Apex Prime Care Ltd

Apex Prime Care – Hailsham

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 April 2017 and was announced. Apex Primecare Hailsham is a domiciliary care service based in Hailsham. The service provides support and personal care to people in their own homes and covers the Hailsham and Hastings area. At the time of the inspection the service were supporting 207 people with a variety of health and social needs in their own homes.

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.

The provider and registered manager were able to demonstrate how the delivery and provision of care met people's needs who lived in the Hailsham area. However, they were unable to demonstrate how people who lived in the area of Hastings received care that met their needs. We found a number of concerns which related to the provision of care provided to people living in the Hastings area.

People were supported with medicine management when needed and care workers had received training on how to administer medicines. However, we found unexplained gaps in Medication Administration Records (MAR) and people's medicine risk assessment did not always record the most up to date medicines they were prescribed.

Risk assessments were in place which considered moving and handling. However, risk assessments did not consistently record the correct level of support required to safely move and transfer a person.

Consent had not consistently been sought and the principles of the Mental Capacity Act 2005 (MCA) had not consistently been complied with. Where people were being supported with the use of bed rails, the registered provider had not considered whether the use of bed rails was restrictive. Bed rails risk assessments were not in place and the provider had failed to demonstrate whether people had consented to the use of bed rails.

Quality monitoring systems were in place, but these were not consistently robust. Incidents and accidents were not audited on a monthly basis for any emerging trends, themes or patterns. The provider's quality assurance framework had failed to identify that were was not sufficient or robust oversight of the provision of care that people received in the Hastings area. We were also unable to view a range of documentation to explore people's concerns. Staffing levels were sufficient in the Hailsham area, but the provider was unable to demonstrate how staffing levels in the Hastings area met people's needs and ensured people received a safe and responsive service.

Some people raised concerns over the competency of care workers. One relative told us, "They are very dedicated; they just don't have the training." Care workers in the Hastings area had not consistently received

up to date training. However, care workers working in the Hailsham area had up to date training and were supported to develop their skills and qualifications. Care workers told us how they respected people's confidentiality, but we found this was not consistently upheld. We have made a recommendation for improvement.

A complaints procedure was in place and most people felt able to raise a complaint. Some people felt their complaints were not listened to and communication could be improved. We have made a recommendation for improvement.

The provider was unable to demonstrate how people in the Hastings area received a responsive service. Some people raised concerns over care calls not always being covered and not receiving care from a consistent team of care workers.

Care workers were kind and caring and treated people with dignity and respect. Caring relationships were seen throughout the day of our inspection. Care workers knew the people they cared for well. People spoke positively about the care and support they received from care workers.

Recruitment practice was safe and care workers understood the importance of leaving a person's property secure at the end of a care call. Care workers were vigilant of people's health care needs and ensured they had access to health care professionals to maintain their health. Care workers understood the need to share information about changes in people's health. People receive adequate food and drink and where necessary the registered provider uses food and fluid charts to monitor how much people are consuming

We identified some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Apex Primecare Hailsham was not consistently safe.

The management of medicines was not consistently safe. Risks to individuals were not always clearly identified or addressed through care plans.

The provider was unable to demonstrate how staffing levels were based on people's assessed needs.

Safe recruitment procedures were in place and care workers understood the importance of leaving a person's property secure at the end of a care call.

Is the service effective?

Requires Improvement

Apex Primecare Hailsham was not consistently effective.

Consent was not always being sought in line with the principles of the MCA 2005, e.g. bedrails were being used with no capacity assessment.

Care workers did not always receive refresher training to help ensure they remained up to date with best practice.

People had access to healthcare professionals and support was provided to meet people's nutrition and hydration needs

Is the service caring?

Good

Apex Primecare Hailsham was caring.

People's independence, dignity and privacy was respected.

There were positive interactions between people using the service and care workers. Care workers spoke highly of the people they supported and understood the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

Apex Primecare was not consistently responsive.

The provider was unable to demonstrate how they provide a responsive service in the Hastings area and how complaints were handled appropriately.

Care plans were in the process of being updated to ensure they were person centred and reflected people's individual preferences.

Is the service well-led?

Requires Improvement

Apex Primecare Hailsham was not well-led.

Documentation was in place for incidents and accidents, yet these were not audited for any emerging, trends, themes or patterns. Not all paperwork had been updated to reflect the correct legal entity and registered provided.

A robust quality assurance framework was not in place.

People and care workers spoke highly of the registered manager and care workers felt supported and valued.

Apex Prime Care – Hailsham

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.

The inspection was undertaken on the 6 April 2017 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also asked for feedback from professionals involved in delivering people's care. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 19 people and the relatives of people, 10 care workers, two care coordinators, the registered manager and a branch manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone. We also visited three people's homes, with their knowledge and consent.

We reviewed a range of records about people's care and how the service was managed. These included the care records for 14 people, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was Apex Primecare Hailsham first inspection with the Care Quality Commission.

Requires Improvement

Is the service safe?

Our findings

Most people felt safe receiving care from Apex Primecare. One person told us, "I feel safe because of their attitude they are very good carers. They give me my meds I have blister packs they put it in my care plan." Another person told us, "Safe, yes the key is outside they know the number. I'm involved in everything." However, for people who received care in the Hastings area, they did not consistently feel safe. One person told us, "Safe depends who it is, I'm not so pleased when I don't know who it is."

Medicine risk assessments were in place which considered if people required support to administer their medicines or just prompting. Information was recorded on where people stored their medicines and who was responsible for re-ordering their medicines. However, despite individual medicines risk assessments in place we were not always assured that people who were supported with their medicines received them safely. Where people were prescribed topical creams, MAR charts failed to record the prescribing instructions. For example, where to apply the cream and how often. One person was prescribed a barrier cream and their MAR chart reflected for the barrier cream to be applied 'as required.' However, guidance was not available on when the cream should be applied and the signs and symptoms for care workers to look for to use the cream, such as redness of the skin. A member of the management team told us, "We would expect care workers to apply the cream if the person's skin was red or breaking down, but yes, this should be recorded on the MAR chart."

People's prescribed medicines were not always consistently reflected on their medicine risk assessment. For example, one person's medicine risk assessment had been reviewed in October 2016; however, their MAR chart dated November 2016 included an additional two medicines that were not reflected on their medicine risk assessment. A member of the management team explored if they had recently been prescribed but told us, "When an individual is prescribed a new medicine, their risk assessment should be reviewed in line with the new medication." We found that medicine risk assessments were not consistently updated and therefore failed to include information on people's most current medicines. On a monthly basis, MAR charts were returned to the office for auditing to identify any unexplained gaps or omissions. Where unexplained gaps had been identified, the MAR chart audit reflected what action would be taken. Action included additional training. Despite, MAR chart audits in place, we found a range of unexplained gaps and omissions. One person was prescribed a topical cream to be applied to their forehead. We found that in September 2015, a MAR audit had identified concerns with unexplained gaps in recording. We found this was still a consistent concern in January and February 2017, with continued gaps in recording which meant the provider was unable to demonstrate if the person's topical cream had been applied or not. During the inspection, we visited people in their own homes. We found unexplained gaps and omissions which indicated that people had not been given their prescribed medicines. For example, one person was living with dementia and received a care call twice a day to support with the administration of medicines. We found two unexplained gaps on their MAR chart, yet their daily notes reflected they had received a care call that day. This meant we could not be assured that people received their medicines as prescribed.

Failure to safely manage people's medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Most people told us they felt safe with care workers entering their home. Despite these comments however, we found people were not being protected against potential risks, because risk assessments and guidelines for care workers were not consistently in place. For example, one person was living with complex care needs. Due to their care needs, they were at heightened risk of choking and skin breakdown. These risk were consistently reflected within the care plan provided by the local authority, however, they were not reflected within the provider's individual care plan. A letter from this person's relative identified that if they were to sit incorrectly in their wheelchair, or if care workers' supported them to eat and drink in the wrong manner, this can place them at risk of harm. There was no guidance available on how to manage and mitigate those risks. Where people were at high risk of skin breakdown, risk assessments failed to reflect the care interventions required to reduce the risk of skin breakdown. For example, one person who was cared for in bed, their care plan noted, 'record and report any concerns to the district nurses.' However, information was not available on what the potential concerns may be, or the importance of regular turning. Care workers were able to tell us how they prevented the risk of pressure sores. One care worker told us, "We have one person at the moment who is now being cared for in bed. At every visit, we support them to change position and apply a barrier cream to prevent their skin from getting pressure sores." However, this knowledge was not reflected in the care plans and risk assessments.

Care and support was provided to a number of people living with reduced mobility. Guidance produced by the Health and Safety Executive advises that moving and handling risk assessments should consider the specific equipment needed the number of care workers required and the sling attachment loops to be used. Moving and handling risk assessments were in place, but did not consistently reflect the number of care workers required, equipment to be used or the sling attachment loops to be used. For example, one person's care plan noted, '(person is unable to weight bear. Two care workers to transfer them onto the sara turner (mobility aid).' This information was not reflected in the individual's moving and handling risk assessment.

Failure to provide safe care and treatment is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider was unable to demonstrate how staffing levels were based on people's individual care needs and how they assured themselves that people received their care calls on time. People who received care in the Hailsham area felt staffing levels were sufficient. One person told us, "I get the same care worker most days and if there ever is a change, they let me know." Staffing numbers in the Hailsham area were determined by the number of hours of care commissioned, geographical areas and the individual needs of people. On the day of the inspection, Apex Primecare Hailsham (Hailsham area only) was commissioned to provide 700 hours' worth of care. A member of the management team told us, "When considering new packages of care, we would consider the location of the care call and how many calls were required. That enables us to consider if we have capacity or not. For example, at the moment, due to annual leave and sickness, we would be unable to pick up a large package of care. We have to know our limitations." Rotas were planned a week in advance and care workers were informed of the calls they would be covering via email/post or could collect their rota in advance. However, the provider was unable to demonstrate how staffing numbers in the Hastings area was sufficient and met people's needs. One person told us, "On occasions they have phoned up twenty minutes before to cancel the care call as they haven't found cover." Additionally, we were unable to view rota's, staffing numbers and other documentation to explore people's concerns as the provider was unable to provide this information.

Failure to evidence systems to demonstrate how sufficient numbers of care workers were appropriately deployed is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Care workers had been recruited through a recruitment process that ensured they were safe to work with adults at risk. Appropriate checks had been completed prior to care workers starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective care worker had a criminal record or were barred from working with children or adults at risk. Care workers confirmed these checks had been applied for and obtained prior to commencing their employment with the service, records confirmed this

Care workers recognised the importance of leaving people's property secure at the end of a care call. One care worker told us, "When leaving a care call, I make sure the person is safe by checking all windows are closed, they have their lifeline to hand and the door is shut when I leave." Provisions were in place to ensure people's care was safely managed 'out of hours'. The registered manager, care coordinators and other branch managers were on a rota to be on call. The on call member of staff was responsible for responding to queries raised by care staff and calls from people. Care workers spoke highly of the 'out of hour's number.'

Systems were in place to safely manage the risk of fire within people's own homes. With people's consent, the service made referrals to East Sussex Fire and Rescue for home visits and on a monthly basis, care workers tested people's smoke alarms and life lines (pendant to summon help). Risk assessments also considered a person's ability to evacuate in the event of a fire. For example, one person's risk assessment identified that due to being cared for in bed, they would be dependent upon the fire service to help them to evacuate.

Requires Improvement

Is the service effective?

Our findings

Most people felt care workers were skilled competent. One person told us, "The carers are thoughtful, caring kind and compassionate. They give me my breakfast and a cup of tea. I've been with them a long time and had several different carers over time, its automatic they know exactly what to do. So professional and very helpful and understanding. I have a care plan in the blue folder. They do spot checks to make sure everything's ok." However, some people raised concerns over the competency of some care workers. One relative told us, "The carers are very dedicated, but not all trained enough."

Consent had not consistently been sought and the principles of the Mental Capacity Act 2005 (MCA) had not consistently been complied with. 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. Training records confirmed that not all care workers had received training on the MCA 2005. We saw that care workers working within the Hailsham area had received up to date training and were able to tell us how they worked within the principle of the Act. One care worker told us, "We always assume people have capacity and can make their own decisions." However, records reflected that only eight out of 46 care workers working in the Hastings area had received training on the Act.

Mental capacity assessments were in place; however, these were not consistently decision specific. For example, one person had a mental capacity assessment in place which recorded they lacked capacity; however, it was not clear what decision was being made to determine that the person lacked capacity. A range of consent forms were in place which indicated whether people could consent to care and treatment. One person's consent form identified they were able to consent, yet it had been signed by their relative. It was therefore not clear if they were able to consent or not. Some people received care and support on a profiling bed with bed rails in place. Bed rails risk assessments were not in place and the provider was unable to demonstrate whether people had consented to the use of this restrictive practice or not. The registered manager told us, "The absence of bed rails risk assessment is an omission on our part. I think when we changed from one care plan format to another; we haven't transferred over the bed rails risk assessments."

Failure to work in line with the principles of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care workers undertook an induction which included the Care Certificate and shadowing other care workers. The Care Certificate is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for

Care. Care workers spoke highly of the induction and felt it equipped them for the job at hand. One care worker told us, "I shadowed another carer for a couple of days and got to meet the people I would be supporting. I found it really helpful." Despite an induction process in place, we found care workers working in the Hastings area had not received the required training to provide effective care and people also raised concerns over the competency of care workers.

Training records for the Hastings area demonstrated that a large number of care worker's training had expired and they had not received updated re-fresher training. For example, 13 care worker's first aid training was now out of date. One care worker last had first aid training in March 2013 and the provider's training matrix stated that first aid training was due to be refreshed every 12 months. Only two care workers had received dementia training, whilst no care workers had undergone training on Parkinson's, despite these training courses being considered as mandatory training by the provider. Guidance produced by Skills for Care advises that a strong and competent workforce is dependent upon the training provided. We found there was a risk that staff did not have all the training they required to provide care that met people's needs. People also raised concerns over the competency of care workers working within the Hastings area. In 2016, a number of safeguarding concerns had been raised in the Hastings area in relation to financial abuse and one concern related to care workers falsifying documents. Documentation reflected that most care workers had up to date training on safeguarding, yet we found a small number whose training had not been updated every 12 months in line with the provider's policy. For example, one care worker last had safeguarding training in 2014. This posed a risk that their knowledge was not up to date.

People who lived in the Hastings area felt most care workers were competent; however, some people felt there were care workers that were not competent and lacked the skills to provide effective care. One relative told us, "We have one regular carer who is good, they know what to do and how to support (person). However, when they send new carers or other carers, they seem to lack the basic skills required. For example, preparing meals they can't seem to get right. One carer burnt the fish and another carer was unable to cook pasta. Some carers have also made (person) feel uncomfortable. They were talking about their benefits and struggling on the money they received." Another relative told us, "When they send in regular carers, everything is fine, but recently they have been sending in new carers who are just not skilled and equipped to deal with (person's) complex care needs. Therefore I feel like I can't leave them and have to be there to supervise which defeats the object of having carers."

Failure to support care workers to undertake adequate training, learning and development to enable them to fulfil the requirements of their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Despite the above concerns, care workers within the Hailsham area told us they had the training and skills they needed to meet people's needs and this was reflected within the training matrix. Care workers had received up to date essential training on dementia care, moving and handling, medication, first aid and safeguarding. The registered manager also recognised the importance of supporting care workers to develop and grow and a number of care workers were undertaking diplomas and NVQs (national vocational qualification) in health and social care. One care worker told us, "They are really supportive here and I have just signed up for my NVQ level three."

Where required, care workers supported people to eat and drink and maintain a healthy diet. Information was readily available within people's care plans on what level of support was required. For example, documentation included information on food and drink preferences, any chewing difficulties, who delivers or prepares the main meal and where the main meal would be eaten. Care workers told us how they supported people to make their own decisions on what they wished to eat. One care worker told us, "When

deciding what to eat for breakfast, I will take a few cereal boxes to the person and let them chose by pointing to the cereal box they want." During the inspection, we visited three people within their own homes. Care workers upon arrival enquired if the person wanted a hot or cold drink and asked how they liked their drink, for example, if they wanted sugar or milk.

Care workers worked in partnership with healthcare professionals. The registered manager told us, "I like to think we have a good working relationship with the GPs, District Nurses and Social Workers." One care worker told us, "We have a good relationship with the district nurses. If we have any concerns, we report them and they give us guidance to follow." Where people experienced a health care event, care workers told us how they would call 999 and stay with the person until the paramedics arrived. One care worker told us, "A couple of months ago, I had trouble getting into a person's flat. I managed to get in and found they had fallen; I immediately called 999 and stayed with the person. The office contacted my other clients for me to advise them I was running late." When visiting people in their own home, we observed a care worker contact a local GP on behalf of someone due to concerns over the side effects of their medication.

Good

Is the service caring?

Our findings

People told us that care workers were kind and caring. Although some people and their relatives had raised concerns over the competency of some care workers, despite this, they felt care workers tried their best and were dedicated. One person told us, "They are so very helpful, they wash me, dress me and always respect my privacy and dignity. They always ask permission to do things. I did a satisfaction survey at about six to eight months ago." Another person told us, "Yes the girls come every day they are caring and respectful always ask permission to do things."

People confirmed their dignity and privacy was always upheld and respected. One relative told us, "The bathroom has a walk in shower and seat; they always keep him covered and knock on the door." Care workers were aware of the need to preserve people's dignity when providing care to people in their own home. Care workers we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One care worker told us, "When supporting someone with washing, I'll wrap a towel around them or if their sitting down, I'll use a towel to cover their legs and knees." Another care worker told us, "When people need the toilet, I'll wait outside the bathroom door to give them privacy and offer assistance if they call out or need my help."

Care workers recognised the importance of promoting people's independence. People confirmed they felt care workers promoted their independence. Care workers told us why it was important they promoted people's independence. One care worker told us, "It is important that we don't just go in and do everything for the person, we need to encourage them to do as much for themselves as possible." Another care worker told us, "I'll always people to do things for themselves, I might say, would you like to do your hands and face?"

Care workers spoke about the people they were supporting with kindness and empathy. It was clear care workers had spent time building a rapport with people and got to know people's individual preferences, likes and dislikes. One care worker told us, "I support one person who had a stroke when they were quite young which has really affected their well-being. They can now be quite down and when providing care, we have to be mindful and consider if they are having a down day." Another care worker told us, "One person is very particular and likes things to be stored and put back in a certain way."

The provider regularly sought feedback from people and undertook regular reviews to ensure that they were fully involved in planning their support. Internal reviews were held every six months with people and their relatives, which considered how things were going and if there care plan remained up to date. People confirmed they were involved with decisions about their care plan and regular reviews were held. One person told us, "They are very good carers. They come morning and evening and help me get washed and dressed and undressed and washed in the evening. They always keep me covered. I had a survey a couple of weeks ago. I can talk to the office staff they are very approachable."

Confidentiality was covered during care workers induction and the provider had a range of policies and procedures for care workers to access which included guidance on social media and confidentiality. Care

workers told us how they would respect people's confidentiality by not talking about other people whilst providing care for others. Despite confidentiality covered during care worker's induction, we found this was not consistently embedded into practice. For example, we visited people in their own home as part of the inspection. We heard two care workers talk about another person in front of the person they were providing care too. They commented, 'are you going to (person) today.' We found this was not consistent throughout all the home visits, however, that individual's confidentiality was not upheld. We brought this to the attention of the registered manager to take action.

Requires Improvement

Is the service responsive?

Our findings

Most care workers were knowledge about the people they supported and were able to describe how they provided a responsive service. However, people's opinions on the responsiveness of the service varied. People who received care in the Hastings area felt their complaints were not always handled appropriately, whereas people in the Hailsham area spoke highly of the office team and commented they felt listened to. One person told us, "Complaints, I just ring the office they are very good."

There was a system to record and manage people's complaints. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. Within the past year, Apex Primecare Hailsham had received eleven formal complaints. Documentation was available which included a response to the complainant and action taken. All responses were made within the provider's agreed timeline outlined in their complaints policy. One family member had made three complaints in the space of four months about care workers not cleaning up after themselves properly. We saw that this had led to spot checks being implemented. Most people felt their complaints were handled appropriately, they were listened to and action was taken. However, some people who received care in the Hastings area felt their complaints were not taken seriously. One relative told us, "They took the good carer off me, because I complained." Another person told us, "When you contact the office it's as if they don't know what they're doing. Me and the office can't talk." We have identified this as an area of practice that needs improvement.

We recommend that the provider seeks guidance on the management of complaints.

For people who received care in the Hailsham area we found they received a responsive service. People received care from a consistent team of care workers. Where people didn't wish to receive care from certain care workers this was acted on. One person told us, "There were certain carers I didn't want to come again. I rang the office and they never came again, I have regular girls now." However, for people who received care in the Hastings area, the provider was unable to demonstrate how they provided a responsive service and feedback we received from people was that the service was not always responsive to their needs. We requested documentation to support this, however this was not available for us to view as this information was kept at an alternative office and we were unable to explore some people's concerns. One person told us, "They took my carers off me three days a week; they said it was because social services said it was to stop us getting too friendly." We received similar concerns from people who lived in the Hastings area.

Failure to provide a person centred service is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Assessments were undertaken to identify people's support and care needs. Care plans were then developed outlining how these needs were to be met. The provider was in the process of transferring all care plans to a new person-centred care planning format. Care workers spoke highly of the care plans and felt they were much more detailed. One care worker told us, "You should look at the new care plans; they are much more person-centred. They are written from the perspective of the person and include key information on things

that are important to them." We reviewed a range of care plans which included the old format and the new format. The new care planning process was much more detailed and focused on the person as an individual.

Care plans considered key information such as, 'My name is' and 'I like to be called.' Care plans also included information on access to the property and if they had a lifeline in situ. Information was available on the person's life history, what was important to them and was also written from the person's perspective. For example, one care plan noted,' Hello my name is (person's name), but I prefer to be called (name). I'm a non-smoker and live in a ground floor flat with my wife. She is a great support and assists me with the majority of household tasks. I like to go out along the sea front in my electric scooter when the weather is nice, going for a coffee with my wife and spending time together.'

The care requirements of each care call were detailed within people's care plans. For example, one person required a 60 minute morning call and a 30 minute lunchtime care call. The care plan provided an outline of the tasks required to be done at each care call. One person's care plan noted that, 'when the carer arrives in the morning, I will be in bed. I will not be able to get myself up and the two carers will need to use the ceiling hoist to help me. I like to be washed in the bathroom and sit on the shower chair. I use specific flannels and towels which are in the bathroom. Use the white flannels/towels above waist and black flannels/towels below my waist.' Care workers spoke highly of the care plans and felt they provided them with sufficient detail to provide responsive care.

Care workers demonstrated a good understanding of people's life history, hobbies and what was important to them. We visited three people in their own home and were accompanied by care workers. Care workers were able to clearly describe to us people's background and their hobbies. For example, one care worker told us about one person who travelled extensively with their job and were well regarded within their field of work. They then supported the individual to talk with about their working life and with pride they showed us a book they had co-written. Care workers told us that one thing they enjoyed about the job was meeting a variety of people and learning about their pasts. One care worker told us, "We meet so many interesting people. I feel very privileged to meet them actually. Their life stories are fascinating."

Requires Improvement

Is the service well-led?

Our findings

Apex Primecare Hailsham provided domiciliary care services to the Hailsham and Hastings area. The provider and registered manager were able to demonstrate how the delivery and provision of care met people's needs who lived in the Hailsham area. However, they were unable to demonstrate how people who lived in the area of Hastings received care that met their needs.

A range of quality assurance checks were in place. These included peer audits. The registered manager told us, "As part of our quality assurance checks, we do peer audits. So one manager from another branch will come and audit here and I'll audit their branch." Peer audits considered care worker's knowledge on areas such as medication, safeguarding, training and supervision. The audits also considered key area outcomes such as care and welfare of people and assessing and monitoring the quality of service provision. We found this key area outcomes had not yet been updated to reflect the fundamental standards (Health and Social Care Act 2008 (Regulated Activities) 2014). However, they provided a baseline for the audit to follow. Following each peer audit, a peer review action plan was implemented which was continually reviewed. The peer review action plan for Hastings dated 5 January 2017 identified actions which included specific training on the use of convenes (tool to manage continence) and for spot checks to be increased. The registered manager told us, "We have also identified as part of the peer audits that risk assessments need to have more guidance and information." The action plan for Hailsham dated 4 April 2017 included actions such as, for team meeting minutes to detail the list of care workers who attended. Despite a range of quality assurance checks in place, these checks had failed to identify that the provider and registered manager did not have consistent oversight of the care delivery in the Hastings area.

Documentation was in place to record incidents and accidents. This included the date of the incident/accident, who was involved and a description. Information was readily available on what happened, however information was limited on what action was taken. The incident and accident documentation itself also failed to include a section for the manager to evidence what action had been taken. The registered manager told us, "Any action taken is recorded in the person's care plan." One incident and accident reflected that a care worker had slipped on the floor and hit their head resulting in them being off sick for a few days. The cause of the fall was recorded as having slipped in dog urine. However, during discussions with the registered manager they told us that the cause of their slip had been deemed to be relating to poor lighting and action had now been taken to address the concerns. However, documentation failed to evidence that action had been taken. Accidents and incidents were also not subject to a monthly audit to monitor for any trends, themes or emerging patterns.

The organisation had been subject to a significant amount of change in the past two years. The registered manager told us, "We have changed legal entity about three times and are now Apex Primecare. In April 2016, Apex Primecare brought Centra Primecare, however, the board on our front door still says Centra. We are in the process of changing that." We also found that a large amount of paperwork had not been updated to reflect the new legal entity. For example, some people's care plans still made reference to Centra. The provider's statement of purpose reviewed in October 2016 also made reference to Apex Companions Ltd which was no longer the registered provider and had changed to Apex Primecare Ltd in May 2016. The

registered manager confirmed that they were in the process of updating all paperwork.

A range of policies and procedures were in place for care workers to access. However, the registered manager identified that the provider was in the process of updating and reviewing all of the policies to ensure they reflected up to date policy and legislation. For example, the provider's safeguarding policy had not been updated to reflect the changes in legislation and the Care Act 2014. The medication policy also required updating to reflect current legislation. The registered manager confirmed that all policies and procedures were in the process of being updated.

The above examples demonstrate that the provider had failed to implement a robust quality assurance framework. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager and care workers from the Hailsham area told us they had office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. Office meetings were held in both the Hailsham office and Hastings office. Minutes from the last Hailsham office meeting dated 20 January 2017 reflected that areas of care such as risk assessments, confidentiality, rotas, on call and uniform were discussed. Meetings from the Hastings office meeting in March 2017 reflected that training, MAR charts and logging in and out of visits were discussed.

Systems were in place to gain feedback from people, care workers and relatives. Satisfaction surveys were sent to people on a regular basis to drive improvement. We looked at two satisfaction surveys relating to the Hailsham area. One dated September 2016 and one from April 2017. Where actions had been identified, we saw that the registered manager had responded to these concerns. For example, one satisfaction survey raised concerns of a person and their family being unaware of the on-call number. This lead to that information being sent out.

The atmosphere was professional and friendly in the office. We observed how the management team spoke to people and their relatives on the telephone. This was done in a caring, sensitive and professional made. When contacting people to make changes to their care call, staff clearly informed the person of the changes, what time the care worker would be arriving and who they were. All care workers spoke highly of the registered provider and office staff. Comments from care workers included, "The manager is very supportive and approachable." Another care worker told us, "I love working for the company. I've worked for other care companies before and this one is much better. The communication is clearly good and the office staff are ever so understanding and supportive." The registered manager told us how one of the key strengths of the service was the staff team and how they worked well together. They commented, "We have a long standing team here and that creates a positive attitude."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider did not ensure that care was delivered in a person centred way. Regulation 9 (1) (a) (b) (c).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider did not ensure that consent was sought in line with the Mental Capacity Act 2005. Regulation 11 (3).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not ensure that ensure that people were kept safe from risks or avoidable harm. Regulation 12 (2) (a) (b). The registered provider did not ensure that medicines were being managed safely. Regulation 12 (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not kept complete and contemporaneous records for each person. The registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service. Regulation 17 (2) (a) (c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. The provider had failed to ensure staff received appropriate support and training. Regulation 18 (1) (2) (a).