

Apex Care Centre Limited

Apex Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Apex Care Centre is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

Some staff told us staffing levels were impacted by sickness and absence. The registered manager had not reviewed their staffing calculator for several months. We have made a recommendation regarding the calculation of staffing levels.

Some medicines records required minor improvement. The registered manager took immediate action to address this. Only staff who were appropriately trained administered medicines to people. The provider had a medicines policy and systems were in place to ensure medicines were checked.

People had detailed risk assessments in place to ensure staff supported them safely. Daily records showed staff followed risk assessments.

The provider had systems and processes to ensure people were protected from the risk of infection. The latest government guidance relating to COVID-19 was being followed.

People were protected from abuse. The provider had a policy and staff received training to enable them to recognise and report abuse.

Accidents and incidents were recorded and reviewed.

Audits to check the quality and safety of the service were completed. The registered manager was in the process of implementing an improvement plan for the service so actions from audits were added and reviewed every month.

Staff were positive about the support they received from the registered manager.

People living in the service and their relatives were consistently positive about the management of the service.

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 17 December 2018).

Why we inspected

The inspection was prompted in part due to information regarding risks associated with safeguarding. A decision was made for us to inspect and examine those risks. 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.

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

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?

Good ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Apex 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

The inspection was carried out by two inspectors and a specialist advisor who was a nurse.

Service and service type

Apex 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.

This inspection was unannounced.

What we did before the 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 three people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the clinical lead, a senior care worker, care workers and a nurse. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and 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. At this inspection this key question has now deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management

- Daily recording to evidence risk assessments were being followed showed people were repositioned at regular intervals to reduce the risk of pressure damage to their skin. During the inspection the inspector identified an issue where records of repositioning were not always recorded in the correct section of the records. Following the inspection, the provider submitted comprehensive information which assured us this issue had been resolved. One person told us pressure damage they had acquired in another service had improved since living in the service.
- People had clear assessments and plans in place to ensure known risks associated with their health were managed. For example, one person had a catheter fitted and was at an increased risk from urinary infections. Clear instructions to reduce the risks were available for staff to follow and records showed the person had not recently experienced an infection.
- Risk assessments were informed by the advice of healthcare professionals. For example, one person was at risk of choking and had a swallowing assessment carried out by a speech and language therapist. The guidance provided by the therapist was included in the person's risk assessment and care plan. As a result of this the person was able to reintroduce certain foods into their diet.
- Systems were in place to ensure people were protected from environmental risks, such as fire and from equipment used to provide care. A maintenance plan was in place to ensure repairs were carried out.

Using medicines safely

- Systems and processes were in place to ensure people received their prescribed medicines safely. We identified that one person who had recently been admitted to the service had arrived without their medicines several days previously. The registered manager assured us the medicines were due to arrive and several attempts had been made to obtain them, but due to issues with local healthcare services this had been delayed. The person's health was not affected by this and the registered manager confirmed immediately following the inspection the medicines were now in place.
- Some minor improvements were required to ensure medicines records were clear and accurate for staff to follow. For example, to improve the quality of photos to identify people on medicines administration records and to improve the information in protocols for people who required 'as needed' medicines. Immediately following the inspection, the registered manager provided us with evidence these improvements had been made.
- The provider had a medicines policy which had recently been reviewed. Only staff who had been appropriately trained administered medicines, records confirmed this.

Staffing and recruitment

- Some staff told us staffing levels were sometimes affected when staff were sick. The provider told us staffing levels in the service at the time of inspection were based on full occupancy and the service was not fully occupied occasionally when staff were absent due to sickness they had not been replaced. We were told by the registered manager the system used to calculate how many staff were required had not been reviewed for several months. We did not see evidence there were insufficient staff, but we were not assured staffing levels had been calculated according to the needs of people living in the service.

We recommend the provider consider carrying out a review of staffing levels based on the needs and dependency of people using the service.

- People and relatives we spoke with told us there were enough staff to meet their needs but people would benefit from additional staff to improve interaction.
- Staff were recruited safely and in line with current requirements. Potential new staff had checks carried out by the Disclosure and Barring Service (DBS). The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, involving vulnerable adults and provides access to criminal record information.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- Records showed staff received training to enable them to recognise and report abuse. One staff member said, "If I suspected anything or a resident told me something, I'd report it. At the end of the day I am here to make sure they are safe."
- Relatives told us they were assured their family members were safe. One person told us, "I feel safe here, I am happy here this is my home."

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 assured that the provider was using PPE effectively and safely.
- 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.

Learning lessons when things go wrong

- Systems and processes were in place to ensure accidents and incidents were recorded.
- Staff were aware of the process to follow when someone had an accident such as a fall.
- The registered manager had a system in place to ensure that all accidents and incidents were reviewed each month to identify trends and patterns.

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. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager had recently been appointed to the role but had worked for the provider in a different capacity for several years prior to this. They had implemented a range of audits which were carried out regularly to ensure the safety and quality of the service was maintained. Records of audits showed evidence of shortfalls being identified and addressed. The registered manager was in the process of implementing an improvement plan which once implemented would include actions from audits.
- The provider employed a clinical lead whose role it was to ensure clinical practice was developed and monitored.
- The provider had clear oversight of the service and although the COVID-19 pandemic had reduced their ability to visit the service, communication between the provider and registered manager was frequent. The registered manager told us they felt supported by the provider. Records showed the registered manager submitted a regular weekly report to the provider to keep them informed about important information and emerging risk.
- The provider used a third-party organisation who are accredited to carry out thorough and detailed inspections of health and safety within the service to ensure they were meeting requirements.

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

- Records showed regular meetings took place with different departments in the service such as care staff, housekeeping staff, kitchen staff and clinical staff. Staff told us they found the meetings useful. Some care staff told us they thought that communication could improve if they were involved in daily handover meetings as usually this was for senior staff and nursing staff only. We shared this with the registered manager for them to consider.
- People and their relatives were consistently positive about the leadership in the service and the staff team. One relative said, "Yes, I know [registered manager] well, they have been in the home a while in different roles. I would feel very comfortable contacting them and [clinical lead]. In the early days [relative] lost weight, I raised a concern with the [clinical lead] who acted and got in touch with the GP. They responded well."
- The registered manager had implemented a reward and recognition scheme for the staff team. Staff told us they felt supported by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Records showed the registered manager had carried out a staff survey to seek their views and opinions and encourage them to make suggestions about how to improve the service. The registered manager had not sent surveys out to people and relatives but had a plan to ensure their views would be obtained.
- Relatives told us the registered manager communicated regularly with them and kept them updated and involved particularly during the COVID-19 pandemic.
- The registered manager and staff team had developed good relationships with a range of health and social care partner agencies. During the COVID-19 pandemic, technology and video conferencing had been used to ensure people continued to benefit from healthcare services.

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

- Records showed the provider notified the CQC of events they are required to by law.
- Relatives consistently confirmed that incidents such as falls, and ill health are reported to them immediately and without delay.
- The registered provider had displayed their current CQC inspection rating clearly and visibly in the service and on the providers website.