

APT Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We undertook an announced inspection of APT Care Ltd on 11 March 2015. We told the provider two days before our visit that we would be coming. APT Care Ltd provides support and personal care services to people in their homes. At the time of our inspection approximately 130 people were receiving a support or personal care service from the service.

There was a registered manager in post. 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 appropriate numbers of staff employed and allocated to meet people's needs and provide a flexible service. People were supported by staff who had been trained to support them safely. People were able to speak to the provider if they had any concerns and staff were kind and caring towards the people that they supported.

Summary of findings

The provider had a robust recruitment process in place. Staff received regular training and supervision, they were knowledgeable about their roles and responsibilities.

Staff had the skills, knowledge and experience required to support people well and were able to provide a personalised service to the people they supported and build good working relationships.

Support plans were in place which provided details on how to support people. People who used the service were involved in making decisions about their care and support.

The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provide feedback on the

service. The provider carried out regular spot checks on the service being provided and staff performance. Feedback had also been sought from people using the service and their representatives through questionnaires.

Risk assessments were in place for long term clients but we found that these were not always fully completed for people on short term support packages with the provider.

People were supported to eat and drink well and to access healthcare professionals when required.

Medication was administered by staff who had received training and further training was being provided to ensure staff were fully competent in the safe administration the medication.

Summary of findings

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.

There were processes to safeguard people from the risk of abuse and staff were aware of these processes.

Assessments were not always in place to protect people who used the service and staff from any foreseeable risks.

There were appropriate numbers of staff to support people's needs.

Requires improvement



Is the service effective?

The service provided was effective.

Staff had the skills and knowledge to provide people with the care and support required.

Staff were able to demonstrate their understanding of Mental Capacity Act 2005.

People were supported to eat and drink well.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion, and were respectful of their privacy and dignity.

People were encouraged to make decisions about their care and support.

People were encouraged to express their views about the service that was provided to them.

Good



Is the service responsive?

The service was responsive

Support plans were in place outlining people's personal preferences and support information which allowed staff to provide a personalised service.

Staff supported people to access the local community and this reduced the risk of people becoming socially isolated.

People who used the service felt the staff and the manager were approachable and they could provide feedback about the service regularly.

Good



Is the service well-led?

The service was Well Led

Good



Summary of findings

Staff were supported by the manager.

There was good communication between the management and care staff.

Staff were able to raise concerns with the manager.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Processes were in place for the recording of accidents and incidents.

APT Care Limited

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 announced inspection took place on 11 March 2015, and was conducted by one inspector. We gave the provider 48 hours' notice because the service is a domiciliary care service and the manager is often out of the office. We therefore needed to be sure that they would be available.

Before the inspection we also looked at information received from the local authority and information we held about the service which included notifications and information received about the service. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke to the manager, we reviewed the care records of 11 people that used the service, reviewed the records for four care staff and records relating to how the provider assessed and monitored the quality of the service. We spoke with four care workers and ten people who used the service by phone.

Is the service safe?

Our findings

People who were provided with care and support from APT Care Ltd told us that they felt safe using the service. One person said, “They [staff] know what to do” which made them feel safe around them. Another person told us that they were “Happy with the carers” because they generally had the same carers visiting them.

Staff told us that they have “a good relationship with clients and their families, so they are comfortable in coming to us if there are any concerns”. Staff told us and we were able to see from the documents provided that sufficient staff were allocated to each person depending on their assessed needs. Staff told us that they were encouraged to have conversations with the people they were providing care to in order to check that they were ok and so that they could recognise any changes in behaviour or health which needed to be reported. Staff told us and this was confirmed by people that we spoke with that the provider would try and allocate the same care staff to people where it was possible which meant that any changes in a person’s daily health could be picked up quickly because the carer was familiar with the person they were supporting.

Staff we spoke with had a good understanding of safeguarding and were able to demonstrate the actions they would take if they had any concerns. Training records confirmed that staff had undergone training in safeguarding. Staff told us that they always tried to keep people safe. For example, one person would always ask staff to leave their front door open when leaving. Staff identified through the person’s assessment that they were at risk of harm and did not completely understand the dangers that this imposed; staff discussed the dangers with the person in a way they could understand and continued to shut the door after them to keep them safe from harm.

We saw that risk assessments were in place for people that were being provided with long term care by the agency. However assessments for people who received a short term care package of up to 10 days care were not always fully completed. We were told that assessments such as moving and handling risk assessments were carried out by a senior staff member while the person was still in hospital. When reviewing the assessments we saw that they only covered the persons immediate care needs at the point of discharged from hospital. We were told by the manager and staff also confirmed that once a person was discharged

a senior carer would carry out the first care visit and review the care package and assessments to ensure they were a true reflection of the person’s care needs once they were home and if any changes were required then they would be made immediately. We were shown examples of where this had happened and the updates that were made to the person’s assessments. For example we saw that if a person stated that they were able to transfer without assistance but once home they found it difficult and needed support, then this would be updated in the assessment.

The risk assessments that had been completed for people with long term care needs were reviewed regularly and provided information about the risk, and measures that needed to be put in place to minimise it. We saw examples of risk assessments for people which included medication risk assessments and environmental risk assessments for people’s homes.

Staff were aware of the provider’s safeguarding policy and said that if they had concerns they would report them to the relevant authorities. One staff member while discussing safeguarding said that if they suspected anything of concern they would report it because they would “rather something comes out in the open” and actions taken to safeguard the person. Staff said that they were confident about reporting anything they were not happy about.

We spoke to the provider about recent concerns that had been raised due to the under reporting of incidents, the provider evidenced that they had addressed this and were working to ensure that incidents were reported in a timely manner. We saw that the provider had a system in place to record incidents or accidents and that they were thoroughly investigated and steps were taken to reduce the risk of future incidents occurring. Staff had also received training in what to do if an emergency situation was to occur which included first aid training.

People told us that the allocation of staff was good and that the same staff would generally attend to them so they knew them well. One person said “It’s always the same group of staff.” Another person said “They are very good, always the same, I wanted the same [staff]”.

The agency had enough staff to meet people’s needs. Staffing levels were regularly monitored and determined depending on the assessed needs of each person. We spoke with people using the service and staff and they told us that there was enough staff available to support them.

Is the service safe?

Rotas provided also showed that sufficient numbers of staff were allocated to each person depending on their assessed needs. We were told that staff would always shadow each other when they first started at the service in order to familiarise themselves with the person they were providing care to. Staff told us that “there will always be a carer they know and feel safe with until they become comfortable with a new carer”.

We reviewed the recruitment files for staff and saw that new staff underwent all the necessary pre-employment checks before they started work. These included obtaining references from previous employers, Disclosure and Barring Service (DBS) checks and a review of the applicant's employment history. We were told by one of the senior staff that people who showed interest in the role were invited to an initial interview in order to see if they were suitable and fully aware of the challenges of the role, only after this interview were people invited to complete the application and formal interview process and induction. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to.

People received appropriate support to assist them to take their medication. We saw that medication was only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff. They talked us through the processes involved in the safe administration of medication. A review of the medication administration records [MAR], showed that staff were recording when medicines had been taken or refused. We saw that recently some staff had been identified as making increased errors in the administration of medication. We saw that the provider had identified this in their medication audits and recorded it in the persons employment file. The manager was able to demonstrate to us how they had supported the staff member to retrain in medication and also further assess their competency in administering medication. As a result of this the provider had identified a need for all staff to receive more vigorous training and had therefore arranged for all staff to receive further training on medication administration which also included a detailed scenario based assessment. This showed that the provider reported any errors and ensured that staff concerned received the training and support required to reduce the risk of future errors being made.

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet the needs of people who used the service.

We saw that the provider planned ahead to ensure refresher training was arranged before staff's certificates expired and that training provided was relevant to the role. The staff completed competency assessments to demonstrate that they had understood the training provided. Staff told us that the provider was "hot on training" and that if they wanted to have additional training such as dementia training, then this was made available to them. This meant that staff were kept up to date with knowledge and skills related to their roles and responsibilities.

Staff received regular supervision and appraisal every six to eight weeks from their line manager. We saw from supervision records that this gave staff an opportunity to discuss their performance and identify any further training they required. Training such as medication training included shadowing more experienced staff and staff were regularly observed administering medication and feedback was provided on how the medication was given and recorded. Staff performance was monitored on an on-going basis through regular spot checks which were carried out by senior staff to ensure that the standard of care being provided was in line with company policy. We saw that staff were matched to the people they supported according to the needs of the person, this ensured communication needs and any cultural or religious needs were met. For example, for people who did not have English as a first language, staff who supported them were able to speak in the same language so they were able to communicate effectively. One person we spoke with said that the care staff took interest in their hobbies "We have a laugh about the cricket". All staff were required to complete an induction programme and were given the opportunity to shadow a more experienced colleague before undertaking the role on their own.

Most of the people who used the service had capacity to provide consent to the care that was being provided, but we did see from some people's documentation that 'mental capacity, initial assessments' were carried out by the local authority to determine people's ability to make

decisions. People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. One person said "they [staff] always tell me what they are doing, they always make sure I'm ok with it" whilst another person said "[staff] always do what you want".

For people who did not have the capacity to make decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest' in line with the Mental Capacity Act 2005. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

People were supported to eat and drink sufficient amounts by the care staff. Where people were being seen by other agencies to monitor their food intake, staff would regularly complete food monitoring charts. We saw from examples shown that these charts showed the types of food the person required, who would be supplying the food and also how the food was to be presented, for example if it needed to be soft food or if fluids required a thickener added to them. Staff we spoke with told us that they would always leave the person with a drink to ensure that they remained hydrated.

People were supported to maintain good health through regular discussions with staff on how they were feeling and any health concerns that they may have. Staff recorded if a person was exhibiting behaviour that was out of character and would liaise with the main office if they had concerns about a person's health. We saw an example of where staff had attended to a person who was "not themselves". We saw that staff reported their concerns to the manager and also carried out the relevant steps to ensure the person was seen by a health professional.

This showed that where staff had immediate concerns about a person's health they would take appropriate action, such as contacting the person's GP. The provider told us that they encouraged their staff to communicate and gain knowledge about the person they were caring for so that if there were any changes in their health they could identify it quickly and respond.

Is the service caring?

Our findings

Staff cared for people in a kind and caring manner. One person we spoke with said, “[carer] is a very nice girl”. Another person whilst speaking to us about their carers said “I’m quiet fond of them”.

Staff were respectful of people’s privacy and maintained their dignity. We were told that staff showed care towards people they were supporting. One person said “They are very respectful” when they provided them with personal care. Another person said “Yes, they treat me with respect”. Staff told us they treated people with “kindness” and provided them with support that “they need and want”. Staff told us that if a person refused care then they would respect their decision but would try and explain things to them and communicate the benefits of the care they were trying to provide them with. People told us that the care provided was “Never rushed” and that the carers “Take their time” when providing care.

Staff told us that they would protect people’s dignity by always closing doors when providing personal care, they would also ask for family members to move out of the room where care was being provided, unless the person

was happy for the person to remain in the room. One staff said. “We always put ourselves in the situation, how would we feel?” Another said “It’s all about giving the person choices.”

People who received personal care had a detailed care plan in place which identified the aspects of care that the person required assistance with. They confirmed that the care documents had been created with their feedback and were reviewed regularly with them by the staff. This enabled staff to assist people in the best way to meet people’s needs because the person’s views and the care and support was planned.

Regular spot checks on the care being provided meant that people were given regular opportunities to express their views on the care and support that was being provided to them. A senior staff member told us that if a person raised concerns about the care call being regularly late then this would be investigated and solutions found to improve the service. One person told us that they had once felt that new staff assigned to them had not been providing them with the same level of care that their previous carers had. They told us that the provider listened to their concerns and acted quickly to resolve them. People we spoke with said that the office staff were “Respectful” when they raised concerns and would listen and resolve the issues they had.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. One person told us the service gave them someone to “have a chat with and to have a laugh with”. Another person also commented. “They always do what I want”. They said that staff followed the care plan document but would adjust the plan of care if needed. They told us “they are very good, I’m pleased with them”.

There was a diverse mix of clients and staff in the organisation which meant that the provider was able to cater for many people in the community. For example, if people had language concerns then they were able to allocate staff who could communicate with people in their own language.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We spoke to staff members who told us that they were kept fully informed of changes in people’s support needs. The manager told us they would update the person’s care plan to reflect their current needs and this was updated regularly. For example we were told by one person that they had originally been allocated four care calls per day but after a short time decided that they did not require staff to attend to them so often. They told us that provider was quick at assessing the requirements and changing the care package to better suit their needs.

A relative told us the manager was “very respectful” and responsive to any changes they required in the care of their relative. This included allowing flexibility for appointments and last minute changes when needed.

People were encouraged to maintain their independence and undertake their own personal care where it was

possible to do so. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A relative told us, “They encourage [my relative] to do things for themselves, they are comfortable with the care, they would tell me otherwise.”

People using the service and their relatives told us they were aware of the formal complaints procedure. They said that they knew the manager and would ask to speak with them if there were any concerns. One person told us that they had recently made a complaint which had been listened to, acknowledged and resolved by the provider quickly. People told us that if they had concerns they would call the office or would speak to their carer.

We saw that the service’s complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had received eight complaints in the past year. We saw that for each complaint the provider has completed a detailed investigation and shared the information with the person who made the complaint. All interviews with staff and recommendations were recorded and actions such as supervisions and training were also recorded. This showed that complaints received were investigated and used to further improve upon the quality of service. A relative who had recently made a complaint told us that the provider came to their home to discuss their concerns and arranged for changes to be made in response to their complaint.

Satisfaction questionnaires were available to obtain feedback from people who used the service but at the time of our inspection the provider had sent out the questionnaires to people and was waiting for them to be returned. We saw from some forms that had been returned that people provided positive feedback on the care and support being provided. One person wrote. “Consistency is the key; lately we have had the same nice girls with the odd exception”. This showed that of the questionnaires that were returned people were providing a positive feedback on the service they were receiving.

Is the service well-led?

Our findings

There was a registered manager at the agency. A local authority representative we spoke with said that the provider “works well” with the authority and kept them informed of any issues. We did however see from information received previously that the provider had not always worked with the local authority to report issues and concerns. We discussed this with the provider who said that they had met with the local authority to discuss the concerns and were now working with them to identify issues around reporting concerns and establishing an improved method of joint working.

Staff told us that the organisation was, “Very transparent, nothing is hidden away, if mistakes are made then we are encouraged to come forward and learn from them”. Another person said, “Staff are all supported and motivated to change negatives into positives”.

There was regular support available to staff through phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns and if not the provider always made themselves available. They told us, “The manager cares about concerns that staff raise, they understand that staff have first-hand experience”. Another person told us that this approach made them “feel valued. They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. They said “We always know who to go to for advice”.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager and senior care staff undertook spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. Staff told us they were frequently observed to ensure that they provided care in line with people’s needs and to an appropriate standard.

Regular audits were undertaken to ensure that the quality of service was consistent throughout the organisation. We saw that as well as spot checks, staff supervisions gave the opportunity for staff to discuss any issues or concerns. Staff also fed back any client concerns to the office which was recorded and followed up. Medication audits were regularly completed to ensure that staff were competent in the administration of medication and to identify any further training that may be required. The provider kept a detailed record of all people that they provided support to and ensured that short term care packages were set up and ready for use before the person left hospital to ensure that they were not without care and support.