Apex Prime Care Ltd

Apex Prime Care – Bournemouth

Inspection report

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13 September 2017

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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 comprehensive inspection took place on 11 and 13 September and was our first inspection of the service under its current ownership. We gave two working days' notice so the service manager could be available and arrangements could be made for us to visit a sample of people who use the service.

Apex Prime Care – Bournemouth is a domiciliary care service that provides care to people in their own homes in the Bournemouth and Poole area. At the time of the inspection, there were 50 people, mostly older adults, who used the service. Most had care packages commissioned by social services, others were NHS or privately funded.

As a condition of its registration the service is required to have a registered manager. The service manager had been managing the service since June 2017 and had applied to register. 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 people and relatives we spoke with were consistently positive about the way their care was provided by caring, respectful staff. They told us they could rely on staff arriving around the right time and most had a regular team of staff they had got to know. They said they felt safe with the staff who visited them.

People's choices and preferences in relation to their care were respected. Their consent to their care was sought and if they were unable to give this, staff followed the requirements of the Mental Capacity Act 2005.

Medicines were managed safely. People's care records and medicines information contained details of any allergies, although these had not been provided on the medicines administration records (MAR) themselves. MAR were due to be redesigned and the manager agreed to include this information.

People were satisfied with the support they received in relation to cooking, eating and drinking.

Complaints and concerns were investigated and addressed promptly, to people's satisfaction.

There had been a turnover of care workers, senior and management staff over the summer. Despite this, the staff we met came across as confident and motivated. They acknowledged this had been an unsettled period but were positive about developments at the service. They told us the service manager was fair and approachable.

Staff said they had the training needed for their roles and were well supported through informal supervision. However, due to the shortage in senior staff in recent months, supervision meetings, and spot checks to observe practice had fallen behind. New senior staff were about to start work, and the manager had

prioritised the resumption of supervision and spot checks.

Staff had a good understanding of their responsibilities in relation to safeguarding adults. They knew how to report concerns and expressed confidence that any concerns they raised would be listened to and appropriate action taken.

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.

Staff knew what they needed to do to ensure people in isolated or vulnerable situations remained safe.

There were sufficient staff available to provide for people's care needs. Recruitment systems were robust and made sure the right staff were recruited to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs and preferences effectively.

People were asked for their consent to their care. Where they were unable to give this, the requirements of the Mental Capacity Act 2005 were followed.

People's health needs were kept under review. People were satisfied with the support they received in relation to cooking, eating and drinking.

Is the service caring?

Good

The service was caring.

People and their relatives were consistently positive about the caring attitude of the staff.

People received care from staff they mostly knew and who understood their preferences.

Is the service responsive?

Good

The service was responsive.

People's feedback about the way their needs were met was consistently positive.

People and those who mattered to them were involved in developing care plans that clearly set out their individual needs and preferences and how these should be met.

Complaints and concerns were taken seriously, investigated promptly and acted upon.

Is the service well-led?

Good

The service was well led.

The service had a positive, person-centred culture. The staff we met were motivated and confident in their roles.

People and staff were positive about the way the service was managed. They said the manager and office staff were approachable.

Apex Prime Care – Bournemouth

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.

This comprehensive inspection took place on 11 and 13 September 2017 and was undertaken by one adult social care inspector. We gave two working days' notice so the service manager could be available and arrangements could be made for us to visit a sample of people who use the service.

Before the inspection we reviewed the information CQC held about the service. This included contact from health and social care staff and questionnaires returned by a sample of people who use the service and staff who work for it. We also requested feedback from local authorities who commissioned care from the service. On this occasion we did not request a Provider Information Return (PIR). A PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

During the inspection we visited four people at home, and also met a relative during one of these visits. We spoke with three care workers and senior care workers and the service manager. We viewed four people's care and medicine records in the office and, with their permission, the records kept in their homes when we visited. We also checked records relating to how the service was managed. These included four staff recruitment and supervision records, staff rotas, training records, audits and quality assurance records.

Following the inspection we spoke with a further three people who use the service and a relative on the telephone.

Good

Is the service safe?

Our findings

People felt safe with the staff who provided their care. One person told us, "None of them are rude", saying that staff were always professional in manner, washed their hands before and after providing care and wore gloves where necessary. Another person talked about how they heard through the media about care scandals, drawing a clear contrast with their own positive experience of Apex Prime Care - Bournemouth.

People were protected against the risks of abuse. Staff had the knowledge and confidence to identify safeguarding concerns and knew how to act on these to keep people safe. They had regular face-to-face refresher training about their responsibilities for safeguarding adults. The service manager had identified that it would be useful to display more information about safeguarding adults at the office, such as the contact numbers for statutory bodies concerned with safeguarding adults.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care records contained risk assessments relating to the person's home environment and relevant to the person, for example moving and handling, mobility, the risk of developing pressure ulcers and the use of bed rails. Two of the people we visited had particular moving and handling needs and used specialist equipment. There were clear instructions from health professionals about how staff should use the equipment and provide support. The service had a policy and procedures to help ensure the safety of lone workers.

There was a contingency plan to keep people safe in an emergency, for example, in the event of severe weather. People were prioritised as red, amber or green, according to the urgency of their support needs, for example whether they had time-critical medicines for conditions such as diabetes or Parkinson's disease, were at risk of pressure sores or lived alone. The plan instructed staff as to what to do in particular types of emergency and contained the key contact numbers needed for senior managers and outside agencies.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. There were two accident and incident reports from 2017. The service manager had checked the forms to ensure that action had been taken to maintain people's safety and wellbeing.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. They told us they mostly had regular staff, although their staff did change every so often, and that staff generally turned up when expected. One person commented that care workers were a little later or earlier on occasion, "but they do come". Staff also told us they usually visited the same people regularly, although there were changes every so often to help ensure they did not get over-attached. They said their rotas allowed for enough time to complete what was expected of them. They also said there was sufficient travel time between calls unless there were unforeseen traffic delays. A member of staff told us there had been an occasion when their rota had not included reasonable travel time, but this was quickly sorted out by the office staff. There were no unallocated visits in the rota for the coming weekend.

There had been a turnover in staff over the summer. The service manager told us that, despite this, all care

visits had been covered since they had started in June and there had been no missed calls.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure they were of good character and suitable for their role. Staff records included application forms, details of full employment history and reason for leaving care work, records of interview and appropriate references. Criminal records checks were made with the Disclosure and Barring Service to make sure people were able to work in a care setting. Records seen confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. People who were supported with their medicines told us this was managed satisfactorily. Care plans set out clearly the level of assistance people had with their medicines and how staff should provide this. Staff were trained in the safe handling of medicines and their competence assessed annually. A number of medicines competency assessments were due, which would resume when the recently appointed senior staff started work. Information about allergies was held with people's medicines information, although it was not stated on medicines administration records themselves. The service manager explained that the medicines administration records were to be redesigned, and that allergies would be stated on them.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "My carers I've got now, they're the best ones I've ever had", "She [care worker] knows what she's doing, very much so" and "They are very good."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff had received training that included moving and handling people, first aid, health and safety, infection control, food handling and fire safety. Some staff had had training about diabetes. A member of staff commented that although they had periodic refresher training, they wished this was more frequent. They said they were being encouraged to undertake further qualifications relevant to social care.

Staff told us they felt well supported by the management team. The staff we spoke with were motivated and knowledgeable about their work. Regular observed practice and one-to-one supervision meetings between staff and their line manager had fallen behind over the summer, with the change in service manager and loss of senior staff. However, staff said they were still able to seek support when they needed it. The service manager told us that staff had had supervision meetings if they had needed this. New senior staff had been recruited and the service manager had made plans to resume observed practice and supervision meetings.

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 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. One person whose care we reviewed was living with dementia. The service had assessed their mental capacity to consent to their care and had found the person lacked this. The person's relative, who held lasting power of attorney for health and welfare, had been involved in a best interests decision about the care that should be provided. However, the supporting paperwork did not give much detail about this.

We recommend the service details in mental capacity assessments and best interests decisions how people's known preferences have been considered and who has been consulted.

People who were supported to prepare meals and with eating and drinking told us they were happy with this aspect of their care. They said they were able to choose what they ate at mealtimes.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Good

Is the service caring?

Our findings

Without exception people told us they found the staff to be kind and caring, treating them with dignity. Comments included: "The carers are interested in what you have to say and are very polite… I get on very well with them", "[Care workers] are all very nice", "They are very, very polite. I haven't met anyone who comes here who hasn't been calm and nice", "[a named care worker] is wonderful with me. She's not nasty but she's firm and it pays off… I think she's a wonderful person" and, "They're cheery and polite, they don't swear, they don't talk out of turn. They make me laugh."

People were treated with kindness and compassion in their day-to-day care. When people telephoned the office, staff spoke to them in a clear, friendly and respectful manner.

People mostly received care and support from staff who knew them and understood their preferences. They talked about care workers and office staff by name. People's records included information about their personal circumstances and how they wished to be supported. This was gathered during their initial care needs assessment, where people were asked about what they liked and what their routines were, and was added to and updated thereafter.

People were given the information and explanations they needed, when they needed them. People had a folder with information about the service, including the office and on-call emergency telephone numbers.

The people we visited and spoke with told us they no longer got a weekly rota through the post but knew when to expect staff and were always introduced to new staff. The service manager told us it had been decided not to post out rotas routinely to all people who used the service. They said some people had not been opening their rotas and that others had been worried by them. They had written to people explaining this. Rotas could be emailed to people and their families, if they wished, or sent out to people who really wanted one. One local health and social care commissioner stipulated in its contract that people should receive a rota and they continued to do so.

Good

Is the service responsive?

Our findings

People told us care workers arrived when expected and followed their care plans, providing the care and support they needed. Comments included: "If I want something, they do it", "They're here in the morning and they're here in the evening", "I can find no fault with them at all. They're diligent – do what they're supposed to do", "They really look after me I must say", "I really can't complain about Apex – they do everything right" and "Everything I want done is written down in a folder so I know what to expect."

People, or where appropriate their relatives, were involved in developing their care treatment plans. Their needs were assessed before their care package started and risk assessments and care plans were reviewed after the first six weeks and thereafter every six months or as required.

People and relatives told us they were easily able to communicate with the service when there were any changes or concerns, and that staff listened and took the appropriate action. One person's daily notes contained entries from their relative, explaining how the person had been when they had visited and the particular support that was needed at the next care call. Care workers had acted accordingly. There was a meeting on Mondays between the manager, senior and administrative staff to discuss events picked up by the on call service over the weekend.

Care plans clearly explained the care and support the people we visited needed and their preferences in relation to this. They covered requirements in relation to moving and handling, medicines, health conditions and specific routines. They also instructed staff as to how they should gain access to the property, for example whether they should ring the doorbell and wait or use the key provided in a secure Keysafe device outside the property. Where people had particular needs in relation to moving and handling, detailed information about this was available for staff to refer to. Staff had followed the instructions in people's care plans, for example ensuring they were wearing their pendant alarms and had their glasses to hand.

People's concerns and complaints were encouraged, investigated and responded to in good time. People told us they had no complaints but if they had any issues they would feel comfortable for themselves or a family member to raise these with the service. There had been three complaints since the current manager started in post. These had been investigated thoroughly and people and their relatives were satisfied with their responses. An area for improvement was the provider's complaints policy, which stated that complainants had the right to refer to CQC if they were not satisfied with the resolution of their complaint. This incorrect as CQC has no powers to investigate complaints, although it is always keen to hear about people's experience of services to help plan inspections.

Good

Is the service well-led?

Our findings

The service had a positive, person-centred culture, despite an unsettled few months. A new manager had started in post during the summer and a number of care workers and office-based staff had left. The staff we met came across as positive and motivated. One commented, "I enjoy my job. I'm happy with my job." A member of staff told us they found the new service manager and office staff approachable and another commented that the service manager was "approachable and she gets things done". Another worker said that communication seemed to be improving and commented that when they needed it, "There's always someone on the end of a phone." When care workers called at the office during the inspection, the service manager and office staff showed an open, calm and helpful manner towards them.

The service manager had held a staff meeting in July, where developments in the service were discussed. They told us they were planning a further meeting soon, when most staff would be back from summer breaks.

People and staff had confidence the service manager would listen to their concerns, which would be received openly and dealt with appropriately. Staff were aware of the service's whistleblowing procedure. They learned about this at their induction and during refresher changes.

There was an out-of-hours on call telephone number for people, their relatives and staff to contact if they had a concern that could not wait until the next working day. This was covered by the service manager and senior care staff. People who used the service and staff said that when they used the on call number, the response was prompt and helpful.

People and those important to them had opportunities to feed back their views about the quality of the service they received. Quality assurance questionnaires were sent out twice yearly. The most recent ones had been sent out in April 2017, prior to the arrival of the current manager. The service manager told us there would be an action plan when the next survey was undertaken. People's views were also sought during care plan reviews. The people whose care we reviewed had been happy with the service they received.

Quality assurance systems were in place to monitor the quality of service being delivered. However, with the loss of senior staff, quality monitoring checks and visits and telephone calls to obtain people's views of the service, beyond their periodic care plan reviews, had stalled over the summer. The service manager had plans to resume these. New senior staff were due to start in post, which would enable this to happen.

Internal audits had identified shortfalls and action had been taken. A sample of medicines administration and care records was reviewed when they were returned to office each month. We saw evidence of discrepancies having been addressed up with the care workers concerned.

The service manager made weekly reports to the provider's regional manager and managing director. This included hours of care provided and staffing capacity, recruitment activity, complaints and compliments,

safeguarding concerns, incidents and other issues and concerns in relation to the service. Additionally, at the end of the week, the manager reported to the regional manager on any unallocated calls, whether the rota was up to date and any training that had been booked.

The service worked in partnership with some local recruitment, education and provider initiatives. The service had participated in a local authority care recruitment campaign. It had also worked with a local college to provide placements and help staff towards qualifications.

There had been no significant events that required notifying to CQC. CQC uses information from notifications to monitor services and ensure they respond appropriately to keep people safe.