

Apex Prime Care Ltd

Apex Prime Care - Portsmouth

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Apex Prime Care - Portsmouth is a domiciliary care agency providing personal care to older and younger adults who require this due to illness, disability, learning disabilities or autism. At the time of our inspection, the agency was providing care to 96 people living in Portsmouth and the surrounding areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Following the last inspection the provider implemented an action plan to make the required improvements. At this inspection we found there were improvements in the management of risks to people and in their system to assess, monitor and improve the quality and safety of the services provided.

People and their relatives were positive in the feedback they gave about the service. One person told us, "I am very definitely safe with them [carers], they are a big help and always come in with a smile." Another said, "My family feel confident that I am safe, I am quite happy with the service."

There were systems in place to protect people from the risk of abuse. Staff understood safeguarding procedures and were aware of how to raise a concern. Risks to people were regularly assessed and reviewed, with appropriate measures in place to minimise risk. Staff were recruited safely and there were enough staff to meet the needs of people receiving care from the service. When needed, medicines were administered by staff who had received training to do so. People were supported by staff who had received infection prevention and control training and had access to necessary PPE.

Quality assurance systems were in place and monitored regularly by the registered manager to review the quality of the service provided to people, for example, audits of care records and concerns. Feedback was sought from people who used the service and any lessons learnt were shared appropriately. The service worked with external professionals to support joined up care provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 January 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apex Prime Care- Portsmouth on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

The service was Safe.

Please see our detailed findings below.

Is the service well-led?

Good ●

The service was Well Led.

Please see our detailed findings below.

Apex Prime Care - Portsmouth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Apex Prime Care- Portsmouth is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 February 2023 and ended on 15 February 2023. We visited the location's office on 3 February 2023.

What we did before the inspection

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

During the inspection

We spoke with 12 people who use the service and 5 relatives. We spoke with the registered manager, 1 care co-ordinator and 5 members of care staff. We reviewed a range of records including 10 people's care records, 6 staff recruitment files, audits, policies and medication records.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks for people had been effectively assessed and plans developed to mitigate these risks. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems and processes in place to minimise risks to people. Specific risks for individuals had been identified including health conditions, falling, moving and handling and nutrition. Guidance was in place to manage these risks and this was regularly reviewed and updated.
- Clear guidance on how to manage people's risks was available to staff who understood these risks and were able to describe how they managed them effectively. All staff told us they had access to this information and would report any changes or concerns to the office for further investigation.
- Environmental and fire risks were assessed, and management plans completed and followed when a risk was identified.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person told us, "I feel safe with all of them [carers]." Another person said, "I am very definitely safe with them."
- Systems and processes were in place and followed to protect people from the risk of abuse. When a safeguarding concern was identified, evidence was seen of investigations being completed effectively.
- Staff had received training and knew how to safeguard people from abuse. Staff we spoke to were all able to describe appropriate actions they would take if a safeguarding concern was identified and knew who to report it to.
- The registered manager followed the local authorities safeguarding procedure and had raised concerns and investigated them in line with policies and procedures when appropriate.

Staffing and recruitment

- People were often supported by a consistent staff team but didn't always know who was visiting each day. A relative said, "It's the same care workers 99% of the time." One person told us, "I have the same person every day, I know they are coming." However, another said, "I never know who is coming in, but I know them all and it doesn't matter," another said, "The only thing I would change is it would be good to know who is coming each time, but all the girls [carers] are really nice." We discussed this with the registered manager who told us carers were allocated to specific rounds so people knew which carers were visiting, but they would review providing this information to people in future.
- There were enough care workers deployed to keep people safe. Although we received mixed feedback from staff around staffing levels of regular care staff, all staff we spoke with told us the management team supported care calls when required. The registered manager confirmed arrangements were in place to cover care safely in the event of sickness absence. In the event of a staffing shortage, contingency plans were in place which included accessing support from other local branches if required. The registered manager described an ongoing recruitment drive being in place.
- The registered manager had systems in place to check care calls were happening when they should. This system would alert care co-ordinators in the event of a missed call which meant appropriate action could be taken in a timely way if necessary.
- People told us they received their care calls on time and for the correct duration of the call. One person's relative told us, "They [carers] are always on time unless they are held up, then they contact the office who contact me." Another said, "They [carers] are always on time both arriving and leaving."
- Care staff were recruited safely and subject to pre-employment checks such as reviewing their full employment history, references from previous employers, right to work records and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Where support with medication was provided, electronic medication administration records (EMAR's) were completed. EMAR's were monitored by care co-ordinators, if a medicine was missed, an alert would be sent, and senior staff would follow up in a timely manner.
- Care workers had completed training in the administration of medicines and received regular medicines competency assessments. This meant people were supported with their medicines by trained and competent staff. One person's relative told us, "They [carers] are very careful and strict on medication. If there is a change, it all has to be written down and signed off by the doctor. They [carers] would not give a new medication without authorisation."
- Medicines risk assessments were completed and available for staff to refer to. For example, risk assessments were in place for the management of flammable creams and time specific medicines. EMAR's were completed with administration times to ensure the prescribed time between doses was supported. Body maps were completed to reflect where prescribed creams should be applied. Staff confirmed they had access to this information.

Preventing and controlling infection

- Infection Prevention and Control and COVID-19 policies were in place. The COVID-19 policy had not been updated to reflect the most up to date government guidance. However, there was evidence the updates had been reviewed and appropriate actions taken. The registered manager told us they would update the policy to reflect this.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

Learning lessons when things go wrong

● People benefitted from the improvements made as a result of the lessons learnt when things went wrong. When incidents happened, investigations were completed identifying areas for learning and practice was adapted across the organisation appropriately.

● For example, in response to a medicines error, an investigation had been completed and practice around secure storage of medicines in people's homes had been changed across the whole organisation as a result of this.

● Staff received feedback if they reported a concern, to help identify lessons learnt and improve people's care. The registered manager said, "If someone [carer] raises a concern in a supervision meeting, I would always make sure I feedback to them [carer] with the outcome or what we have learnt." Staff we spoke to confirmed they had regular supervision meetings with the registered manager and received feedback during these meetings.

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the services provided, this was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place to enable the registered manager to identify any shortfalls or trends in the quality of care people received and take action in a timely manner. The registered manager demonstrated oversight of these systems and implemented additional systems when necessary. For example, when changing electronic record keeping systems, the registered manager had developed a tool to ensure all information was successfully transferred to the new system.
- The registered manager regularly reviewed care records to identify trends and themes which were then addressed and shared with appropriate people so risks could be identified and improvements made. For example, during review, it was identified that one person was regularly leaving their home, so an exit monitor was installed to reduce the risk of harm to this person and their care plan was appropriately updated.
- The registered manager had a clear understanding and oversight of the service they managed.
- Positive risk taking was supported by the registered manager who communicated with the relevant external professionals to develop a plan that was supportive of the person.
- Policies and procedures were in place about how to meet the Health and Social Care Act 2008.

- The registered manager understood their responsibility under duty of candour, to be open and honest with people and investigate when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care was planned in a person-centred way considering people's preferences. People told us their individual care needs were met and concerns were resolved. Positive comments about the care provided to people were received from people and their relatives. One person told us, "The office are brilliant, any issues at all are sorted out immediately, they deal with it straight away for me." Another person said, "When you ring the office, they always say, 'your call is quite welcome' and they are pleasant when sorting out your needs."
- Feedback was sought from people who used the service. Surveys were sent out to people and staff and monitoring calls were made to people and their relatives. People were asked how they felt about their care, if any changes should be made and also gave people the opportunity to report any concerns.
- Staff received regular supervision meetings with, the registered manager, during which updates and information were shared and to ensure staff felt valued. Staff spoke positively about this and a staff member told us, "I have a regular supervision with the manager, sometimes people go without receiving positive feedback, it's nice to get that and the manager gives it." Another said, "The manager is very understanding, they care."
- Staff confirmed they received staff surveys and an anonymous feedback questionnaire, however face to face staff meetings were only held for office staff. We received mixed feedback from staff about this and some said they felt face to face staff meetings would benefit them and make them feel more part of a team. We told the registered manager this who said they would review this.

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

- Mainly positive feedback was received about working in partnership with others. One person's relative told us, "The apex team are really good at crossover with a team from another company providing care which really supports the smooth running of their care." Other people we spoke to confirmed the service had supported them to access other health and social care professionals when needed.
- Feedback from people, relatives and staff was actively sought to drive improvement within the service. The registered manager described 'Feel Good Friday' which had been implemented to actively encourage people to give feedback on the care they were receiving. This meant people were encouraged to give feedback.
- The registered manager worked closely with other professionals and was aware of when and how to contact them and understood the positive impact a good working relationship had on people and their care. The registered manager told us, "I work closely with other professionals so it's successful for the people we care for. We want the best outcome for clients and having a good rapport helps us do that."
- Peoples equality characteristics were identified during the initial assessment. For example, on one occasion a language barrier was identified, and the registered manager managed this need effectively.

Continuous learning and improving care

- The registered manager told us they stayed up to date with developments by keeping up to date with communications received from CQC, external webinar sessions and internal communications from head office. This information was then communicated to staff where appropriate via emails, supervision meetings or verbally.
- Care plans were reviewed twice a year, regular spot checks on care staff were completed and competency assessments were performed with staff in people's homes. This meant the registered manager was able to

identify any concerns and take appropriate action in a timely way to improve quality of care if needed.