

APT Care Limited

# Hospital Intake Team

## Inspection report

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04 March 2021  
19 March 2021

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Hospital Intake Team is a domiciliary care agency, providing personal care to people who need short term support for between 10 and 42 days when discharged from hospital. At the time of the inspection the service were supporting 51 people.

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

People told us they were happy with their care and felt safe. Where there had been problems at the beginning of the service, they raised them with the office staff, and the problems were resolved. One person told us, "I feel safe and I'm free to speak up."

People were supported by staff who understood how to reduce the risks of COVID-19 and infection prevention and control. People told us staff always wore personal protective equipment (PPE) and socially distanced as much as possible while providing care. A person said, "[Staff] wear gloves, aprons, masks, shields, handwash and sanitise. I'm happy."

People had very detailed care plans and risk assessments that were kept up to date and stated how they preferred their care to be delivered. On discharge from hospital the manager ensured a full initial assessment of people's needs were shared with staff, while waiting for the full care plan to be put in place. This ensured safe care and an awareness of all risks and any medical conditions.

The manager had processes and systems in place that ensured people were safe and risks monitored. Due to the short-term nature of the care provided, risks and care needs were reviewed more regularly.

People were happy that care provided in relation to manual handling needs was safe and that if any problems arose, they could speak to the staff or manager and would be listened to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on and this is the first inspection.

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about COVID-19 practices both in the office and the community and the understanding and management of these risks. We also had concerns about manual handling training, staff inductions and the culture of the management. The overall

rating for the service has not changed following this targeted inspection and remains unrated.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

This is the first inspection of this service which is unrated. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

This is the first inspection of this service which is unrated. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Hospital Intake Team

## **Detailed findings**

## Background to this inspection

### The inspection

This was a targeted inspection to check on a specific concern we had about COVID-19 practices both in the office and the community and the understanding and management of these risks. We also had concerns about manual handling training, staff inductions and the culture of the management.

### Inspection team

This inspection was carried out by two inspectors and an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

Inspection activity started on 04 March 2021 and ended on 19 March 2021. We visited the office location on 04 March 2021.

### What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with thirteen members of staff including the nominated individual who was also acting as manager, senior care workers, care workers and care co-ordinators.

We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to staff induction, training, competency assessments and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

# Is the service safe?

## Our findings

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

At the registration of the service, the rating was unrated. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a concern we had about COVID-19 practices both in the office and the community and the understanding and management of these risks. We also had concerns about manual handling training, staff inductions and the culture of the management. We will assess all of the key question at the next comprehensive inspection of the service.

We found no evidence to support the concerns or that people were at risk of harm from the concerns.

### Assessing risk, safety monitoring and management

- People told us they were happy with the way risks to manual handling and COVID-19 were managed. One person told us, "[Staff] use [equipment] to get me from the bed to the commode. They use it safely and keep it clean." Another person told us, "[Staff] always wear masks and gloves and aprons and wash their hands on arrival."
- Staff understood how to keep people safe and safely use hoisting and other manual handling equipment. They also had a good knowledge of COVID-19 and how to reduce the risks of spreading infection. One staff member told us, "We have special PPE with the clients that are coming from hospital and with nurses when we meet them in the house [to further reduce the risks of COVID-19]."
- The service supports people being discharged from hospital in a very short space of time. The manager produced an in-depth initial assessment of needs form, which staff use prior to the person being discharged to get to know their needs, likes and dislikes. This ensures clear information and guidance for staff about who the person is, their conditions and known risks while the information gets transferred to the full care plan. Risk assessments and care plans were detailed and regularly reviewed once the care began.
- There were robust systems in place to monitor and analyse risks, which was used to identify trends and patterns. Actions were then taken by the manager to address these.
- We were assured that the provider was preventing visitors to the office from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the providers admissions process was safe.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

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We found no evidence to support the concerns or that people were at risk of harm from the concerns.

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

- People told us staff were kind and caring. People were not always sure who the manager was but were happy to contact the office if they had concerns and were confident their relatives had the contact details.
- Staff spoke respectfully about people when describing their care needs and had a good understanding of the requirements of their role and what to do in emergencies or where they had concerns.
- Staff told us the training was very good and helped them to do a good job. One staff member told us, "We have a direct supervisor and sometimes we are called to the office. [Supervisors] come in the community to check us and to give us support. We get good training and a lot of it. We have supervisions and we are asked if we are happy and if we need any other PPE or if anything needs to be improved. We can talk about any problems and I am happy to do this."
- Another staff member told us the manager also sends them regular videos to refresh their knowledge and ensure their practice remains current. One person told us, "[Staff] are well trained, they have been very good. I've had excellent care."
- Staff told us they got a lot of support from their supervisors, the manager and the directors. One staff member said of the director, "[The director's] management is perfect, [Director] is lovely, they are not like a manager, they will call and ask us about whatever we need and any concerns. If we think it is not right, we speak with them and they sort it out. What is nice is that we don't have to have an appointment; they always have time for us."
- Staff received a thorough induction including the opportunity to shadow more experienced staff members on care visits, a variety of training, regular supervision and spot checks of practice and knowledge. Senior staff also carried out competency assessments of all staff in manual handling, safeguarding and infection prevention and control, which included PPE and COVID-19.
- Robust policies and audit systems were in place to ensure very clear guidance and protocols in the event of emergencies and outbreaks of COVID-19 to protect people and staff. This included robust systems and resources available for office staff to ensure they also remained safe and contingencies to ensure continuity of care would continue.

