Apex Prime Care Ltd

Apex Prime Care Havant

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We conducted this comprehensive inspection on 29 August 2018.

Apex Prime Care Havant provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. At the time of our inspection 152 people were receiving personal care in their own homes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had delegated the responsibility of managing the service to the deputy manager. It was their intention to apply to become the registered manager of the service.

The provider failed to notify CQC of allegations of possible abuse.

We could not be assured people consistently received their medicines because records were not always completed.

Governance systems were not always effective in monitoring the quality of care provided.

People told us they were safe.

Care workers underwent appropriate recruitment checks before they started to work at the service.

Sufficient staff were deployed to meet people's needs.

Care plans were detailed and person-centred.

People had their needs assessed across a wide range of areas and care plans included guidance about meeting these needs.

Care workers understood the Mental Capacity Act 2005 (MCA). The service was aware of the need to assess people's capacity to make specific decisions. Care workers were supported to have the skills and knowledge to carry out their role. They had received an induction and essential training. People were supported to have sufficient amounts to eat and drink.

Care workers told us that the registered manager and the deputy manager were supportive.

Staff received regular supervisions and appraisal. Spot checks were also a regular occurrence to monitor

performance.

People who used the service told us that staff were kind and caring.

People and their relatives were involved in their care.

Care workers knew people well and could describe to us how people liked to be supported.

There was a complaints procedure which people and their relatives were aware of.

People felt they would be listened to if they needed to complain or raise concerns.

The Accessible Information standard was understood by the management team.

The registered manager and the deputy manager were knowledgeable about issues and priorities relating to the quality and future of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commissions (Registration) Regulations 2009. 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

The service was not always safe.

We could not be assured people received their medicines safely because records were not always completed properly.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service.

The service had processes in place to reduce the risk of infection and cross contamination.

There were systems in place to ensure people were supported with their medicines. Care workers had received medicines training.

Is the service effective?

Good

The service was effective. People's needs had been assessed before they started to use the service. Care plans included guidance about meeting these needs.

Care workers understood the Mental Capacity Act 2005 (MCA).

Care workers received an induction before they could provide care to people. Regular training and support were provided continuously.

Care workers received monthly supervisions, regular spot checks and an annual appraisal.

People were supported to have sufficient amounts to eat and drink.

Is the service caring?

Good

The service was caring. Care workers had a good understanding of protecting and respecting people's human rights.

They understood the importance of treating people fairly, regardless of differences.

The service recognised people's rights to privacy and confidentiality.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive. People told us that they received personalised care that met their needs. We saw good examples of person-centred care throughout the inspection.

Care workers were knowledgeable about people's needs and could describe how people liked to be supported.

Care plans were regularly reviewed to ensure they reflected people's changing needs and wishes.

The service had a complaints procedure which people and their relatives were aware of.

Is the service well-led?

Requires Improvement

The service was always not well-led.

The provider failed to notify CQC of allegations of possible abuse.

Governance systems were not consistently effective in driving improvement and monitoring the quality of care provided.

Apex Prime Care Havant

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.

We gave the provider 48 hours' notice of the inspection to be sure the management would be in the office and available to assist with the inspection.

This inspection took place on 28 August 2018 and was undertaken by one inspector and an expert by experience. An expert by experience is someone who experience of using or working within this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with the registered manager, the deputy manager, two care coordinators, one team leader and one senior carer. After the inspection visit we obtained feedback from five care workers, 13 people and eight relatives. We examined six people's care records. We also looked at personnel records of seven care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included, "They look after me safely" and "They remind me to take my medication". Staff comments included, "My understanding of safeguarding is to reduce the risk of abuse and neglect to our service users. Abuse can be shown when service users behaviour may change. Become quiet and withdrawn, have bruises and marks on body, depressed and crying, also weight loss due to not being fed", "Generally I believe our staff are capable at covering all our service user's hours. The care staff I work alongside all work together as a team and are hardworking and reliable. If extra work is needed to be picked up all staff are more than happy to help with work load, by picking up a few extra calls each". One person said, "Totally safe, they've been so supportive. They try out different ways of doing things, it is the carers that are keeping me going, they're brilliant. Despite people's positive feedback, we identified areas of care which were not consistently safe.

Whilst people told us they were supported to take their medicine appropriately, medication administration records (MAR) were not consistently completed. A relative told us, "I have been to see (person) and his tablets were not recorded in the chart". The registered manager acknowledged the recording of medicine required improvement. The deputy manager told us, "The record of care audit is our downfall here. Whilst most staff are good at meds, I have stressed the importance of completing MAR charts at team meetings". Staff had received suitable training in how to support people with their medicine and spot checks observing staff competence were undertaken.

Relatives and staff were generally positive about the number of suitably skilled, qualified and experienced staff available to meet people's needs. Comments included, "We have enough staff but we are always recruiting for more", "I have enough time to do all the care I need before I go to the next person" and, "I do sometimes work long hours but that is my choice. However, one member of staff told us, "My only complaint is the rota's. I feel I can't plan my personal life because I work my rota comes in the email the night before work any time up to 10.30 pm. I don't know what hours I'm working from one day to the next" and "I also don't like 11 hour sits there is no real break and I find it mind numbing". One person said, "They (carers) don't even have a rota until the morning. It's not good for the carers. They stay the right amount of time and ask if there is anything else needs to be done". The deputy manager and the registered manager told us the rota system will be significantly improved once the new IT system has been fully implemented.

There were safeguarding systems and processes to support care workers to understand their role and responsibilities to protect people from avoidable harm. There were relevant policies in place, including whistleblowing. Care workers had received safeguarding training. They were aware of how to raise concerns through these policies and were confident any concerns raised would be dealt with effectively to make sure people were protected. Care workers were also aware they could report allegations of abuse to the local authority safeguarding team and the Commission if management had taken no action.

There were effective systems and processes in place to minimise risks to people. Support plans included risk assessments covering a range of areas, including moving and handling, falls, pressure sore management and medical conditions such as diabetes and epilepsy. There was information to guide staff members when

delivering support to people, including how to reduce identified risks. For example, one person was at risk of developing pressure ulcers and their support plan contained a set of instructions to reduce the risk. These included, an air mattress and cushion to relieve pressure, regular repositioning during the day and at night and any skin damage to be noted and documented on a body map. Risk assessments were reviewed on a regular basis, which ensured people's safety and wellbeing were monitored and managed appropriately.

Environmental safety was also considered. The CQC has no regulatory powers or duties to inspect people's own homes. However registered providers have responsibilities in relation to the environments people who use the service lived in. The service carried out an environmental risk assessment of the home at the first contact with the person. The assessment covered a range of areas, including trip hazards, fire safety, and moving and handling. Where risks were identified, there were specific actions to take to reduce the risk. For example, the service had made arrangements on behalf of a person who required bedrails for their safety. Care workers were instructed to carry out regular checks on the environment to reduce the risk to people in their own homes. The registered manager was aware they could contact relatives, landlords or alert local authorities for any maintenance work.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service to ensure they were suitable to provide people's care. Pre-employment checks had been carried out to make sure new care workers were of good character to work with people. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service. We noted that one care worker with issues associated with their recruitment application had been risk assessed and there were special supervision arrangements following their appointment.

There was a process in place to monitor any accidents and incidents. Care workers confirmed they were aware of this. The registered manager explained all accidents were logged centrally to ensure management oversight of any emerging trends. There was evidence that accidents were discussed in staff and management meetings to identify any trends, such as falls and to ensure appropriate action had been taken.

People were protected from the risks associated with poor infection control because the provider had processes in place to reduce the risk of infection and cross contamination. Care workers had completed training in infection control prevention. There was an infection control policy which provided guidance in line with national guidance from the National Institute for Clinical Excellence (NICE) guideline 2012: Preventing infections in people having treatment and care at home or in the community. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons, when they supported people.

Good

Is the service effective?

Our findings

People and their relatives told us staff provided effective care. Comments included, "Staff are trained well", "They have helped [person] to attend hospital visits" and "They involve me in making decisions about my care". Staff comments included, "The Mental Capacity Act 2005 is there to help those who lack capacity. Help them to take part in decision making and encourage them to have a say on their care. If they lack the ability, then act with their best interest always", "The training is very very informative and was very well delivered with all the questions answered. I felt ready to start my career as a carer and able to complete the care certificate with what I learned". One person said, "Yes I think they have, I've never had cause to complain".

People's needs had been assessed before they started to use the service. Assessments covered areas such as nutrition, moving and handling, communication, health and safety, and relevant medical conditions. Care plans included guidance about meeting these needs. People gave us positive feedback about how the service was meeting their needs. One person told us, "We had a meeting at my house and it went really well. My daughter was here with me and went through everything together to make sure it was all sorted out before they came in".

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 were met. The MCA 2005 provides a legal framework for making 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 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 interest and legally authorised under the MCA.

People who were unable to make decisions about their care had been assessed in line with the MCA 2005. They were supported to participate in their care and to make decisions about their day to day lives. People told us care workers consulted with them during visits. We examined people's records, which confirmed that decisions had been made in their best interests and by whom. Where appropriate the service had involved families and professional representatives to ensure decisions made were in people's best interests.

Care workers were supported to have the skills and knowledge to carry out their role. They had completed an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New care workers shadowed experienced members of staff until they felt confident to provide care on their own. Furthermore, there was on-going essential training, including communication, duty of care, equality and diversity, first aid awareness, fluids and nutrition, food hygiene, handling information, health and safety, safeguarding and medicines handling. Records confirmed care workers were up to date with their training. Where refresher training was due this had been scheduled. A member of staff told us, "We get any training we need and the courses I have been on are good."

Care workers received frequent supervisions and regular spot checks with an annual appraisal. Care workers told us supervision provided an opportunity for a two-way conversation with their manager about their role. We saw evidence the registered manager explained priorities and objectives with care workers at the beginning of the year. This was revisited midyear to discuss progress and any learning needs. This was then reviewed at the end of the year. A staff member told us, "Anytime I have needed help the office staff and the manager have been there to help".

People told us care workers were available to make sure they had enough to eat and drink. In some examples people's relatives prepared their meals. However, where required, care workers supported people to prepare and eat their meals. There was a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people.

People were supported to access appropriate healthcare. One person said, "A while ago, I had a supra pubic catheter and it was looking dodgy, they said 'you need to get it looked at' and I got a doctor's appointment that morning'. They notice if my foot is swelling, they are really switched on to that". A relative said, "They show me everything, the slightest bruise, everything. They know her body better than I do and they call the GP when they must".

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. They described care workers as kind, compassionate, caring, and respectful. Their comments included, "They are brilliant, they are busy people but they don't compromise on quality of care" and "They are like friends". A relative said, "When she had flu they couldn't do enough for her. They bring a bowl and towel down to wash her on the settee". Another person told us, "I have to get undressed every day, at first I found it quite daunting but they've been great. When they wheel the chair into the bathroom they worked a way to cover me with towels all around me".

Care workers were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, gender, interests, culture and language. This information enabled care workers to involve people as they wished to be. As a result, we saw that rotas were organised so that people received care, as much as possible, from regular care workers. For example, some people attended church services and the service had considered this when deciding on which care workers will be working with them. A member of staff told us, "We promote dignity by giving clients their right to personal preferences. These preferences could be, what they wish to wear, their chosen dietary requests, how they would like to be addressed, i.e. Christian name, Mr or Mrs. Also ask permission on personal belongings, don't assume you can route through drawers or cupboards and indeed do they wish private time in the bathroom".

Care workers had a good understanding of protecting and respecting people's human rights. They had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. They were aware of people's right to privacy, dignity and respect. The service had relevant policies in place, including, equality and diversity. The provider complied with the Equalities Act 2010. A member of staff told us, "We have a few clients whom are different race, age, sex and religion and they are never discriminated against by me or staff I've worked with. We provide equality for all and opportunity".

There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety. People told us care workers knocked on doors before entering their homes. Care workers told us that they ensured people were covered up during personal care and enabled them to be as independent as possible. Equally, the service was mindful of the information they received about people. It recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. The service had complied with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Good

Is the service responsive?

Our findings

People told us that they received personalised care that met their needs. One person told us, "They help to wash and they look after me. I can't fault them at all. Another person said, "They respond pretty much straight away. I have been having bowel difficulties lately and I got in a mess. I called out of hours and they tend to get 2 carers as quickly as possible. They come in and make it all better".

Care workers were knowledgeable about people's needs. They knew people well and could describe to us how people liked to be supported. Care workers told us they had been allocated to the same people, which helped them to be more familiarised with people's individual needs. We asked people if they received visits from the same care workers. Overall people reported that they had regular care workers. One person said, "They are pretty much the same staff but if someone different comes then they let me know".

People received care and support that was responsive to their individual needs and promoted independence where possible. A member of staff told us, "I feel my big success in promoting independence which started over 4 years ago. This gentleman suffers from severe anxiety and lack of confidence. With a huge amount of understanding, compassion and confidence building we have, together got to a point where he can cope with the community and indeed a small supermarket, such a sense of achievement for us both, and a huge difference to his life". Care plans were tailored to meet people's individual needs. They were regularly reviewed to ensure they reflected people's changing needs and wishes.

Staff responded to people's needs promptly. They provided staff at short notice to a person who had been admitted into hospital for day surgery. Whilst in hospital, the person had requested an additional care worker. This was necessary to facilitate discharge after the day surgery. We read feedback from the person commending the service for their responsiveness. A member of staff told us, "It wasn't easy but we managed it by working together".

Individual communication needs were assessed and met. The service had an Accessible Information Standard (AIS) policy in place. From 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services must record, flag, share and meet people's information and communication needs. We saw that the provider was complying with these requirements. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered.

The provider had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint. The provider had not received any complaints. People told us they were aware they could call the office or speak with care workers if they had any concerns. They felt they would be listened to if they needed to complain or raise concerns. Relatives commented that when they made suggestions, these had been received and responded to positively.

Requires Improvement

Is the service well-led?

Our findings

Staff, relatives and people were complimentary about the registered manager and the deputy manager. Comments included, "My manager is really good. She is passionate, enthusiastic and she cares about people", "Nothing is ever a problem" and "She is really approachable". A relative said, "All the stuff they do well. I honestly can't fault them. I know my Mum's in safe hands with them." However, despite people's positive feedback, we identified areas of practice which were not consistently well-led.

The provider failed to notify us of allegations of possible abuse. Registered persons are required to notify CQC of significant events that occur in the service. This includes any allegations of abuse. Incident records dated 4 October 2017 and 8 February 2017 whereby allegations of abuse had been raised were not reported to CQC. Records did however demonstrate the incidents had been investigated by the local authority safeguarding team.

The failure to notify CQC of these significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager and deputy manager were open and honest about the areas of the service they felt required improvement. The deputy manager told us, "We could get better at auditing, we could be doing it more regularly. I have realised it's not enough and I want to improve that drastically" and "The new IT system will do the audits for us. The system has been a success in the east". Whilst people told us they received their medicines at the correct times and records demonstrated investigations were conducted into allegations of abuse, quality assurance audits were not consistently effective in monitoring the quality of care provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Spot checks on staff included time and attendance records, care plans, medicines records, and discussions with the people who used the service regarding the quality of care they had received. Any problems observed or incorrect procedures were noted and discussed with all staff individually or at staff meetings as appropriate.

Care workers were complimentary about their line manager, the care coordinators and the management team. Comments included, "I believe our management team are supportive and capable of delivering what's required to run a good agency. They are always available for information, support in difficult times whether personal or work related. PPE is always available, time on holiday is catered for when possible. The office can be a stressful place at times but, despite this there is always someone who will listen, and find a solution to your query/problem"," In the short time I have been at Apex I have felt welcomed and encouraged to have no fear in asking for help, they are always on the end of a phone and give me the confidence and advice and answer to any questions I have to provide good care for the clients".

The Registered Manager and the deputy manager had values and a vision that clearly put people at the centre of the service and focused on their needs and desires. They wanted to offer people opportunities to

be as independent as possible and support them in attaining a fulfilled life. The deputy manager told us they could seek advice whenever they needed to from the registered manager.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person failed to notify the Commission without delay of any abuse or allegation of abuse in relation to a service user. Regulation 18 (1)(2) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a) The provider had failed to maintain an accurate and complete record for each person using the service. Regulation 17 (2)(c)