

Apex Care Homes Limited

Alicia Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Alicia Nursing Home is a nursing home that provides personal care and nursing care to 42 people at the time of the inspection. This includes a separate building down the road known as Atwell House that accommodates seven people with a learning disability and physical disability.

Alicia Nursing Home consist of three floors. The three floors have this includes people's individual bedrooms, lounges and shared bathrooms. On the ground floor there is a day centre which is attached to the home.

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

People were supported by staff who knew their support needs and were able to address any changes or concerns they had with the manager. The service had systems in place to safeguard people in the home. The management team dealt with any issues reported to them promptly.

Care plans and risk assessments identified people's needs, however there were gaps in the detail of some of the care plans. The management team were proactive in adding this information. Medicines were managed safely, however there were concerns that the time between people receiving their medicines was not adequate.

The service had procedures in place to ensure they managed the infection control in the home.

The management team was approachable, and staff felt supported. Overall, we observed staff engaging in conversations with people. Staff told us they felt like it was a family feel to the home.

Quality audits were completed. However, some of the audits did not identify particular areas of risk, how to manage these risks and any pattern emerging. In addition, there was no clear action plan which could be shared with staff for lessons learnt and improvements.

We recommend the manager reviews their quality assurance systems and ensure there is clear analysis and action plans to identify improvements within the home.

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

Rating at last inspection

The last rating for this service was Good (published 27 October 2017).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about the culture of the service and overall systems in relation identifying and actioning potential health concerns. The overall rating

for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

Inspected but not rated

Alicia Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements on a specific concern we had about the culture of the service and overall systems in relation identifying and actioning potential health concerns.

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

The inspection team was made up of four inspectors.

Service and service type

Alicia Nursing Home 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.

Notice of inspection

We gave five minutes notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify people who were shielding so we could respond accordingly.

Inspection activity started on 01 October 2020 and ended 07 October 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

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.

During the inspection-

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, quality manager and support workers.

We reviewed a range of records. This included samples of five care records and multiple medication records. We looked at a variety of records relating to the management of the service.

This inspection visit focused on visiting Alicia Nursing home, we did not visit Atwell House which is registered under the same registration.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the culture of the service and overall systems in relation identifying and actioning potential health concerns. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify, and report concerns to management relating to abuse, they felt comfortable raising concerns and received support for this.
- Staff were aware of who to contact outside the home. One staff member told us, "[Registered manager] asks how we are doing and if we need anything. I can be open and discuss any concerns such as a safeguarding risk with him and he acts on my concerns. It could be a GP visit, monitoring of staff or whatever. I can report any concerns to you [CQC] or the local safeguarding team. I have regular supervision which include updates about Covid-19. People are safe here."
- People and relatives told us they were happy with the support and felt safe. One relative said, "Alicia Nursing Home is an amazing care home, they took my [relative] when nobody else would. He is always smartly dressed, and its well managed."
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.
- Where people were able to use the call bells, they had access to these. One person said, "If I press the bell they will come, they are very good."

Assessing risk, safety monitoring and management

- People had individual risk assessments which detailed their key support needs such as manual handling, choking risks, use of bed rails and health risks. These were kept under review.
- Where people's needs changed, and risks emerged the staff team sought to amend the support of the person. This was not always reflected in the care plan. However, the management team were proactive adding the additional information following the inspection.

Using medicines safely

- Staff confirmed they had been trained to administer medicines in a safe way and records supported this.
- People received their medicines when they needed them, however it was observed on one floor where the morning medicines round finished later than planned and the afternoon medication round was not pushed back to a later time to allow the appropriate gap needed between doses. We discussed this with the manager to ensure if people received the same medicines more than once a day the appropriate time gap was respected by staff.

- We saw staff administering medicines in a discreet and respectful manner.
- Medicine 'grab sheets' had been included in people's care folders, whether the service was responsible or not for administering people's medicines. This provided a list of each person's prescribed medicines and how they were to be supported.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the culture of the service and overall systems in relation identifying and actioning potential health concerns. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The registered manager was open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements.
- Regular audits were carried out. However, some of the audits did not identify particular areas of risk such as infection management, food and fluid monitoring, and pressure care.
- In addition, the registered manager did not always review key indicators for themes and trends to support the delivery of high quality, safe care. The manager had not looked at the number of incidents relating to bruising, to determine patterns emerging. This was discussed with the manager, who acknowledged our feedback and gave us assurances they will improve their quality monitoring.
- Records showed that legally required notifications were submitted to CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.
- Staff told us they had learning from incidents and information was shared at team meetings, one to one supervisions and twice-daily handovers. One said, "We do share learning. We document the incident, report it to a senior and management. The management have multidisciplinary meetings and decide what we could do better next time."

We recommend the manager reviews their quality assurance systems and ensure there is clear analysis and action plans to identify improvements within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a difference in staffing levels across the floors. On one floor we observed staff being task focused and did not have time to spend with people. This was discussed with the management team at the time of the inspection. Changes to the staffing were made that day and staffing was increased.
- We observed staff interact with people. Most of which were positive interactions, however, on one occasion a staff member did not talk with a person when supporting them. As part of their care plan it identified it was important to continuously talk to the person when receiving care to reduce their anxiety.

- A relative told us, "[Staff] and management are open and honest. Staff know my [relative] really well and an awful lot about [relative]. Staff know how to meet [relative's] needs."
- Staff told us, and we also saw, the registered manager was visible in the home and completed checks on the support being provided. One staff member said, "We now have virtual meetings and [registered manager] is always asking us about what this means when he visits and checks up on us. He also checks our competence and understanding about safeguarding."
- The management team ensured there was always a leader available to staff at the home or on the phone. This offered support to the staff team as well as ensure that they were able to monitor staff practices throughout the week.