

Apex Prime Care Ltd

Apex Prime Care – Blandford

Inspection report

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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?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 17 January 2017.

Apex Blandford is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was providing support to 34 people.

There was 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.

People and staff told us the service was well run and they felt supported by the registered manager and office staff. Staff told us they had enough travelling time scheduled between visits which meant that people generally received their care on time. If staff were delayed people were contacted and advised of the delay. People told us they did not feel rushed.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them. New staff received a comprehensive induction and completed the Care Certificate to ensure they were competent to carry out care work. All staff received supervision and an annual appraisal and were encouraged to complete further training.

There was an open culture and staff felt confident they were able to make suggestions. One member of staff gave us an example of when they had influenced changes to a person's care plan

People were consistently positive about staff and described them as caring. Staff spoke warmly about people and told us they loved their work.

People had a pre- assessment and their care plans were developed in collaboration with them. This meant people's care plans were personalised and reflected their preferred routines and included details which were important for them. .

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments and staff understood the risks people faced and their role in managing these.

Staff understood what support people needed to manage their medicines safely and there were checks in place to ensure these were given as prescribed.

Staff understood how to support people to make choices about the care they received, and encouraged

people to make decisions about their care.

There were quality assurance systems in place which meant that areas for improvement were identified and actions were followed through to ensure improvements were made.

Staff told us communication was excellent and they felt listened to and kept informed of changes. This included changes to people's care and support needs.

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.

People received their visits on time and staff were unhurried.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

People's risks were assessed and plans developed to minimise their risks.

People received their prescribed medicines correctly.

Is the service effective?

Good ●

The service was effective.

People were cared for by appropriately trained staff.

Staff sought people's consent before supporting them with care. Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA).

People had access to healthcare when needed.

Staff checked people had sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People had their privacy and dignity maintained.

People and their relatives were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

People knew how to raise concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People told us the service was well run.

Staff told us the management team were supportive and responsive.

There were systems in place to monitor the quality of the service and improvements were ongoing.

Apex Prime Care – Blandford

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 announced and took place on 17 January 2017. Further phone calls were completed on 24 January 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

We did not request a Provider Information Return (PIR). A PIR 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. We gathered this information during our inspection. We considered information we held about the service which included notifications regarding safeguarding, accidents and changes in the service.

We spoke with eight people and two people's relatives by telephone to obtain their views about the service. We spoke with eight staff which included the registered manager, deputy manager, administrator and five care workers. We looked at four care plans and three staff files. We also spoke with two healthcare professionals and contacted a representative from the local authority's quality improvement team. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

Is the service safe?

Our findings

There were enough staff to support people safely. Staff told us they had enough time enough time to travel between visits. As well as this they told us they had enough time to complete the care and support which was identified in people's care plans. Staff told us that if they were delayed due to a crisis or traffic they rang the office or on call who would notify their next visit. People confirmed that staff were mostly on time and they were contacted if there were any delays. They told us staff did not rush and had time to support them with their care needs. There had been no missed visits , the registered manager told us they had a good team who always pulled together to cover staff absence and that they communicated well with each other and people to ensure people received their visits at all times.

There was a stable staff team and new staff were recruited safely. There were sufficient pre- employment checks to ensure that staff were safe to work with vulnerable adults. For example references were obtained and checks were made with the Disclosure and Baring Service (DBS).

People's risks were assessed and if a risk was identified there was a plan to manage the risk. For example one person had risks associated with arthritis. Their care plan gave guidance to staff to support the person in such a way to reduce the risk of the person experiencing pain or discomfort during personal care. Some people were at risk of slips or trips. Their risk assessments included identifying risks in the environment such as trailing wires and prompts to ensure wires were tucked away. Care plans also provided detail on the types of equipment people needed for mobilising safely and staff checked it was in place before leaving.

People received their prescribed medicines correctly. People were assessed to identify if they were able to manage their medicines independently or if they needed either prompting or administration of their medicine. Staff received training during their induction period and were assessed in practice to ensure they were competent to manage medicines correctly. One member of staff told us the training gave them the right knowledge and skills to ensure people received their medicines safely. There were regular checks to ensure medicine records were completed this included checking if people had received topical cream as prescribed. We saw that where people's needs changed staff acted promptly and liaised with the pharmacist to ensure that where needed medicine was administered.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. All staff we spoke were detailed in their responses about safeguarding and were clear about how they would escalate concerns either to the office or the local authority and/or CQC if they felt the correct actions had not been followed.

Is the service effective?

Our findings

Staff received sufficient training to enable them to carry out their job roles competently. New staff told us they had received a thorough induction. The registered manager was proud of their approach to the Care Certificate. This is a national certificate designed to ensure that new staff receive a comprehensive induction to care work. The registered manager told us existing staff could complete a self-assessment. This showed us the service was committed to ensuring that staff were competent to provide care and support. One person told us that when new staff started they had the right training and induction which meant they were able to know quickly what they were doing. Training including use of role play which staff told us was effective in helping them understand the experience of people who needed support with care.

Staff were required to complete essential training such as moving and handling, safeguarding, MCA, and medicines. The registered manager told us they encouraged staff to complete further training. One member of staff told us they had completed level three of the Qualification and Credit Framework (QCF) which is the new national framework that replaced the previous NVQ system. The registered manager told us that training was provided by an in house trainer and that bespoke training could be requested as required. Staff received regular supervision and appraisals in line with the supervision and appraisal policy. Staff told us they felt supported during supervision and were invited to make suggestions.

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 by 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.

Staff had received MCA training and the registered manager had completed specific training for managers. People had a mental capacity assessment to confirm they were able to consent to care as well as check if they had capacity to make decisions about their medicines. Staff understood when they would need to consider making best interests decisions and how they would go about it. The registered manager told us there was not anyone requiring a best interest's decision at the time of our inspection. Staff had a good understanding of how they obtained peoples' consent and offered choices. People confirmed staff asked their permission and checked with them first before supporting them with care. There was a record of Power of Attorney (POA). This is a legal representative who has been chosen to act on behalf of a person to make decision for finance or health and welfare.

Some people needed support to ensure they had sufficient food and drink. Staff told us they checked on the next visit to ensure people had eaten and also they left snacks and drinks easily accessible for people. One member of staff told us about one person who was at risk of not eating sufficiently. They described how staff monitored and recorded what the person ate. They also spoke with the person to establish the person's preferences. They told us they communicated any concerns with health and social care professionals.

People had access to healthcare when they needed it. We saw staff had contacted GP's when they had

concerns or one member of staff told us they had contacted the emergency services when they had immediate concerns about one person. This showed us that staff were responsive to people's changing health needs and referred people to healthcare when they needed it. Healthcare professionals had confidence in staff and told us staff followed recommendations they had made.

Is the service caring?

Our findings

People were consistently positive about staff. One person told us "They are absolutely tops-lovely all of them." Other comments included: "They are extremely polite and caring." "I like them all, they are all splendid." "They are very nice, kind and always obliging." Staff spoke about people warmly and told us they loved their work. One member of staff told us "I love the clients, I love our chats and being a help to them." Another member of staff told us "They (people) make it worthwhile, if I can get it right, I'm happy." One member of staff told us that communication was vital to ensuring that people received the care that they needed in the way that they wanted. They told us "I always ask I never assume."

Staff were able to describe to us how they supported people to maintain their privacy and dignity. One member of staff told us "People are all different some people are more private and it can be difficult for them to accept help with personal care." They told us they build up a rapport with people first and check with them how they would like to receive care. People's care plans gave detailed guidance on how they liked to be supported with personal care such as if they preferred a bath or shower. One person told us "They are very discreet and ask me politely if I need help." People were confident that staff would support them in their preferred ways; one person explained that staff knew them well and understood their routine; they told us "They get it right for me." Staff told us they got to know people well and had established relationships with them. One person confirmed this and told us they chatted with staff and looked forward to their visits.

People and their families had involvement in decisions about their care. People were involved in a pre-assessment of their care and support needs and their care plan was developed in collaboration with them. One person told us "I told them what I wanted and that's what in my care plan." One person told us staff always supported them to make everyday decisions such as supporting them to select what to wear. They told us they were confident staff would take their views into consideration.

Is the service responsive?

Our findings

People confirmed they received personalised care and that staff supported them in their preferred ways. For example one person told us staff asked them how they would prefer to be addressed and that staff were respectful of this. Care plans gave guidance on peoples' individual routines, such as one person did not change into night clothes for sleeping.

People's care and support needs were assessed and plans developed with them to identify what support with care they needed and how they would like it. Staff told us they asked people details such as where they kept their towels and what temperature they liked water to be for having a bath or shower. One member of staff told us all people were different and it was important to ask people what was important to them so that they could get "Get it right."

Feedback from people was obtained through a variety of ways including care plan reviews, telephone calls, care plan audits and quality assurance questionnaires. The most recent quality questionnaire was dated October 2016. The majority of responses were positive, for example of 15 returned questionnaires 14 people reported staff always treated them as individuals and 13 people reported that staff always encouraged their independence. There had not been any negative feedback which required further action. People had regular reviews of their care plans. For example one person's care plan had been reviewed at six monthly intervals. The person was asked during the review if they were satisfied with the care they received, their risk assessment was reviewed as well as checks if they had a copy of their care plan in their home. One person told us that staff checked with them to make sure they were receiving the care they needed. In addition the registered manager told us they rang people to check if they were happy with their care and when senior staff carried out spot checks on care staff they also asked people if they were satisfied with how they were receiving care. We saw that feedback that people had given had been responded to and actions taken. For example one person told us they had requested a change the time of their visit which had been responded to. This showed us that people's views about the service were actively sought.

There was a complaints policy which people told us they had been informed about. We spoke with the registered manager who told us there had not been any complaints. One person told us if they had any concerns they knew they could contact the office however they told us "I've nothing to complain about."

Is the service well-led?

Our findings

The service was well led. People and staff told us the registered manager and other office staff were approachable and accessible. One person told "It is extremely well run, I can contact the office and talk with someone and they sort things out." Another person told us "I get in touch with the office when I need to, there's no problems there." Staff told us they felt supported by management and there was an open culture in which they were confident in making suggestions and expressing their views. One member of staff told us they were "Rather happy with how everything works in the office, if I ever need advice or have any concerns they are listened to, and any suggestions that I may have had on how to improve care are taken on board." Another member of staff told us "They are very supportive I can contact the office or on call if I need help with anything, they are always supportive." One member of staff gave an example of when they had suggested changes to one person's care plan, they told us after talking with the person and a senior member of staff the person's care plan was amended.

The registered manager was supported by a deputy manager, coordinator and senior care workers. Staff understood their individual roles and responsibilities. For example one senior care worker told us they had office responsibilities including audits, as well as doing spot checks on care staff and shadowing new members of staff who monitored the quality of the care that people were receiving. The registered manager told us they met with the deputy manager and administrator at least once a week for a catch up and to discuss developments. They told us that the office staff had daily contact with care staff either when staff called into the office or by phone or email. Staff told us communication in the team and with the office was good and they were notified of changes as they arose. One member of staff told us "We get regular updates, if there are any changes we get updated before we see the client." Another member of staff told us communication was excellent and they were kept very well informed.

Staff told us they a lot of pride in their work and in the service. For example one member of staff said "I'm proud of all we do, we provide high standards of care and everything is well run." Staff told us they felt valued by management. One member of staff told us they were frequently thanked by the registered manager or deputy manager and that they felt appreciated. They told us they felt their hard work was recognised and appreciated.

There were systems in place for monitoring the quality of the service. Checks included regular checks of care records. We saw that where areas for improvement were identified, actions were followed up. For example during one record check, it was identified that one member of staff needed to add more detail when recording on care sheets. This was followed up with the member of staff. During another check a member of staff had written in blue ink which was followed up with them.

The manager had submitted notifications to the CQC as required. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.