Apex Care Homes Limited

Alicia Nursing Home

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

We carried out an unannounced inspection on 9 June 2016.

The service provides care and support to people with a range of care needs including those with chronic health conditions, physical disabilities, dementia, learning disabilities and mental health conditions. At the time of the inspection, 41 people were being supported by the service.

During our inspection in May 2015, we had found the provider needed to improve the cleanliness of the home and equipment, and their quality monitoring processes had not always been used effectively to drive continuous improvement. We found they had made the required improvements during this inspection.

There was no registered manager in post, but a new manager had started the process to register with the Care Quality Commission. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm. The provider had effective recruitment processes in place, but some staff said that there was not sufficient numbers of staff to support people safely. They felt that they had to rush how they supported people and were not able to spend quality time with each person.

Staff received regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. However, staff did not always ensure that the care of people who did not have capacity to consent to their care or make decisions about some aspects of their care was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People had adequate food and drinks to maintain their health and wellbeing. They were also supported to access other health services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were involved in reviewing their care plans and were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, staff and other professionals, and they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes were now being used effectively to drive continuous improvements. Although staff told us they had seen positive changes in how the service was being managed, they did not feel well-supported and valued.

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.

The provider had robust recruitment processes in place. However, staff said that there was not enough of them to support people safely and in a caring manner.

There were systems in place to safeguard people from avoidable risks that could cause them harm.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was effective.

People's consent was sought before any care or support was provided. However, staff did not always ensure that the care of people who did not have capacity to consent to their care or make decisions about some aspects of their care was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health services when required to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that maintained their independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff did not feel well-supported and valued.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive continuous improvements.

Alicia Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 June 2016 and it was unannounced. It was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including the previous inspection report and the related action plan, the report of the inspection by the local authority in April 2016, and notifications they had sent to us. A notification is information about important events which the provider is required to send us.

During the inspection we spoke with five people who used the service, two relatives, four care staff, two nurses, the manager and the provider. As some of the people's needs meant that they were unable to tell us their experiences of the service provided, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for seven people who used the service. We also looked at six staff files to review the provider's recruitment and supervision processes, and training for all staff. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection in May 2015, we found some areas of the home were not always kept clean. People's personal chairs that were worn could not be cleaned effectively and therefore exposed them to a risk of acquired infections. A number of radiator covers were damaged, rusty, and were covered in dust and food debris. This was a breach of the regulations and the provider sent us an action plan telling us what they would do to make the required improvements. During this inspection, we found that improvements had been made and the home environment and equipment were clean and safe.

Staff we spoke with told us that people were not safe because they did not have sufficient numbers of staff to support them appropriately. One member of staff said, "We are always busy and there is normally no-one to deal with service users with challenging behaviours." Another member of staff said, "Staffing was cut to six care workers and two nurses overnight. I definitely don't think this is enough. We don't have time to sit and chat with people. Sometimes there are delays in supporting people with personal care." A third member of staff told us that the morning routine was much more challenging since the staffing numbers were reduced. They added, "In addition to trying to support people to get ready for the day, there is so much paperwork and we can't seem to keep up." However, people and relatives we spoke with had no concerns about the staffing numbers. One relative said, "I have always found there is enough staff and they do whatever they need to do to support [relative]."

The duty rotas showed that the provider had significantly reduced the number of hours covered by agency staff, which was a positive way of ensuring that people received consistent care. We noted that staffing changes happened when people moved from Wingfield unit to the main building of the home. The provider told us that they had carefully assessed staffing numbers and determined that these were sufficient to support safely. However, they acknowledged that staff were still getting used to new routines and would have found this challenging. We discussed with the provider and the manager that some members of staff suggested that they could do with eight care staff and two nurses in the morning. The provider said that they would review staffing numbers again, but to reduce the nurses' workload, they had put out an advert for senior care staff who would be trained to administer medicines, complete records and supervise other junior staff.

People told us that they were safe living at the home and that staff supported them well. We observed that people who used the service appeared relaxed and happy in the company of the staff who supported them. One person said, "I'm not worried about anything, all is well." Another person said, "I am definitely safe here." A relative said, "[Relative] is safe and being supported well."

The provider had processes in place to safeguard people from the risk of avoidable harm or abuse. This included safeguarding guidance for staff and a whistleblowing policy. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Staff we spoke with showed good understanding of how to keep people safe and they had received appropriate training. A member of staff said, "I have never been concerned about people being at risk of abuse. I would report any issues to the manager."

Each person had personalised risk assessments in place to minimise potential risks to their health and wellbeing. The identified risks included those associated with their mobility and increased risk of falling, eating and drinking, behaviours that may challenge others, specific health conditions, and pressure damage to the skin. We noted that these included detailed information on how staff could support people in a way that minimised the risks, and they had been reviewed regularly.

The provider had systems in place to ensure that the physical environment of the home was safe for people to live in. We saw that they carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced, including weekly fire alarm tests, regular checking of firefighting equipment and ensuring that the emergency plan was up to date. The fire risk assessment and the fire evacuation risk assessment had been last reviewed in April 2016, and the service completed regular fire drills. Additionally, records were kept of incidents and accidents, and there was evidence that these had been reviewed and actions taken to reduce the risk of recurrence.

We found the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People were being supported to take their medicines by nurses and we saw that this had been managed safely. None of the people we spoke with had concerns about how their medicines were being managed. The medicine administration records (MAR) we looked at had been completed correctly, with no unexplained gaps. We saw that previous audits of MAR had identified some recording issues and these had been addressed with the nurses who had been sent memos to remind them of appropriate procedures. There had been improvements in how medicine stocks were managed following a person running out of their 'as and when required' (PRN) medicines in 2015. There was also guidance for staff on how to administer PRN medicines in order to ensure that these were given in a consistent way.

Requires Improvement

Is the service effective?

Our findings

Although we found the quality of staff training had improved during our inspection in May 2015, we judged that a longer period was necessary to ensure that this was effective in developing their skills and knowledge, so that they provided consistently good care to people who use the service. During this inspection, we found further improvements had been made to ensure that staff had the right skills to support people appropriately. One person said, "[Staff] are good, especially her (pointing). I love her, she's my best friend." A relative said, "I think they are doing an amazing job. I don't know what we can do without them."

Staff told us that they received an induction when they started working at the home and there was a personal development programme in place which included the training they required for their roles. One member of staff told us, "The training is ok here. We get some e-learning and some training is in groups. I have done safeguarding, moving and handling and I am getting a chance to re-do mental capacity training as I do not feel I understood it well enough the first time. I am also being supported to complete a NVQ level three that I started at my last job." A nurse told us, "The training is good. I have been supported with my revalidation with the Nursing and Midwifery Council (NMC) and there is a good resource library to help you develop your skills." We also found that the service provided training to staff in relation to the specific needs of people who used the service. For example, they had developed a sexual awareness course to support staff to work with people who had needs in relation to this. Staff confirmed that they had received regular supervision and an annual appraisal, which they felt was useful to their role and supported them to identify and meet their developmental needs.

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. Staff we spoke with had sufficient understanding of this legislation and this was reflected in their work. One member of staff said, "Many people here are unable to make some decisions, although this can fluctuate. Some people can make simple decisions, but decisions about their health would involve family members and other professionals. We still involve the person in making decisions as much as possible. We always ask them what they would want and if they can't make the decision, a judgement has to be made based on our knowledge of them."

Although mental capacity assessments had been completed where it was felt to be necessary, these were generic assessments and did not always identify what specific decisions the assessment related to. We spoke with one person who was very unhappy with a decision made by a health professional that they needed to follow a soft diet, as they had been assessed as being at high risk of choking. We spoke with staff who recognised that the person was unhappy with this decision, but were unable to tell us whether or not the person lacked capacity to understand the consequences of not following the advice. We looked at the person's care records and found that a mental capacity assessment completed in April 2016 established that the person was able to make general decisions in relation to their diet. There was no specific assessment of their ability to make a decision about this more complex dietary issue, but staff had decided

to follow the health professional's advice. We discussed this with the manager who told us that there was still work to do to resolve this complex issue including a further referral for assessment by health professionals. Although the manager told us that the person had fluctuating capacity to make decisions about taking this risk, the lack of a clear mental capacity assessment could result in staff being confused about what to do if the person chose to take the risk. We found further assessments were required to make sure that any restrictions placed on this person were lawful.

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). Records showed that, where applicable, referrals had been made to relevant local authorities and some authorisations had been received.

People and their relatives told us that staff asked for permission before they supported them. One relative told us, "I'm here a lot so I see what is going on. They know to check [relative] feels okay about the care before they give it." We observed that staff consistently asked people's permission before they provided care or support to them. One member of staff said, "It's important to make sure people are happy for you to do something before you do it. I always ask."

People told us that they had plenty to eat and drink. On the day of our inspection a garden party and barbeque was taking place in celebration of the Queen's 90th birthday. The food was fresh and there was a wide variety of barbequed meats and salads for people to choose from. Some people opted to have the meal from the main menu instead, and people who required soft diets did not have the opportunity to eat the celebration food. This was disappointing for some people who wanted to be included in the barbeque. Meals at the service were supplied by a catering company. We saw that the menus were varied and nutritionally balanced. We saw that people had drinks and snacks throughout the day and their specific dietary needs were met. People told us that the food was of an acceptable quality and that they had enough choice of food. One person told us, "This food is nice. Tasty." A relative said, "[Relative] eats really well and seems to enjoy the food." People's weight was monitored and food and fluid charts were completed for people where there was an identified risk that they might not be eating or drinking enough.

Relatives told us that people were supported to attend appointments with other healthcare professionals, such as dentists, opticians and chiropodists to maintain their health and well-being. One relative told us, "They are good about calling the doctor if needed." A member of staff told us they involved other health care professionals in the care of the people who lived at the home. This included district nurses, speech and language therapists, dietitians, mental health professionals and GP's. Records we saw confirmed this.

We found the move of people living with mental health conditions from Wingfield unit to the main building was a positive one, as this provided them with more communal space and different people to socialise with. We had found the communal areas on Wingfield unit were small for the number of people living there and some of the people's conditions meant that they were easily annoyed, resulting in incidents of aggression. The move also meant that people could easily access the provider's day centre without having to walk outside in wet and cold weather conditions.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them, and that they enjoyed good relationships with staff. A person said, "They are really nice and always helpful." A relative said, "You get to know consistent staff and we are happy [relative] is being well cared for."

We observed positive and respectful interactions between people who used the service and staff. It was evident that staff were able to communicate effectively with people who had limited verbal communication skills, in order to understand and meet their needs. A member of staff said that people were happy at the home. They added, "We do whatever we can to make sure that service users are happy and they have a good life." Another member of staff said, "I care about everyone, but it would nice if I could spend more quality time with them." We observed that a person was really happy and appreciative when a member of staff made them a cup of tea. They said this to the member of staff, "You are my best friend."

Staff who worked at the provider's day centre used by people who lived at the home had helped people to make bags they could take when they went to hospital. These were personalised with pictures and items that people liked and would personal items people needed if they went to hospital. We also saw sensory cushions and aprons that people could take to hospital too. These provided people with different materials, textures and colours to make their hospital stay more soothing.

People told us that their views were listened to and they were able to make choices about how they lived their lives. One person said, "I make my own choices and staff help me with whatever I can't do myself." A relative told us, "They are very good at involving family members if there are issues or concerns and they listen to our views. We can visit anytime and they are always friendly." Staff told us that they supported people to make choices and to be independent as much as possible. A member of staff went on to tell us how they encouraged people to make day to day choices, including how they wanted to be supported with their personal care, what clothes they wanted to wear, what food they wanted to eat, and how their spent their day.

People told us that they were treated with dignity and respect. One person said, "They are always respectful." Another person said, "Yes off course, they respect me." Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. Staff also showed that they understood how to maintain confidentiality. They told us that they would not discuss about people's care outside of work or with agencies that were not directly involved in their care.

People had been given information about the service in order for them to make informed choices and decisions. There was a 'service user guide' available to people and their relatives. This included information about the service and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Additionally, there was information about an independent advocacy service that people could contact if they required additional support.

Good

Is the service responsive?

Our findings

People who used the service had a wide range of support needs and these had been assessed before they came to live at the service. Appropriate care plans had been developed so that people's needs were understood and met. Each care plan we reviewed covered all aspects of people's needs such as communication, behaviour, mobility, personal care, eating and drinking, and social and cultural needs. People and their relatives confirmed they had been involved in the development of their care plans and we saw that they were personalised and included information about the person's preferences and life experiences. For example, one person's care plan gave their life history, which explained that they had held a job with considerable authority before they developed dementia. This supported staff to understand the person's background and the impact it may have had on how they related to staff. There was evidence that care plans were reviewed regularly or when people's needs changed, and some people and their relatives told us they were involved in this process. One relative said, "Yes, I am involved in meetings and they talk to me about changes." Another relative said, "They have let us read [relative]'s care plans."

Staff told us they got to know people's needs well and each person was treated as an individual so that they received the care they expected and wanted. This was evident in our conversations with staff who were able to tell us about the needs of individual people they supported. One member of staff told us, "We get to know people well by reading their care plans and talking to them and their families. You get to know that one person likes one thing and another likes something else. We all have different interests don't we?"

There was a variety of activities taking place at the home. On the day of our inspection there was a garden party being held as part of the Queen's 90th birthday celebrations. Many people joined in and enjoyed the food and the party atmosphere. A relative said, "[Relative] is rarely in the bedroom and will go to the day centre or outside in the garden." Other events that had taken place in recent months included a fish and chip night, a valentine's tea, an Elvis impersonator, a visit from some greyhounds and a session with 'Zoo Lab'. We saw that other activities took place in the large activities area, such as art and craft, music, reading and baking. People had recently been involved in making sensory cushions and aprons, decorated with differently textured materials, beads and buttons. We saw from records that one person who liked a local football club was supported to follow their team and pursue this interest. The number of people who could benefit from the planned activities was limited by the reduced staff hours allocated to this aspect of the service. Staff commented that it was difficult to find time to support people daily to pursue their interests and hobbies, and that this was sometimes frustrating for both them and the people using the service. However, they said organised events were normally enjoyed by everyone who was able to take part. A member of staff said, "A few people have gone outside for the garden party. They like entertainment and they really enjoy this kind of thing."

There was a complaints policy in place and a system for recording how any complaints raised were managed. We noted that most complaints were managed appropriately, although in one case we did not see how the manager had responded to it. This had been dealt with by the previous manager and the new manager did not know what action had been taken. Relatives we spoke with said they knew how to make a complaint if they should feel it was necessary, although people we spoke with were less certain. However,

most people said they would either tell staff or a family member if they were upset about anything. A relative said, "We have complained in the past and they always act on our concerns to improve things."

Requires Improvement

Is the service well-led?

Our findings

During our inspection in May 2015, we found further work was required to ensure that the provider's quality monitoring processes had been fully embedded, understood and implemented by all the staff. This was necessary to ensure that improvements could be sustained. We found improvements had been made during this inspection and the provider's quality monitoring processes were now being used effectively to assess and monitor the quality of the service.

There was no registered manager in post at the time of this inspection. A new manager had been employed and they had started the process to register with the Care Quality Commission (CQC).
Staff we spoke with told us that they had seen many positive changes in the service in the last few months, including improvements in the home environment, quality of activities provided and how well the staff team worked together. However, some of the staff did not feel well supported by the provider and other staff who worked at the provider's Head Office. A member of staff said, "When the Head Office staff visit, they are always negative. We feel that the work we do is being undermined."

Although staff held regular team meetings where a variety of relevant issues were discussed, some did not feel that any suggestions they made would be listened to. All of the staff we spoke with said that their views on staffing numbers had not been listened to and some said that they were not motivated to come to work because they found the morning routines particularly stressful. A member of staff told us, "Things had really improved five months ago and we were confident that we were doing well. The way it is now, paperwork will not be up to date." Although the records we looked at were up to date, the provider needed to improve on how confidential information was managed, as some records were being left out where anyone could access them.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they had the information needed to continually improve the service. Regular meetings gave people and their relatives the opportunity to discuss issues about their day to day care and support, and to suggest changes they wanted to their routines and the activities provided by the service. As well as sending annual surveys to people, their relatives, staff and other professional stakeholders, the provider also completed regular surveys to check people's views about some aspects of their care. For example, some people had completed questionnaires in October 2015 about the quality of the food, activities, person centred care and the home environment. The manager had also developed action plans to ensure that issues raised in this year's surveys had been addressed. We saw that some of the actions had been met, but others needed a longer period to achieve.

The manager and other senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed a range of health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that prompt action been taken to address these. For example, we saw that an action plan had been completed to address areas of improvement identified during an inspection by the local authority in April

2016.