to put too much into their mouth." We spoke to a staff member nearby who told us that they knew the person required supervision but they were unable to do so fully as they had to attend to the needs of other people also.

There were generic and environmental risk assessments for all areas of the home. Care had been taken to identify and manage risks around the home, but in some cases practice observed fell short of these control measures. We observed people walking into the open plan kitchen in flat one, with no staff supervision. The kitchen in flat three had a keypad entry system for the door, but this was observed to be left on the latch or wide open on several occasions during the inspection. The kitchens in all the flats contained small appliances such as microwaves, kettles and toasters. Records showed that the small appliances had been tested to ensure they were electrically safe to use, but there were no specific risk assessments to ensure that people who were able to enter the kitchens were safe to do so.

We raised our concerns regarding mitigating risk management to the home management team who submitted an action plan shortly after the inspection to rectify the concerns we noted.

At our last inspection, we found that medicines were not safely managed. At this inspection we found that the provider had addressed the issue. We looked at the systems in place for managing medicines. We spoke with seven staff involved in the governance and administration of medicines, observed medicine

administration for five residents and examined 14 people's medicines administration records (MARs).

Medicines were stored securely in medicine trollies which were kept in a locked room. We observed on occasions that staff administering medicines left the medicine trolley open and unattended in corridors. This was fed back to management who advised they would address the concerns with the identified staff. Staff recorded fridge and room temperatures daily which demonstrated that medicines were stored at the correct temperatures. The care home had a process for ordering and checking stock that made sure medicines were available for people. Medicines no longer required were clearly separated from other stock, recorded in a log and returned to the dispensing pharmacy.

Medicines that require additional controls because of their potential for abuse (controlled drugs) were stored in a suitable cupboard. When a controlled drug was administered, the records showed the signature of the person administering the medicine and a witness signature. Staff completed regular stock checks. One controlled drug did not have the quantity recorded in the log book. This was highlighted to staff and the medicine was correctly recorded by the end of the inspection.

Care staff administered medicines with care and patience and tailored the administration to the needs of the individual. We saw staff following a safe method for giving and recording medicines administration. The service provided regular medicine training and conducted competency assessments for staff.

The dispensing pharmacy supplied the MARs and staff completed the MARs accurately to show what medicines people had taken. For medicines administered as and when required, there were clear protocols detailing how and when to give the medicine. Staff completed patch charts and topical administration records to show when medicines were applied to the skin. People's details and allergy status were recorded on the MARs and medicine profile. We saw one record where the medicine profile stated an allergy but the MAR stated no known allergies. This was highlighted to the management team on the day of inspection. They immediately addressed the concern and made sure that the person's allergy status was correct on all documentation.

The procedures to enable people to self-administer medicines were not well established in the care home. We saw person that self-administered some of their medicines. While staff had completed a brief risk assessment, it did not comprehensively assess the person's ability to manage their medicines safely. The provider had recently introduced a medicine risk assessment as part of an overall documentation review. This was not yet in use at the home at the time of inspection. We raised this with the home management team who advised that they would ensure the risk assessment was completed by all responsible staff.

The care home liaised regularly with the dispensing pharmacy and GP surgeries to discuss medicine management. The service strived for continuous improvement. The management had introduced a medicine audit programme which included daily and monthly audits. There was evidence that the audits were identifying areas for improvement and that action was taken to make the improvements.

All people and relatives we spoke with told us they or their loved one were safe living at Apthorp Care Centre. Feedback received from people included, "Got own room with a bed. They wash your clothes. You're safe here. Main thing in life is to be safe", "Yes they look after us well" and "Yes, so far I have not found anything to be afraid of." Relatives told us, "[Person's] safer than when she was at home", "[Person] has been here three years and is happier now as it's much improved. They come and check on her more often" and "I think [person] feels safe, comfortable and loved."

We checked to see if staff were safely recruited. Staff files included application forms, records of interview

and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure that only suitable staff were employed to work at the home. Records seen confirmed that staff members were entitled to work in the UK.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Records confirmed that staff had received training in safeguarding people. Staff also confirmed that they could access the safeguarding policy. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse concerns outside of the organisation to the local safeguarding authority and the Care Quality Commission (CQC). Staff were knowledgeable about what whistleblowing meant. A staff member told us, "It's about keeping everyone safe. I would immediately report any concerns and if I was not happy with response I would go to head office and whistle blow. I could also go to the police and CQC. The management are pretty good with reporting."

Accidents and incidents were recorded and actions and learning identified as a result of the incident were implemented. Staff knew how to report accidents and incidents. Falls were recorded and analysed on a monthly basis for trends and potential causes. Incidents such as falls and unexplained bruising or body marks were discussed by the home management team on a daily basis and monitored. Where appropriate, safeguarding alerts had been sent to the local safeguarding authority for further investigation. We saw that one person had been assessed at being at risk of climbing over their bed rails. As a result, the person's profiling bed had been lowered to its lowest point and had movement sensors installed. There were crash mattresses on both sides of their bed which allowed the person to slide on to the mattresses. Staff were knowledgeable around how to safely support the person during moving and handling.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting and gas and electrical safety had been undertaken. The service also had contracts in place for the routine maintenance and servicing of equipment. Water temperatures were checked on a regular basis, however, throughout the inspection we observed that the hot water in some bedrooms and communal toilets was above the acceptable temperature range as stated by the Health and Safety Executive (HSE), which could have placed people at risk of scalding. We discussed our concerns with the home management team who commissioned an external service provider to review and recalibrate the water temperatures. The provider also assured that they would closely monitor the situation and undertake any necessary remedial works to ensure water temperatures were within an acceptable temperature range.

Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency.

People were protected by the use of safe infection control procedures and practices. Staff were trained and kept up to date with good practice. The home was overall clean and well maintained on the days we visited.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in February 2017, we found inconsistent recording on charts relating to people's health. People who were at high risk with regards to their nutrition and fluid intake had fluid and food monitoring charts to allow staff to monitor their food consumption and fluid intake. We found that some people's food and fluid charts were not regularly completed and contained gaps in recording.

During this inspection, we found that the provider had not addressed the issue. Daily fluid intake targets were not identified for people at risk of dehydration. Fluid monitoring charts were inconsistently completed with gaps in recording seen, especially at night time. Although running fluid intake totals were kept, a daily total fluid intake was not calculated and where a person was recorded to have had a low fluid intake, it was not clear from review of documentation that any actions had been taken to escalate concerns regarding low fluid intake. We saw that the local authority had raised fluid intake monitoring with the provider on two occasions following the last inspection, however, the provider had failed to adequately implement a robust recording system for monitoring fluid intake for people who were at risk of dehydration. We observed that people had access to drinks and were regularly offered drinks by staff throughout the inspection which was reflected in feedback received from people. We observed that the head chef was knowledgeable of people at risk of dehydration and additional supplements to encourage hydration such as jellies, smoothies and fruits. Therefore the concerns noted are related to record-keeping as opposed to hydration.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people's weights were proactively monitored using a Malnutrition Universal Screening Tool (MUST) which colour coded the level of risk of malnutrition posed to the person. Dependent on the level of risk, an action plan was implemented called 'food first strategy' where the person was supported with fortified foods and nutritional shakes. Where a person posed an increased risk, a referral to the dietician was made in addition to the 'food first strategy.' The registered manager maintained an overview system of people's monthly weights and we saw that some people at risk of malnutrition gained weight as a result of the interventions made.

We received a mostly positive response when we asked people about the quality and choice of food on offer at Apthorp Care Centre. Comments received from people included, "Food nice and you get a choice", "You get a choice. If you don't like you can have an omelette or jacket potato", "Sometimes they choose and sometimes they ask you what you want. The food is very good" and "A good average. But you don't expect A La Carte. They are pleasant at lunchtime." A relative told us, "[Person] loves ice-cream and gets lots of it."

We observed lunchtimes across all flats in the home on all three days of the inspection and found inconsistencies in the mealtime experience people received. In some flats where people were more able and could feed themselves, their lunchtime experience was calm and pleasant. In parts of the home where people required assistance with eating their meal, lunchtime was observed to be more chaotic as a result of poor staff deployment which was elaborated on in the safe section of this report.

Although staff and some people told us people had a choice of meal, we did not always observe this in practice. We saw that there was one main meal on offer at lunch time. Alternatives such as baked potato and sandwiches were offered if someone did not want the main choice on offer. We saw that people made their lunch choice for the following day in the afternoon. However, we observed that when lunch was served, people were given the main meal only and alternatives were not offered if the person did not want the main choice.

We observed that in most flats, the menu was on display either in the kitchen area away from people's view or not at all. When people asked what the meal they were being served was some staff could not tell them. For people living with dementia, they may not have been able to recall what they chose for their meal the day prior. We discussed our findings with the home management team who acknowledged that their meal time experience for people could be improved and they advised that they would make this a priority area for improvement.

We observed some kind and patient interactions between staff and people who used the service at mealtimes. We saw that staff ate their meals alongside people at lunchtime and where people required prompting and assistance, staff provided this in a caring manner. We spoke to the chef who was very knowledgeable around people's dietary needs and preferences.

At our previous inspections in July 2016 and February 2017, we found that the provider was not ensuring staff were adequately supported through regular supervision sessions. At this inspection, we found that the provider had made improvements in this area.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us when asked, "Definitely." A second person told us, "Yes. Anybody I have asked has helped me." A third person told us, "I'm happy to be with everyone". A relative told us, "Its obvious [staff] have had training."

Staff told us they received regular supervision sessions with their line manager. A staff member told us, "We discuss my role, what I am doing right/wrong, good/bad feedback which is very helpful." The provider was currently in the process of moving from a paper based supervision record to an electronic record which linked in with the appraisal process. The company policy stated that there should be two supervisions per year which is supplemented by a mid-year review and an annual appraisal. There was a large backlog of staff who had not received supervisions or appraisals in line with the frequency set out in the company policy, however, the service was working to reduce the backlog and expected to have everyone up to date by the end of the year.

There was a cascade system for appraisals to ensure that they were spread out among senior staff and that the reliance would not be all on one senior staff member to undertake them with all staff. The registered manager supervised the deputy managers, who then supervised the floor managers who then supervised team leaders who then supervised support staff.

The electronic system was set out so that there were set questions asked to all staff which linked in with their development and training needs and allowed staff to comment on their progress. Staff were asked to review the questions they would be asked in advance of the face to face meetings to allow them to consider their answers and reflect on their performance. New staff were given supervision more frequently when they joined the service to offer additional support and allowed them the opportunity to raise any learning needs.

New employees attended a three day induction at head office prior to commencing work at the service. New

staff then completed the care certificate over the first five weeks and spent a minimum of two weeks shadowing other staff. New staff were allocated to one particular flat to give them the opportunity to get to know the role and the people residing in that particular flat. Staff were not allowed to dispense medicines until they had passed their six month probationary period.

All training was monitored centrally by the provider, however, the service also kept a spread sheet of staff training to ensure that the central register was correct and up to date. Staff received training in key areas relevant to their roles including moving and handling, infection control and health and safety. Staff were also offered training in addition to mandatory subjects such as diabetes care which was provided by external healthcare professionals. Staff were also supported to achieve additional vocational qualifications in health and social care which were provided by external providers. Staff told us they received regular training and were supported to obtain a national vocational qualification.

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). Where people were deprived of their liberty, appropriate applications had been submitted to the local authority for DoLS assessments to be considered for authorisation. DoLS were monitored on an on-going basis and applications had been submitted for reviews and renewals in a timely manner.

Staff had a good understanding of MCA and DoLS and understood the importance of asking for consent from people. Staff had attended MCA training. A staff member told us, "A person without capacity needs safeguards in place to protect them such as DoLS. People can still make a choice by looking even if they can't understand." A second staff member told us if someone did not have mental capacity, "I would still ask them what they would like to wear. I would still give them a choice." People told us that staff asked for their consent when providing assistance. A person told us, "I have never found them [staff] intrusive."

People were supported to maintain good health and had access to healthcare services and received on-going healthcare support. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly. A person told us, "Only recently I saw a Doctor." A second person told us, "They take me in a wheelchair to see the Doctor." A relative told us, "The GP has always been really accessible." We observed throughout the inspection that where staff had a concern about a person, they were prompt in arranging for the person to see a medical professional. In addition, we observed people's health appointments discussed at the morning handover meeting.

Good

Is the service caring?

Our findings

When we last inspected the service, we found that people were not always supported to maintain their dignity. At this inspection, we found that the provider had addressed the issue. Most people and all relatives told us they were happy with the care they received and spoke positively about staff. Comments received from people included, "The staff are lovely", "Very happy here. Everybody is so nice and cheerful. Always here to help you" and "The staff are very caring and we are happy here. They really look after us. We are not short of anything." A relative told us, "Staff are so conscientious. They really do care." A second relative told us, "The atmosphere is very pleasant. Staff do as much for me as they do for [relative]."

We did receive some feedback from people stating that they felt that at times staff were rushed in completing their tasks and did not have much time to speak with people. A person told us, "They are always working, always moving, no time to chat." However another person told us, "Carers come and chat and talk when doing something."

We observed kind and positive interactions between staff and the people they were supporting. Staff were gently orientating people when appropriate. Staff were maintaining some physical contact such as hand holding where this was appropriate and calming for the person.

We spoke with people and relatives about whether they felt involved with their own care provision or the care provision of their relative. One relative told us, "We talked through [person's] needs."

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were receiving personal care. People we spoke with told us they felt that they were treated with respect and that their privacy was protected. A person told us, "I need help to get up and I get up when I want to. Staff ask permission." A relative told us, "One day I came up and [person] was sick in the toilet. They [staff] were very tender with her. They always maintain her dignity throughout. Reassuring her the whole time." A staff member told us, "Make sure the door is closed, encourage people to clean themselves and cover private areas whilst supporting with personal care."

We saw that people were supported to maintain their independence, where appropriate. We saw one person make their own hot drinks and another person told us, "I go to the church up the road."

People's bedrooms were personalised with family photos, ornaments and pictures. A person told us, "I got my own bed and chair and mum and dad's pictures up." We observed relatives visiting the home throughout the inspection with no restrictions on visiting times. A relative told us, "No restriction. They are working hard to maintain a good friendly atmosphere."

Care plans documented that advanced care planning and end of life care was discussed with most people and their relatives. People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared. A relative told us, "It is amazing and the staff are doing a wonderful job. You would not think that [person] is nearing the end of life because [person] is always very comfortable and well dressed.

There is no foul smell although [person] is doubly incontinent. Most important of all [person] is not lonely, because the staff always walk in all the time."

Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who used the service. When asked how to work with people from a variety of backgrounds, staff told us, "Care would not differ. It would be the same for everyone regardless." People's religious beliefs and cultural background were recorded in care files and people told us that they were able to attend religious services and local religious leaders visited them at the service on a regular basis.

Good

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff responded to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns to the home management team and health professionals. Relatives told us they were kept up to date with any issues and involved in care reviews. A relative told us, "[Person] knocked her hand and needed to be seen at hospital. They contacted us." A person who had recently been admitted with a pressure ulcer told us, "My wound got seen very quickly by the nurse and treatment started in quick time. This is amazing." Visiting health professionals told us that staff were proactive in seeking advice and assistance when they had concerns.

People's individual care plans included detailed information about their life history, dietary likes and dislikes, cultural and religious heritage, healthcare and medical needs, skincare and preferred routines. Care plans were reviewed regularly and updated as changes occurred.

Through our observations and discussions with staff they demonstrated an awareness of people's preferences, what people were able to do and what they needed support with. Records showed preadmission information had been completed. An assessment was carried out to identify people's support needs and this included information about their medical conditions, behaviour, communication and their daily lives.

People were supported to engage in activities on a daily basis. Comments from people regarding activities included, "We went to Southend in July. It was a really lovely day", "Plenty to do. Quizzes, drawing, flowers. They take me out to have a walk" and "Yes they do and they also ask me to help out. Here today I am on the green balcony helping the activity coordinator prune the plants and tidy up." Some people we spoke with told us they did not want to take part in group activities and preferred to spend time in their rooms. During the inspection, we observed an activities co-ordinator visit people in their bedrooms on a one to one basis.

Notices about activities and events were displayed around the home. We observed dedicated activities co-ordinators deliver the activities programme. On the days of the inspection, activities included poetry reading, gardening and bingo. In addition, on the first evening of the inspection, a cocktail party was held to celebrate the 25 year anniversary of the provider. We observed a game of bingo in the bar area on second morning. About 18 people took part, mostly sitting round tables. Bingo was based on old time songs rather than numbers so much of the activity was based on singing which enabled those not able to play to nod and sing to the music. We noted that the activities coordinators knew people's names.

We checked how the service handled complaints. We saw that any complaints received had been investigated fully and appropriately, in line with the home's policies and procedures. Responses from home management were open and detailed. Where mistakes had been made these were acknowledged and apologies provided. People and relatives generally told us that they had no complaints and any concerns raised were appropriately dealt with.

Requires Improvement

Is the service well-led?

Our findings

We received positive feedback from people and relatives regarding how the home was managed overall. Some people told us they did not know the registered manager, however, they knew who was in charge of their flat or floor and felt confident that they could raise any concerns or queries with them. Feedback received from people, relatives and staff was that the quality of care at Apthorp Care Centre had improved. Comments from people included, "[registered manager] is easy to talk to, talked to him several times" and "If I had a complaint would leave it to my daughter. There is a lady here you can talk to. I know a woman manager but do not know a man" and "Yes it is a man."

A relative told us, "Since new manager been in its got a lot better. [Person] has been here three years and is happier now as it's much improved. They come and check on her more often." A second relative told us, "The rating went down and they deserved it. New manager came, [deputy care manager] came and things are better. It's how it should be run now. Easier to deal with issues now got manager on each floor. They ring me and keep me updated and you get continuity of staff. All good now."

We received a mixed response from staff when asked about the management of the home. Staff were generally positive about the registered manager and the local management team; however, we found that some staff had low morale which was related to recent organisational changes with the provider and a lack of management support at busy times of the day. One staff member told us, "We are not short staffed but around key times need support. We are not supported by managers. They are only around as CQC are around." A second staff member told us, "Management is good." A professional involved with the service told us that they found that management support was not visible at mealtimes when they visited the service. We spoke to the home management team who told us that they would ensure increased managerial support at mealtimes and train non care staff to assist with some mealtime tasks.

When we last inspected the service, we found that although quality monitoring measures were in place, they had not yet been embedded and did not pick up the concerns identified by the inspection team. At this inspection we found that improvements had been made to quality assurance was still not fully developed and embedded. In addition to a workbook, which was the required reporting tool submitted by the registered manager to the providers head office every month, we saw that the registered manager had created a monthly audit unique to Apthorp Care Centre which was completed by the floor manager on each floor. The audit identified areas for improvement such as health and safety, maintenance, DoLS monitoring and care plan reviews. We saw that the registered manager reviewed the monthly audits and made comments regarding improvements to be actioned. The registered manager told us that the audit findings were discussed with the floor manager in a supervision session as opposed to on a monthly basis to ensure improvements needed were actioned promptly.

When we last inspected the service, we found concerns relating to fluid monitoring. At this inspection we found sufficient improvement had not been made.

We saw that a quality assurance survey was completed in July 2017. 50 questionnaires had been completed

and in eight of the questionnaires, negative feedback had been received. We saw no evidence of an action plan or how concerns or negative comments would be addressed. The registered manager stated that all responses were sent to head office for analysis and an action plan was expected to be compiled in October 2017. However the regional director advised us that negative feedback would be addressed immediately. Overall, we found that although there were systems and processed in place for effective quality monitoring, these had not yet been embedded.

The service had a home improvement plan in place. Findings from previous CQC inspections and local authority feedback formed the basis of the home improvement plan. The home improvement plan was updated when actions had been completed and examples of recently completed improvement actions, which were evidenced on inspection, included medicines management and auditing of accidents, incidents and falls.

Staff meetings took place on a regular basis. Topics discussed at meetings included CQC compliance, medicines and importance of consent. In addition to staff meetings, a daily handover and a '10 at 10' meeting took place. At the handover, feedback from night staff was relayed to the care manager who advised day staff of any concerns or issues. We were advised that the handover process would be changing and a detailed handover document would shortly be trialled in two flats. This handover document would be individual to each person and would include their background history, observations and care recommendations.

Residents and relatives meetings took place on a regular basis. Topics discussed included communication within the home, CQC inspection findings and actions taken to ensure improvement, role of local authorities, social events and activities.

Throughout the inspection we gave feedback to the home management team and senior management and clarification was sought where necessary, for example in relation to improvements to medicines management and staffing concerns at mealtimes. The registered manager and deputy manager demonstrated a willingness to learn and reflect in order to improve the service people received as a result. Shortly after the inspection, the registered manager submitted an action plan to the lead inspector outlining actions to be taken to address the issues identified throughout this inspection.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) The provider had not ensured that health monitoring forms had been completed for people at risk of dehydration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(1) The provider had not ensured sufficient staff were effectively deployed at mealtimes.