Apex Companions Limited

Dorchester

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This announced inspection took place on 16 and 22 October 2015.

Dorchester is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 47 people. The core hours of the service were 7am to 10pm.

The service had a registered manager. 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.

We found the provider had made improvements since our last inspection in 26,27, 28 February and 3 and 5 March 2014. Our previous inspection found that people were not protected from the risks associated with medicines and did not have sufficient quality monitoring systems. We asked the provider to take action. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection we found improvements had been made.

There were quality monitoring systems in place. Quality checks were carried out weekly on medicine administration records and care records were checked

Summary of findings

two-three weekly. Any discrepancies were identified and resolved. Staff received training in the safe administration of medicines and the medicines policy had recently been updated.

People told us staff were kind and caring. They told us they always received their visits and they were not hurried or rushed. Staff talked compassionately about people and understood people's individual likes and preferences. They were respectful they were in a person's home and tidied up after their visits in a way which people and their families requested.

People were involved in making decisions about their care. They were involved in their initial assessment and subsequent care plan, they had annual reviews or sooner if needed. People felt listened to and told us their views were taken seriously.

People received personalised care from staff who knew peoples likes, dislikes and preferences. People were off were offered choices.

People knew how to raise concerns. They had enough information available to them which included their individual care plan and a schedule of which staff were due to visit and when. People usually had the same staff and had got to know them well. They told us staff have the right skills and know how to do their job well.

People and staff told us the registered manager was approachable and accessible. They spoke positively about the management team and told us there was always someone on call during hours of the service.

Staff told us they worked well as a team and they enjoyed their work. They received regular supervision and told us the registered manager was supportive. There were regular staff meetings.

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?

Good

People received their medicines safely. There was a medicines policy and staff received training to ensure they were competent to administer medicines.

People were protected from harm and abuse. Staff had received training and knew how to recognise abuse. They were aware of their responsibilities in reporting it.

People had their individual needs assessed. If a risk was identified there was detailed guidance for staff to ensure the persons risks were managed safely.

Is the service effective?

Good

People received care from suitably skilled and experienced staff.

Staff received regular supervision and support. All staff received an annual appraisal.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how it applied to their work.

Is the service caring?

Good

People received care from staff who were kind and compassionate.

People were treated with dignity and respect.

People were asked how they would like their personalised routines carried out. Their personalised routines were respected and documented.

Is the service responsive?

Good

People received personalised care. Staff knew peoples' likes, dislikes and preferences. They were guided by people to ensure they followed people's usual routines.

Staff were aware that some people lived alone and had limited social contact Staff were considerate and attentive to people.

People and their families knew how to raise concerns.

Is the service well-led?

Good

The service was well led. The registered manager and senior staff were accessible and approachable.

There was an open culture and staff had confidence to be able to raise concerns and felt they were listened to. Regular staff meetings took place.

There was effective quality monitoring. Care records and medicine administration records were maintained correctly.

Dorchester

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 16 October 2015 with home visits being completed on 22 October 2015. Further phone calls were completed by 23 October 2015.The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and assist us to arrange home visits.

The inspection was carried out by one inspector. Before our inspection we reviewed information we held about the service including notifications of incidents and the action plan that the provider had sent us after our previous inspection. A notification is the way providers tell us important information that affects the care people receive. We had also requested and received 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 spoke with four people in their own homes and observed interactions with four staff. We spoke with two peoples relatives during our visits. We spoke with 14 people by telephone including one relative. We spoke with two healthcare professionals and a member of staff from the local authority contract monitoring team.

We reviewed 11 care plan records. We spoke with the registered manager, the coordinator, the administrator and seven other members of staff. We reviewed records related to the running of the service including quality monitoring checks, a range of policies, the complaints and compliments folder, accident and incident reporting and six sets of staff files.

Good

Is the service safe?

Our findings

We found the provider had made improvements since our last inspection 26, 27, 28 February and 3 and 5 March 2014. Our previous inspection found that people were not protected from the risks associated with medicines. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

Medicines were administered safely. The medicines policy had been updated, for example further guidance for staff on the administration of controlled drugs had been added. Staff were aware of the medicines policy and had received training as part of their induction and attended annual refresher training. The medicine charts were audited weekly, the audits showed that medicines were being administered and signed for as prescribed. The audit process highlighted when a review was needed. For example one person, consistently refused to receive their medicines from staff. This led to a review and the person now manages their own medicines. People told us staff ensured they received their medicines safely one person told us "they always get my tablets right, they know what they're doing."

People were protected from harm and abuse. The policy had a policy on protecting people from abuse. There were arrangements in place to ensure all staff received training in safeguarding adults. The service had also introduced training on safeguarding children and all staff were required to complete it. Staff knew the types of abuse and their responsibilities to report it.

Staff knew how to report concerns about poor practice and were aware of whistleblowing procedures. For example one member of staff told us, "our clients are vulnerable, I would report anything that I thought what wrong, whoever it involved."

There were enough staff to ensure people received safe care. People told us they always received their visits and staff are generally on time. People told us staff were occasionally a few minutes late but this was because of traffic. People told us care workers stayed for the appropriate length of time and they did not feel rushed or hurried. The registered manager told us they always ensured they had sufficient staff before agreeing to take on new packages of care. They told us there have been times when they have refused to take on more because they did not have enough staff. They had an assessment process which enabled senior staff to identify what the persons needs were. As well as this they identified where the person lived .They considered the persons needs and their location in order to ascertain if they had the right resources and sufficient time to be able to provide a service for people. Staff agreed there were enough staff to give people the support they need. The service had an on call system which ensured that staff could contact a manager or senior care worker if needed.

People were supported by staff who were recruited safely. The service carried out checks on staff before they started work which included criminal record checks, identity checks and obtaining references in relation to their previous employment.

People's safety was protected. They had specific risk assessments to identify when there was a risk. There was a risk management plan to support people in a way which managed risk safely. For example one person was at risk of falls, there was detailed guidance for staff , such as to remove hazards in the home and to ensure the person's walking aid was always accessible. There was involvement from healthcare professionals such as the district nurse and community occupational therapist. As well as peoples personal safety risk assessments and plans there was an overall risk assessment in each person's care records which included information such as the safety of the building, furniture and stairs. Risk assessments were signed by the client or if appropriate by their relative. People told us staff help them feel safe , one person told us "staff always lock up when they leave and make sure I'm safe." Staff understood the importance of maintaining people's safety in their homes. One member of staff talked with us about how some people they supported were vulnerable and alone and explained how they always check the person has what they need and the environment is safe before leaving.

There was a procedure for reporting accidents and incidents and staff received training. There were none recorded.

Good

Is the service effective?

Our findings

People were supported by staff who had suitable knowledge and skills to meet their needs. All the people we spoke with had confidence in the staff. One person told us "they know what they're doing." Another person told us "they know better than me."

Staff received induction training before they started work and there was an on-going programme of training for staff to develop their skills. Staff confirmed they had enough training to carry out their roles. The provider employed a trainer who was able to provide face to face training with staff in the local office. The service had a range of training which they had identified as essential and these included, moving and handling, infection control, safeguarding adults and children, as well as training in dementia and stroke awareness. The registered manager told us training could be requested when there was a change in people's support needs, for example some staff had not provided care and support for a person at the end of life. The registered manager told us they were not providing end of life care at the time of our inspection, although they had received a possible referral. They told us training would be arranged so that all the staff had the right skills. New staff induction had increased from three days to four to fit in child protection training.

There was system to ensure staff received supervision and an annual appraisal. The registered manager showed us how supervision and appraisals were recorded and how they were flagged up when due. As well as a supervision session with a manager, senior staff conducted "spot checks" staff. These were allocated by the registered manager on a weekly basis and were carried out during visits to ensure people received the care and support as identified in their care plan. Staff told us they felt supported and were able to contact a senior member of staff for advice and support when needed.

The service involved people throughout the assessment process and obtained their consent to provide care and support. Staff were aware of, the Mental Capacity Act 2005 (MCA) and understood the processes to follow when a person lacked capacity to consent to care and support.

They understood how the principles of the MCA applied to their work. For example one care worker told us "people can usually make their own decisions," they were able to explain that sometimes a person may lack capacity to consent to care and support, however they can retain the capacity to make some decisions for example what clothes to wear. We saw they talked with one person (who lacked capacity to consent to personal care) throughout their personal care and offered choices. There was involvement from relatives and healthcare professionals when a decision was made in a person's best interests.

Staff understood the importance of ensuring people had sufficient food and drink. Information about people's nutritional needs was recorded in their care records. Some people had support with their meals and we saw staff offering choice. One person was disinterested in food and the care worker told us they needed to monitor the person's food intake to ensure they had enough. The person was being monitored by a healthcare professional and we saw there was communication with the care workers and there was a clear plan to ensure the person's weight was monitored. Some people were unable to get themselves a drink between visits and care workers left drinks within easy reach for the person. One member of staff told us that if they prepare food for a person "I don't leave until they've eaten it."

People had access to health care. We saw some people were being supported by community healthcare staff and the care workers had regular communication with them. The staff made contact or referred people to specialist staff as needed. For example one person was having difficulty using the toilet, the staff referred them to the community Occupational Therapist and specialist equipment was arranged. Health and social care staff told us staff "do a good job" and were confident they follow recommendations which were made. When people had been in hospital we saw discharge information was available in the persons' care record The registered manager told us they keep in contact with people when they are in hospital to ensure they pick up the care package in a timely manner on the persons discharge. Also to ensure the agency is involved in the discharge planning so that they can make any changes if necessary to the persons care and support plan.

Good

Is the service caring?

Our findings

People were treated by staff who were kind and caring. People and their families were consistently complimentary about staff. For example one person told us “They light up my life”. Another person said “they are brilliant, they really care”.

We saw staff were respectful when entering people’s homes. They were courteous and polite to relatives and to people they were delivering care and support to. Interactions were friendly and there was appropriate use of humour and camaraderie. Staff were able to talk with us about people in a way that demonstrated they had got to know them well. For example staff were able to tell us about people’s life experiences and likes, dislikes and interests. The service planned to have regular staff to provide support to people. Staff told us how it helped when they got to know a person well and they described having a good relationship with people. One relative told us their loved one “looks forward to a chat and the company, we know our regulars.”

Staff were respectful they were in someone’s home and we saw they checked out with people and their relatives how they would like tasks carried out. People told us staff always leave their homes tidy and clean and one person told us staff, “put things back where they are meant to be.”

People were treated with dignity and respect. People told us staff were respectful in the way they carried out their care and ensured they maintained their privacy and dignity. One person told us “staff always explain what they doing.” Staff told us how they maintain people’s dignity by respecting their privacy but also by offering choice. We saw staff were guided by people during care interventions. One person told us they had lost their independence with personal care and that staff supported them to maintain some independence by encouraging them to make decisions and choices.

Staff adapted according to peoples individual communication skills. For example it was unclear if one person was able to understand staff however staff continued to communicate in different ways to explain the care they were going to do for the person. The care provided which included the use of communication skills was reflective of the care indicated in the care records.

People were proactively involved in the plan of care and support they received. Their views were respected. For example, people described how they had reached agreement with staff how they liked their care delivered. One person told us “they always listen and know how I like things,” another person told us when new staff start they always listen to how they like care provided and always learn the “right way.” Staff told us they pass on information to each other, verbally, as well as in the care records, so that information was shared promptly. This meant that everyone was working in the same way to meet people’s preferences.

Staff spoke about people warmly and showed concern about them. For example one member of staff was concerned a person did not have sufficient food and discussed it in the staff meeting. The discussion amongst staff demonstrated staff cared about people’s health, welfare and comfort. They were not just thinking about the task they were allocated to do.

Good

Is the service responsive?

Our findings

People received care and support that was tailored to their individual needs. One person told us they had a "thorough assessment." Following an assessment people had an individual care plan (service user support plan) which gave detailed guidance to staff on each aspect of care and support. Each person had their own personal folder in their home. This contained a copy of their support diary (when visits were planned, the care worker and times) as well as their support plan and risk assessments. This meant that each member of staff who went in to assist and support people knew exactly what was required of them and people were able to have consistency and have their needs met. The folder also had a useful telephone numbers on the front cover, people told us this was very helpful and meant they had the office number at hand if needed. There was also other information in the folders such as information about safeguarding and the person's contract with the service.

Peoples care plans identified when there were issues relating to mental health as well as physical health and gave guidance to staff on how to respond to people. For example one person had short term memory loss and became anxious about losing things. The care plan contained guidance for staff how to reassure the person.

Some people lived alone and staff were aware that some people had limited social visits. Staff told us they made sure they had good social contact as part of their visit by talking with the person and engaging in conversations with them.

There was a system to ensure that people were involved in an annual review of their care and support. One person told us they had just had a review and that staff checked every detail to ensure they were providing the right level of support and checked what changes there had been since the last review. The person told us they felt listened to and if they had needed a review before the due date then they were able to contact the office who would arrange it. The registered manager confirmed this and told us reviews would be planned according to people's needs. For example if someone became unwell and needed an increase in care then a review would take place.

Staff told us the care plan is a guide to making sure they complete the personal care and support required however one member of staff told us they don't just follow the plan. They told us they check how the person was and checked their surroundings. They assessed if the person had any other needs. For example if they were in pain. One person told us "I rely on my girls to see I'm alright, they always check and get me more help if I need it." Another person told us staff "notice when I'm not right." One care worker told us they would not leave a person if they were in distress and would contact a relative or the office so that help could be arranged.

There was a handover folder kept in the office which was kept updated with any significant changes to people's needs. It also provided information on any new people to the service. The folder was an additional communication tool for staff if they were returning from a day off or holiday. Staff told us it helped ensure they were up to date before going out on visits. It was also useful information for senior staff on call.

People and their relatives knew how to raise concerns or complaints. There was a complaints policy and people had a copy of how to make a complaint in their personal folder. The registered manager kept a record of any complaints. There had been one in 2015. The complaint was investigated and the registered manager concluded staff were being asked to carry out an unsafe moving and handling manoeuvre. This was relayed back to the complainant who accepted the outcome once it was explained.

Good

Is the service well-led?

Our findings

We found the provider had made improvements since our last inspection in 26,27, 28 February 2014 and 3, 5 March 2014. Our previous inspection found there were insufficient quality monitoring systems. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found improvements had been made.

The service was well led. Staff told us the management team were accessible and supportive. One care worker told us "you couldn't get a better manager."

Quality checks were carried out on care documentation and medicine administration records. We saw the results of the checks and any actions arising. For example one member of staff had written in blue ink. They were contacted and it was explained to them the reason they needed to write in black ink. On another occasion a member of staff did not sign the medicine administration record. They were contacted to complete the record. The quality checks ensured that records were maintained correctly.

There was a clear management structure within the service. The management team, which consisted of the registered manager a coordinator and an administrator, had been care workers initially in the agency. They had first-hand experience of the role of care worker and knew the local community well and were able to plan work schedules efficiently. They told us they worked well as a team and this was confirmed by staff and people. People referred to staff in the office by their first names. One person told us they could ring the office about anything and they would be listened to. There were also senior care workers who provided day to day supervision and support for care workers. One member of staff told us "there's always someone on the end of the phone." Staff told us that managers were supportive and recognised staff had personal commitments for example one member of staff told us managers are "very good with our rota's, they know I have family commitments."

Staff understood their roles and what was expected of them. All staff we spoke to told us they enjoyed their work and they worked well as a team. One member of staff told us "I am proud of what we do." There were monthly staff meetings which we observed on the first day of the inspection. As well as staff being given information they were all invited to discuss any concerns they had. Staff had the confidence to raise issue. One member of staff raised concerns about a moving and handling practice. The registered manager clarified what the issue was and gave advice and arranged for a senior care worker to visit the person with the member of staff to ensure the practice was safe. The culture of the team was open and transparent. One member of staff had some concerns about their schedule and they were listened to and plans put in place to check time of travel between visits to ensure the visits were manageable within the timescale.

The service responded to feedback from people and their families. For example feedback questionnaires, which were titled "we value your opinion", were sent every six months. The registered manager reviewed all the responses and took actions when needed. In most cases the responses were positive however when there was a response requiring action the registered manager was able to demonstrate how they went about resolving the issue. For example one person asked for the same care worker. The registered manager arranged for two-three staff to provide visits. The person was satisfied with this response.

The registered manager told us the service worked in partnership with the local authority and other health and social care services to ensure that people received a joined up service and the agency were clear about their role. Health and social care professionals confirmed this.