

Apple Homecare Limited

Apple Homecare

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

About the service

Apple Homecare provides domiciliary care services to people living in their own homes. At the time of the inspection, the service provided care and support to 58 people, of those, 46 people were receiving a regulated activity of 'personal care.'

People's experience of using this service

We identified ongoing concerns around medicines management, oversight of certain environmental risks, which did not always ensure people's safety. Governance arrangements within the service remained an area of concern, as they were not always identifying shortfalls and making changes to address them.

There were breaches of regulation impacting on the quality of service provided to people.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; policies and systems in the service were not always followed to support good practice.

Overall, we received positive feedback from people on the standards of care provided, and additional support given to improve social networks and reduce isolation. Staff treated people with kindness and were polite, and people told us they felt the staff to be an extension of their own families.

The service told us they had good working relationships with health and social care organisations to ensure people received joined up care, including where people required end of life care and support.

The registered manager encouraged people and their relatives to give feedback on the service, and areas for improvement through questionnaires and maintaining regular phone and face to face contact.

Rating at last inspection

The last rating for this service was Requires Improvement, (published 06 February 2019). There were breaches of regulations relating to safe care and treatment, and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection some improvement had been made, however, we found that the provider was still in breach of regulations and remains rated as Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified repeated breaches of regulation in relation to the provision safe care and treatment, consent to care and support and good governance processes. You can see what action we have asked the

provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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.

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

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Apple Homecare

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.

Inspection team

Consisted of one inspector. A second inspector assisted with some telephone calls to people using the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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

Inspection activity started on 03 February 2020 when we announced the inspection and started to contact

people who use the service and their relatives to source feedback. We visited the office premises on 05 and 06 February 2020 and inspection activity ended 10 February 2020 when we sent the registered manager a copy of written feedback from the inspection.

We spoke with the registered manager, a member of the provider team, a care co-ordinator, their training lead and five members of care staff. We reviewed seven people's care records, six people's medicine records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We spoke with seven people who use the service and three people's relatives or friends.



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 Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At our last inspection we found the provider had not assessed and managed risks to people in relation to the safe handling and administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- We found gaps in staff recording on Medicine Administration Records (MAR). For one person, we identified that staff had not recorded that one of their medicines had been given to them for 21 consecutive days. No explanation was given in their written records. Staff had not identified this as a concern when giving them their other medicines.
- In addition to MAR sheets, staff were expected to complete a medicine log. Staff told us this was to ensure all medicines listed on the MAR sheet had been given. When reviewing medicine logs against the MAR sheets, we identified discrepancies.
- We found examples of where medicines were not being given to people as prescribed. We also identified concerns in relation to arrangements for keeping accurate and contemporaneous records for one person's medicines. At our request, this matter was addressed by the registered manager in consultation with the person's social care team.
- The quality auditing processes in place had not identified the shortfalls we found during the inspection visit.

Assessing risk, safety monitoring and management

- We identified some care records continued to lack information regarding environmental risks relating to fire safety, where people were at increased risk due to environmental factors, such as use of oxygen or smoking in their home. As an agreed outcome, the registered manager updated records to mitigate these risks.
- Risk assessments were completed to identify issues relating to people's health and safety such as changes in health conditions and use of equipment. Environmental condition and risks were also assessed and reviewed to ensure staff safety was maintained, including when working alone.
- If risks or support needs were felt by staff to be changing, they escalated this information to the management team who would contact health and social care professionals for support and advice.
- The management team completed an initial assessment then reviewed risks to people's safety at regular intervals or following an incident. Procedures were in place for staff to check smoke detectors, personal alarms and that any equipment used was being appropriately maintained and in safe working order.

- Where required, people's records contained detailed moving and handling risk assessments, with guidance for staff to follow for example when using a hoist to transfer someone safely, or where people had bed rails in place to reduce the risk of falling.

Systems and processes to safeguard people from the risk of abuse

- People told us staff made them feel safe and able to remain living in their own homes. One person said, "I have lived alone for many years, but my abilities have changed. The staff make me feel safe in my home." Another person said, "The staff go above and beyond to make me feel safe."
- Staff were able to tell us about the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.

Learning lessons when things go wrong

- We reviewed the service's accident and incident log and could see the service consistently completed investigations into incidents and accidents and reported concerns to the local authority safeguarding team.
- There had been two missed calls recorded since the last inspection. For one, we saw evidence that this had been investigated and appropriate action taken. The second missed call was under investigation at the time of the inspection visit, and updates were provided to CQC on the outcomes.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people.
- Staff told us there were enough staff on shift, and members of the management team would cover calls if needed in the event of sickness or absence to ensure consistency of service.
- Staffing rotas were sent to people in advance, so staff and people knew who they would be seeing each week. Time was built into the rotas to allow staff to travel between visits.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff had access to personal, protective equipment including gloves and aprons which they collected from the office.
- Staff completed infection, prevention control and food hygiene training.
- People's care records contained an infection prevention and control risk assessment with guidance for staff to follow and information to be aware of.
- Staff were expected to be well turned out, wearing clean uniforms. People we spoke with confirmed that staff uniforms were consistently smart.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- There remained concerns in relation to implementing MCA best practice into the care provided, a recommendation regarding MCA was made in the last inspection report. We found areas of care provision where we would expect to see a capacity assessment to have been completed, for example where needing to determine if a person remained able to administer their own medicines. At our request, further assessment with health and social care professionals was completed by the registered manager after the inspection.
- We identified that where people were assessed to lack capacity, the service was consulting with relatives and friends about key decisions relating to people's care and support needs. We identified that whilst the service was ensuring relatives and friend involvement, these relatives and friends did not have the relevant legal powers in place to make those decisions on the person's behalf. We also identified that where required, records did not always contain evidence of consultation with healthcare professionals.

Staff did not consistently work within the principles of the Mental Capacity Act (2005). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes and contained detailed personal profiles.
- Care records were reviewed and amended on a regular basis and following any incidents or changes in risk

presentation.

- The service completed preadmission assessments to gain information regarding people's past medical history and risk profiles.

Staff support: induction, training, skills and experience

- Staff told us they had access to regular face to face and online training courses relevant to their role, including specialist training to ensure they could meet each person's needs. From reviewing the service's training matrix, we identified that some refresher training was overdue.
- Staff gave positive feedback on the support in place when starting to work at the service. They told us about the induction process, including shadowing experienced staff members to aid familiarity with people's support needs.
- The registered manager had a rolling supervision and performance-based appraisal programme in place. Spot checks were completed to observe staff competency and practice while in people's homes. Staff meetings were held in patches for the geographical areas they worked. Staff told us this was really helpful as they could share learning and experiences relevant to the individuals they were caring for.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were familiar with people's preferences, likes and dislikes in relation to food, and any specialist dietary requirements. Staff cooked or prepared food in people's homes as part of their care packages.
- Staff supported people to maintain their fluid intake between care visits by leaving people with extra cold drinks and flasks. Staff gave examples of techniques used to ensure people living with dementia maintained good fluid intake between care visits.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had a good working relationship with the local GP practices and community health and social care services. The registered manager also worked closely with the fire and rescue service and gave examples of where support had been offered to assist people with moving to alternative accommodation.
- The registered manager encouraged people to access medical advice and support services to maintain their sexual health and safety.
- Daily written records contained details to confirm that staff had supported people with all aspects of their personal hygiene including management of their oral hygiene and application of topical medicines such as creams.
- The registered manager arranged regular social events to bring people together to reduce social isolation. People told us about the recent Christmas party they had attended. One person said, "Staff collected us, and we went to a Christmas party in a church hall. We ate together and were given a personalised gift when we went home, as well as some sandwiches for our tea. It was lovely."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were respected, and care plans identified cultural and spiritual needs. People were supported by staff to discuss needs associated with protective characteristics. One staff member told us, "When working in people's own homes, I need to ensure I respect preferences and individuality."
- People were encouraged to maintain friendships and social networks. The service sent each person a birthday card as value was placed on ensuring people had a card to open. We were given examples of where people had been supported and encouraged to access social events and community groups to assist with forming new relationships.
- People were given a choice of having care provided by male or female staff. People told us their preferences were upheld. One person told, "[Name] my male carer is exceptionally good, always put me at ease. All my carers are the best I have ever had." A relative told us, "A young carer who visits is excellent, the carers always turn up on time."

Supporting people to express their views and be involved in making decisions about their care

- People, relatives and staff were actively encouraged to give feedback on the service provided. People received a complaints and compliments leaflet, as well as a stamped addressed envelope to enable confidential feedback to be provided.
- The management team monitored the care provided through interim phone calls and discussions with staff to check on their findings when completing visits.
- People were supported to design their care packages in line with their wishes and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples and were mindful of providing a service in a person's own home, recognising the importance of respecting people's privacy and dignity. For example, staff told us about the discreet approach they used to prompt someone to regularly use the toilet to maintain their continence. Another example was staff wearing overshoes to protect the condition of a person's flooring.
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or changes in their speech and comprehension levels. The guidance emphasised the need to support people to maintain their independence and levels of involvement in the care provided and decision-making process.
- Staff were able to explain techniques and approaches they used to maintain people's privacy and dignity when completing personal care tasks. One person said, "I have twice seen male carers, but I tend to have ladies, they all protect your dignity, for example placing a towel over parts of you while having a wash, you

get used to having them come in to help you."

- Where people lacked motivation to maintain consistent standards of personal hygiene, to protect their dignity, care records contained guidance for staff on techniques to motivate and encourage people to engage with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to a rating of Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information for staff to follow to support people with completion of tasks including personal care, eating and drinking and other aspects of daily activity. Care records contained detailed information about the size and consistency of food certain people needed to maintain their safety and independence with eating.
- Guidance was in place for staff, to ensure people were able to express their wishes, preferences and daily needs.
- Where needs were identified, the service implemented accessible communication standards for example providing information in large print or providing information face to face rather than by telephone.
- People were supported by staff who demonstrated a good understanding of their needs, preferences and interests which gave them choice and control over the care provided. Staff were aware of people's interests, hobbies and worked closely with people's families to provide tailored support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where possible, staff supported people to access the community, or co-ordinated the timing of visits to ensure people could attend activities in the community to reduce social isolation.
- Staff recognised the importance their visits had for people who lived alone or didn't go out. One staff member told us they tried to ensure they, "Give people a nice welcome when I arrive, and have a nice chat. Make sure they are happy and do not feel rushed."
- From reviewing feedback questionnaires, one person said "[Staff name] is a part of the family." Another person told us, "You get to know the carers, we have a good relationship, they are good company and I feel like they are a part of my family." A staff member said, "I treat them like my family. Making people feel important."

Improving care quality in response to complaints or concerns

- People and their relatives told us the registered manager and staff were approachable, and that if they had any concerns or needed to raise a complaint they would feel comfortable to do so. One person said, "No improvements needed, I am very satisfied, I would contact the office if I had any concerns." Another person

said, "Any problems, I ring the office, always sorted out. I have never needed to make a complaint, but if I have any queries I just ring."

- The service gave each person a service user guide, which provided details on how to make a complaint to the service, and details of other organisations that could support people with the complaints process.
- The service had received no formal complaints since the last inspection. The service sent out quality questionnaires to source feedback. We saw that where suggestions and comments had been received, these were discussed, and changes put into practice.
- People we spoke with told us staff usually arrived on time, and that if they were running late they would receive a telephone call to make them aware.

End of life care and support

- Staff spoke with compassion about the support provided to people in their own homes at the end of their lives. One staff member described the impact that working with someone had on their caring role. "My experiences of spending time caring for [Name] has been my inspiration to pursue working in the care industry, they were amazing. To build trust with them, I really miss working with them and hearing about their life."
- Staff and members of the management team attended people's funeral services as a mark of respect.
- No one was receiving end of life care at the time of the inspection. Care records contained details of protective characteristics such as people's cultural, religious and spiritual needs and preferences. Where applicable, they also contained Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) orders.

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 Requires Improvement. At this inspection this key question remained the same. 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.

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

At our last inspection we identified concerns regarding the governance and quality checking systems and processes in place to protect people from risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- The registered manager and provider team completed a range of quality audits. However, we identified areas of concern, relating to medicines management that had not been identified through the quality checks and audits in place to maintain consistent standards of care provision.
- The service continued to have breaches of regulation and had not implemented a recommendation made in the last inspection report. We were therefore not assured that the service was consistently well-led or that the registered manager fully understood their regulatory responsibilities.
- Training information provided by the service shows that some people have not consistently completed refresher training courses relevant to their role. Following the inspection, the registered manager told us they had identified eight training courses that needed to be completed annually and had implemented a plan to ensure this shortfall was addressed.
- Signed contractual agreements were in place for the care records reviewed. This ensured people and their relatives were clear on the agreed number and duration of visits, and the financial commitment of having a care package from the outset. However, we did receive some concerns around the service's invoicing system, and we sourced assurances that this matter had been resolved, from the provider.

Complaints and incidents were appropriately managed.

- The registered manager and staff understood their responsibilities under the duty of candour.
- The manager and staff demonstrated a commitment to providing high standards of person-centred and dementia specialist care. People were placed at the centre of care planning and delivery. Staff told us they enjoyed working for the service. One staff member said, "You get given positive feedback, it makes you feel appreciated. People are grateful for our visits, the people I care for are all lovely."
- The provider team and registered manager demonstrated that they considered the feedback we gave and shared our feedback within the service to implement changes to quality audits as an outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service benefited from consistent leadership and stability to continue to drive improvement. We found the registered manager and the staff team responsive to our feedback and acted on any concerns we raised.
- The registered manager was experienced, and we saw examples of where they had taken action to address shortfalls in staff performance. They were also involved in local care networks and worked closely with other care providers in the area.
- Staff gave positive feedback about the support provided by the registered manager. One staff member said, "[Registered manager] is unique and lovely. Can approach anyone in the office for support." Another staff member said, "I love working for Apple. Open communication from carers. Staff are professional, got good bonds with people. [Registered manager] is an amazing manager, very dedicated. First in last out every day. [Registered manager] feeds you and gets drinks to make sure you feel looked after."
- There were some gaps in the service's mandatory training record, but the registered manager provided assurances that this was being addressed, and the service now had a training lead.
- The service had contingency plans in place to ensure they could provide a safe and consistent service in the event of poor weather conditions and had measures in place to maintain staff safety when working alone.

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

- The registered manager had a standard of values and conduct which they expected staff to demonstrate in their practice. Staff told us, "Work with [Registered manager's] values, they have very strong values. Person centred."
- People, relatives and staff were encouraged to contribute their views on the running of the service.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The care provider did not always work within the principles of the Mental Capacity Act (2005)</p> <p>Regulation 11 (1) (2) (3) (5)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The care provider was not always assessing or managing risks to keep people safe. The care provider did not always manage medicines safely.</p> <p>12 (1) (2) (a) (b) (f) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider did not always have good governance systems in place. Audits and quality checks were not consistently identifying risks and shortfalls.</p> <p>17 (1) (2) (a) (b)</p>