

Apex Prime Care Ltd

Apex Prime Care - Abbey Court

Inspection report

Abbey Court
Popley Way
Basingstoke
RG24 9DX

Tel: 01256354598

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13 June 2022

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Apex Prime Care – Abbey Court is an extra care service. The service provides personal care support to people living at Abbey Court. People live in their own flats with some shared facilities.

Not everyone who used the service received personal care. In this service, the Care Quality Commission (CQC) can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. At the time of our inspection there were 18 people receiving support with personal care.

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

People we spoke with and their relatives were all very positive about the service they received. Their feedback regularly contained words such as "happy", "content" and "well looked after". One person's relative said, "I am highly delighted. They are very accommodating."

The provider had identified a number of improvements needed with respect to the management and governance of the service. The provider had appointed an experienced registered manager from another location to manage Abbey Court. The new manager had developed an improvement plan, but there had not been time to introduce and embed all the changes identified.

The provider had processes in place to manage risks to people's safety, welfare and wellbeing. There were enough staff to support people safely. There were suitable processes to manage people's medicines where required, and to protect people from the risk of abuse or poor care.

People received care and support that was effective, and staff had the necessary skills and training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported in a caring way. The service focused on people's independence and dignity. People were respected as individuals. People appreciated they were supported to be as independent as possible. There were good relationships between people and their care workers.

People received responsive care which met their needs and respected their wishes and preferences. People knew how to complain if they needed to. Procedures and staff training were in place to enable people to spend their final days comfortably, with dignity and free of pain if they chose to stay at Abbey Court

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the CQC website at www.cqc.org.uk.

Rating at last inspection:

We registered this service on 18 March 2021 and this was the first inspection.

Why we inspected

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Apex Prime Care - Abbey Court

Detailed findings

Background to this inspection

Inspection team

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

Two inspectors and an Expert by Experience carried out this inspection. 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A manager registered to another of the provider's locations was overseeing the service, referred to as 'the manager' in this report.

Notice of inspection

We gave three days' notice of the inspection so the provider could contact people and their relatives to ask

them to agree to talk with us on the phone as part of our inspection.

What we did before the inspection

We reviewed all the information we had about the provider and used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

Inspection activity started on 7 June 2022 and ended on 13 June 2022. We visited the location's office/service location on 7 June 2022.

We spoke with five people who used the service and five relatives by telephone. We spoke with five staff members including the manager. We observed support activities in the shared areas of the service.

We reviewed records including care records for three people, recruitment records for three staff members, and policies and procedures.

We reviewed all the evidence we gathered and used it to make rating judgements based on our published assessment framework

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff had appropriate training and knew how to respond to safeguarding concerns. Staff were confident the provider would deal with any concerns they might raise.
- People's relatives told us they were confident their loved ones were safe. One relative said, "Mum is safe, and I know if there were any concerns Mum would ring me." Another relative said their loved one was "absolutely safe".
- The provider had an appropriate safeguarding policy. Staff understood how to escalate concerns about people's safety and liaised with the local authority and other agencies. Where necessary they notified us of allegations of safeguarding concerns. Policies and processes guided staff to keep people safe. One person said, "I am happy and safe and grateful."

Assessing risk, safety monitoring and management

- The provider had processes in place to manage risks to people's safety and wellbeing. Care plans contained risk assessments for risks such as health and safety, medicines, moving and positioning, and personal care. People told us they were happy risks were managed. One person said, "They are aware about my risks and they help me." Another person said, "They help me and teach me how not to fall."
- The provider had assessed risks associated with the delivery of the service. There was a business continuity plan which had been updated in the light of the COVID-19 pandemic. There was a fire risk assessment in place for areas of Abbey Court for which the provider was responsible. People had individual emergency evacuation plans. One person's relative told us there was "always someone on hand to get an ambulance straight away" if needed. The provider had taken steps to keep people safe in an emergency.

Staffing and recruitment

- The provider had processes in place to recruit people safely. Records showed they carried out the necessary checks to make sure staff were suitable to work in the care sector. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked recruitment files contained the necessary records.
- The provider made sure there were sufficient numbers of staff to support people safely based on their needs assessment. One person's relative told us staff responded quickly in the event of an emergency call. They said, "Their response is immediate." Another relative told us staff had "never missed" a call, and a person using the service said, "They come three times a day. They are always on time."

Using medicines safely

- The new manager had identified past concerns with how medicines were managed. These included poor records of medicines checked into the service. This had led to one medicine not being available when needed. The new manager had improved record keeping, and they considered "things were now under control".
- People and their relatives were satisfied with how medicines were administered. One relative said, "They give mum her medicine and stay with her while she takes it." Another relative said, "They help and sort out her medicines. It is very good."

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice and government guidance in cleanliness and hygiene. People's relatives confirmed measures were in place concerning personal protective equipment (PPE). One relative said, "During COVID they all had PPE on and were very resilient. When I visited they wore masks and still do now." A person said, "During COVID we had regular tests."
- We were assured the provider used personal protective equipment (PPE) according to the guidelines in force at the time.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider accessed testing for people using the service and staff.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. Incidents were recorded, followed up, and analysed for trends and patterns.
- The manager worked with other managers and the local authority to analyse incidents and identify lessons to improve people's service. Where necessary the provider notified CQC of certain events that occurred in the service.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was based on initial assessments of their physical, mental health and social needs, and identified any support needs arising from people's protected characteristics.
- Care was planned and delivered in line with current standards and legislation. The provider's policies, procedures and care plans reflected good practice and legal requirements, such as the Health and Social Care Act 2008 and Human Rights Act 1998. The provider had a system in place for staff to sign off they had read updated policies.
- People's care and support led to good outcomes for them. One person said, "The carers are golden girls and look after me very well." People's relatives said, "With her frailty, she is doing very well," and, "The best thing is to know Mum is happy."

Staff support, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People's relatives told us staff "seem to know what they are doing" and had the right skills and knowledge.
- Records showed new staff had an induction based on the Care Certificate, which sets out an agreed set of standards for workers in the social care sector. Training included diabetes care, and caring for people with other conditions, as well as topics such as safeguarding, moving and positioning, and basic first aid.
- Staff had received refresher training in April 2022, which included person-centred care, equality and diversity, privacy and dignity, and effective communications. Training was in place to keep staff's skills and knowledge up to date.

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

- People supported by the provider were independent in terms of choosing a balanced diet. Catering at Abbey Court was not part of the provider's responsibilities. Staff encouraged people to make healthy choices, and to make sure they ate and drank enough.

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

- Staff worked with other health and social care professionals to make sure people had consistent care. This included working with the community nursing team and GPs. Where necessary staff made appointments for people, and supported them to attend. A relative told us, "They can do face time with a doctor if needed." Another relative told us people could have hairdressing and chiropody appointments on site.
- Staff supported people to take part in leisure activities and excursions organised by a volunteer at Abbey Court, and to have tea and coffee with others in the shared dining area and enclosed garden. Staff

encouraged people to avoid social isolation which had a positive effective on their wellbeing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to their care and support plans was documented in their care files. There were records to show people consented to staff entering their flats to support them in line with their agreed care plans, to have staff return unused medicines for them, and to have welfare calls if there were any concerns about their wellbeing, safety or health.
- Staff assumed people had capacity as required by the MCA code of practice. Nobody supported by the provider had been assessed as lacking capacity at the time of our inspection.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a caring manner. People said staff "always have time for me and sit and chat," and, "They are all friends to me and put their arms around me." One person said, "There have been times when I have felt a bit low. They came to sit and chat with me, and made me feel better."
- People's relatives were satisfied staff supported people and treated them well. One relative said, "Everyone is on top of everything and it is a comfort to her." Another relative said, "They would give her emotional support if needed." Another relative told us, "I phoned them to let them know Mum was having a bad day. I asked them to go and have a talk with her, and they did."
- The provider took into account the need to respect equality and diversity in their care assessments and support. People's relatives told us staff respected their loved ones as individuals. One relative said, "They know Mum well now, and understand her." Another relative told us care workers were "kind" and treated their loved one with respect.

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

- People were able to express their views and participate in decision making about their care. One person said, "The care staff are lovely. They are marvellous and they know me and what I can and can't do." Another person's relative said, "She is incredibly happy there, especially as she has her freedom and can make her own choices."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person said, "Staff use the key pad, but they still knock on the door and say who they are." Another person said, "If I am on the phone when they come, they will signal to me and come back later." People's relatives were satisfied staff treated people with respect and dignity. One relative said, "They are very caring."
- The provider supported people living in an extra care housing scheme to live independently in their own flat for as long as possible. One person's relative said, "She is very independent and goes out every day on the bus, has a coffee in town and comes back. They help her to be independent." Another person told us, "I feel free enough to do what I want with no restrictions."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery

Planning personalised care

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual to the person and contained information about their preferences, interests, and their important people and relationships.
- Care plans showed where people could be independent as well as where they needed support. Care plans focused on people's desired outcomes, such as to stay safe, healthy and in control of decisions.
- People's feedback about their care was positive. One person said, "They are very good because I like to get up early. So, the night staff will get me up." Another person's relative told us, "They are good at day to day care. It is excellent." Another relative said, "I have had one or two conversations with the support workers, and they are very focused on her welfare." People's care was in line with their support needs and individual choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of the standard, and the provider's assessment process included identifying people's individual communication needs. People's care plans included information about their communication needs. Staff knew how to help people understand by speaking slowly and clearly, making sure they wore their hearing aids, and by supplementing speech with signs the person understood.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints and concerns. People knew how to complain if they needed to and were confident any concerns raised would be followed up properly. One person said, "If I needed to complain, I would go to the office."
- Records showed complaints and concerns were investigated, followed up and actioned.

End of life care and support

- Nobody living at Abbey Court was receiving end of life care at the time of our inspection. The provider had previously supported people in their final days. Policies, procedures and staff training were in place to support people in their final days with dignity, and according to their wishes and any cultural or spiritual needs.
- Some people told us staff had discussed their wishes around end of life care with them. The provider used

a standard process and form to record people's advance care planning wishes, which guided staff to comply with best practice in this area.

Is the service well-led?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant the service management and leadership had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- The provider had a clear vision for a high-quality service based on the values of quality, respect, compassion and community. However, the provider had found their way of working had not been embedded sufficiently after they had been running the service for a year. The provider had identified this as an area for improvement and had a plan to achieve the improvements. This plan included a change of leadership at Abbey Court.
- The new management team were experienced and had a good track record in other locations. However, they had not been in post long enough to understand thoroughly people's individual needs and preferences.
- People and their relatives were happy with the outcomes from their care and support, but they attributed this to the previous registered manager. Comments included "overall the standard is good", "I would recommend it", "I would recommend it", and "I could not be in a better place". When people mentioned the manager by name, it was clear they were thinking of the previous registered manager. The new management team had still to establish a visible presence and build the same relationship with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the duty of candour. The provider had published information for staff based on the principles of being "open, honest and transparent". There were no records of any incidents which fell under the scope of the duty of candour.

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

- At the time of our inspection there was no registered manager in post at Abbey Court. The provider had appointed an experienced manager who was in the process of applying to have Abbey Court added to their registration. They intended to continue as registered manager for two locations. There had not been time at this inspection to show this arrangement was sustainable.
- The manager had a confident understanding of the quality, risk and regulatory aspects of their role. They had not had time to make sure this understanding was shared with all staff at Abbey Court.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff engaged with people during their day to day support, and at events and meetings organised by a volunteer living at Abbey Court. The manager's improvement plan included having more formal, regular meetings with people and their families.
- The manager engaged with staff via team meetings, handovers, supervisions and spot checks. There was effective peer to peer communication amongst staff using a communications book and secure social media.
- At the time of our inspection most people were independent and could engage with the local community as they wished. For people who did not leave the location as much as others, there were various activities to bring the community to the location. These included inviting children from the nursery next door to join in activities at Abbey Court.

Continuous learning and improving care

- The manager had an improvement plan to maintain and improve the quality of the service. This included moving from paper to an online system for care planning in line with the provider's policies.
- There had not been time to show material progress as a result of this plan, but the manager had a clear vision of what needed to happen.

Working in partnership with others

- Staff worked with a variety of healthcare and other professionals to make sure people's care was effective and met their needs. The provider had a process for managing hospital admissions and discharge. This made sure all parties were aware of the level of support people had in an extra care housing setting.