

Apex Care Centre Limited

# Apex 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Apex Care Centre is a residential care home providing personal and nursing care to 28 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

The service had processes in place to ensure people were protected from the risk of abuse. The risks to their individual safety had been assessed and measures were in place to reduce risk. However, people newly admitted to the service did not always come with sufficient information for staff to support them in a safe person-centred way.

Staff told us and records showed there were not always enough staff to support people.

People's medicines were not always managed safely.

Quality monitoring processes were in place, but some aspects required improvement in relation to medicines and oversight of falls.

The service was clean and there were good infection prevention and control measures in place to reduce the risk to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was provided in a person-centred way and there was an open and caring culture at the service. Relatives had confidence in the staff to support their family member.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 5 December 2020).

### Why we inspected

We received concerns in relation to staffing levels, and lack of timely personal care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement in management of staffing levels and quality assurance processes.

The provider had already put measures in place to make improvements to the areas we highlighted.

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](http://www.cqc.org.uk).

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Apex Care Centre

## Detailed findings

### Background to this 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 team consisted of two inspectors. One inspector carried out a site visit and a second inspector reviewed information sent from the service.

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.

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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers, kitchen staff and the housekeeper.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at one staff file 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 undertook further calls to three staff and three relatives, and 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.

### Staffing and recruitment

- People were not always supported with enough staff. Except for one member of staff, all the staff we spoke with told us there was not always enough care staff to meet people's needs in a timely way. One member of staff when asked if there was enough staff, said, "My honest answer is no. We have nurses do extra all the time, we have been down to 3 people on the night and we have struggled quite a bit."
- The staff rosters we viewed reflected what staff had told us. We saw due to a shortage of trained nurses; one nurse was working long day shifts and followed by a sleep-in shift and another long day shift. One member of staff said, "They [management team] are running the nurses in to the ground, they are at breaking point." We discussed this with the registered manager. They were aware the shortages had impacted on their nurses and had been working to address this.
- Staff were safely recruited to the service. The registered manager used the disclosure and barring service to check if potential staff had any criminal conviction to ensure staff were safe to support vulnerable people.

### Using medicines safely; Learning lessons when things go wrong

- People's medicines were not always safely managed. There had been two serious errors in quick succession, the registered manager had investigated the errors. Following the second incident she had worked with the police and local authority teams to address the issue to reduce the risk of reoccurrence. However, we noted the quality audits of medicines had not highlighted the issues found or the actions taken.
- On the day of the visit we reviewed staff administration practices, storage of medicines and medicine records. We found safe practices in place.

### Assessing risk, safety monitoring and management

- One member of staff told us there were times when people were newly admitted to the service the information on what support they needed was not always on the care plan system. There were times they felt they were "working blind". They went on to say that sometimes they only got half an hour's notice of an admission and people came in with no information on their care needs. We discussed this with the registered manager who was aware of the issue and had already started to ensure information was available for staff.
- The care plans we viewed had clear information on people's needs to show how staff should manage the risks to their safety. The information matched the measures we saw in place to support people. For example, where people were at risk of skin damage, they were supported with pressure relieving equipment, and where necessary repositioned regularly.

- The care plans and risk assessment reflected the differing needs of people. For example, people had different mobility needs, one person who was a high fall risk due to decreased cognition and poor eyesight. Another was anxious when supported with moving and handling. Both care plans had individualised information on how staff should support them.

#### Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe living at the service. Relatives had confidence in the registered manager and her staff to keep their family member safe.
- Staff were knowledgeable about the types of abuse people living in care homes could be exposed to. They told us they had training to support their knowledge and they understood their responsibilities towards the people they supported. One member of staff said, "I would report (any abuse) to the nurse on shift or the manager." They went on to say concerns they had raised in the past had been dealt with immediately.
- Records showed staff had received up to date safeguarding training.

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst we saw there were quality monitoring processes in place at the service, there were some aspects of these processes which could be improved. For example, although people's weights had been recorded each month there was a lack of information on what measures had been undertaken to address the losses. However, from our conversations with relatives we were aware actions had been taken to support people with weight loss.
- There were medicines audits in place, but the analysis of errors had not always shown actions taken. We discussed this with the registered manager who following our inspection sent us evidence to show she had addressed this.
- Where people had suffered falls the registered manager had undertaken clear action to ensure the risks to people's individual safety had been addressed. However, there was a lack of analysis of timing of falls to give the registered manager a better oversight of wider risks to people's safety such as lack of staff or changes to routines.

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

- The registered manager worked to provide a person-centred approach to the care she and her staff provided to people living at the service.
- The information in people's care plans was written in a person-centred way.
- People's relatives told us they felt staff knew their family members well and provided personalised care. One relative told us how when their family member had suffered an acute deterioration in their health, staff had been quick to recognise this and support the person. Their care needs had changed as a result and staff were responsive, resulting in a good outcome for the person.
- All the relatives we spoke with were happy with the way the registered manager and her staff communicated with them when events involving their family member occurred. One relative told us the registered manager was approachable, caring, direct and honest and gave them confidence in their family member's care.
- The registered manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- We saw that a complaints policy was in place and relatives were aware of how to make a complaint or raise concerns if required.

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

- Despite the difficulties over the last year due to COVID-19 relatives told us the registered manager and staff had been very supportive and worked to keep people in touch with their families.
- The registered manager had ensured people and relatives were involved in the running of the service by sending out survey's, newsletters and having regular resident's meetings. The feedback from surveys was positive and the minutes of the resident's meetings showed how they had been involved in planning activities.
- Staff comments about the registered manager were positive. One staff member said, "I like the manager she is very good and easy to talk to. Open door policy. Very supportive." However, despite this feedback we saw there were several staff who had not been supported with regular supervisions. There was also an overriding concern of almost all the staff around staffing levels. We were told that staff always try to work together as a team, but the staff shortages did affect morale.
- Relatives we spoke with and the information in people's care plans showed staff at the service worked in partnership with health professionals to ensure people were supported appropriately with their care.