

Apex Prime Care Ltd

Apex Prime Care - Place Court

Inspection report

Place Court
Pool Road
Aldershot
Hampshire
GU11 3SW

Tel: 01252313054

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24 May 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?

Good ●

Summary of findings

Overall summary

About the service

Apex Prime Care – Place Court is an extra care service. The service provides personal care support to people living at Place 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 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 21 people receiving personal care.

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

People were very happy with their experience of the service. They told us the service was "very good, no problems" and they would recommend Place Court. One person said, "The best thing is everything. I am totally happy with the care."

The provider had processes in place to manage risks, including risks arising from the COVID-19 pandemic. There were sufficient staff to support people safely. There were suitable processes to manage people's medicines, and to protect people from the risk of abuse or poor care.

People received care and support that was effective, based on detailed assessments and care plans, and delivered by staff with 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. There were good relationships between people and their care workers.

People received responsive care. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. People's support included help with hobbies and interests, and social events.

The service people received was well led. The service focused on person-centred care and good outcomes for people. There were effective systems in place to manage the service, improve the quality of care people received, and support staff to deliver high quality care.

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 Care Quality Commission (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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Apex Prime Care - Place Court

Detailed findings

Background to this inspection

The inspection

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 the Care Quality Commission 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 a registered manager in post.

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 24 May 2022 and ended on 14 June 2022. We visited the location's office on 24 May 2022.

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

We reviewed records including care records for four people, recruitment records for three staff members, 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 told us they "felt safe with staff".
- The registered manager understood how to escalate concerns about people's safety and liaised with the local authority and other agencies appropriately.

Assessing risk, safety monitoring and management

- The provider had processes in place to assess individual risks to people's safety. A range of risk assessments were completed according to people's needs. Staff knew people well and had the required information to support people safely. One person told us, "They are aware of things and would notice any risks." Another person's relative said, "I feel risks are properly managed now."
- The provider had carried out a fire risk assessment. This covered managing fire risks in the shared areas of Place Court and the Apex Prime Care office. Staff were prepared to support people in the event of a fire emergency according to the housing provider's guidance.
- People were confident staff would know what to do in an emergency. One person told us, "If there was an emergency they would come and if necessary call an ambulance." Another person said, "I had a fall and fractured my arm. They came quickly and called an ambulance for me."

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 initial assessment of needs. At the time of our inspection they were slightly over-staffed as there were four empty flats in Place Court. People were satisfied there were sufficient staff to carry out the agreed calls. One person said, "The carer comes five times a day and they have never missed. They are more or less regular."

Using medicines safely

- The provider had suitable processes and training in place to make sure people received their medicines safely. People were satisfied they had their medicines as prescribed and at the right time. One person said, "They come and give me my medication and stay with me while I take it. It is quite a good service." Another person's relative told us staff handled "all the medication" and stayed with their loved one while they took it.

- There were appropriate records in place to demonstrate the safe handling of medicines. People's care plans contained protocols and risk assessments for medicines. These reflected a range of people's support needs. One person could look after their own medicines independently, and another was dependent on care staff to administer their medicines. Staff kept records of medicines administered, including body maps to show the correct application of pain relief patches.

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice and government guidance in cleanliness and hygiene. One person's relative told us the registered manager had been "very good at keeping COVID-19 at bay".
- 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.

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. If the analysis of incidents identified lessons to improve people's service, these were put into practice. For example, following a medicines error, staff roles and responsibilities were clarified.

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 which included people's physical, mental health and social needs, and identified any support needs arising from people's equality 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.

Staff support, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People told us staff "know what they are doing", and "have the necessary skills to support me". A relative said, "The staff there seem experienced."
- The registered manager had a system to monitor staff members' training progress and completion. Where records showed staff were due refresher training, this had been booked in within the next two months. Training included modules on individual topics including diabetes, incontinence and nutrition. The provider supported staff to obtain relevant qualifications.
- Staff had a thorough induction based on four days' initial training and three shadow shifts. Staff did not work unsupervised until signed off to do so. Induction was based on the Care Certificate. The Care Certificate sets out an agreed set of standards for workers in the social care sector. Experienced staff had been able to complete the Care Certificate retrospectively.

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

- Most people using the service were able to eat and drink independently. Staff supported some people to have a balanced diet by helping them shop online or select meals from a company which delivered them to Place Court.
- Where people had support with cooking and preparing meals, they were satisfied this was done according to their preferences. One person said, "The carers make me dinner, and coffee and tea." When asked about support with meals, another person said, "They will do anything I need doing."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health and social care professionals to make sure people had consistent care. This included working with the community nursing team to provide appropriate care for people with skin tears and concerns about weight loss and pressure areas. Where needed staff took advice from people's GP, occupational therapists, pharmacists and paramedic practitioners to make sure people's care was effective.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services. One person told us, "They ask you if you need a doctor and offer to help and phone for one if you can't do it yourself."
- The provider's contract with the local authority included provision for a small amount of wellbeing support for people. This meant staff could support people with activities to improve their physical health, and individual support with hobbies to improve people's mental 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 was documented in their care files. Staff were aware of the need to obtain consent and knew about their responsibilities under the MCA. One staff member said, "It is about knowing people and helping them to understand." Another staff member said, "It's about looking out for people's rights and respect, engaging with them."
- Staff assumed people had capacity as required by the MCA code of practice, but there was some uncertainty about what they would do if a person's capacity to make certain decisions declined. We discussed this with the registered manager who was already aware of this. The provider had plans to review their policies and guidance around mental capacity.

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 they were "happy with the staff" and "treated with respect and kindness". One person said, "The best thing is the girls. They are so cheerful and friendly." Another person said, "They are like a good family. They will sit and chat with me if they are not too busy."
- The provider took into account the need to respect equality and diversity in their care assessments and support. Staff training included a course on equality and diversity. People's relatives told us staff respected their loved ones as individuals. Relatives said, "They understand her and have been very good," and, "They do understand her needs."

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, "They would always talk to me if needed, and they can ring my daughter." Others said staff were "kind and ask you how you are feeling," and, "They will always talk to you."
- Staff supported people to have the information they needed to make informed decisions about their care. One person said, "Initially my plan was all explained to me by the manager and a lady that visits." Another person said, "They talk to you about your plan of care."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff described to us how they did this by simple actions such as making sure curtains and doors were closed before they supported people with their personal care. One person said, "I am very satisfied and they treat me with respect and dignity." Another person's relative told us, "From what I have seen they protect her privacy and dignity."
- 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, "The best thing is her independence and the staff understand her. She is happy there and I would recommend it."

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 people's preferences, interests, and important people and relationships. Care plans were detailed and emphasised where people could be independent as well as where they needed support. Staff had the information they needed to support people according to their needs and to understand their wishes.
- People's feedback about their care was positive. People said, "I don't think you would get a better service," and, "I am happy with the care. They are quite good." Another person's relative said, "If [Name] is troubled or needs something, she tells the carers and they ring me." People's care was in line with their support needs.

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 registered manager was aware of the standard, and the provider's assessment process was designed to identify people's individual communication needs. People's care plans included information about their communication needs. Staff knew when they needed to speak clearly to help people understand. They had used equipment such as a whiteboard where a person had difficulties hearing.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- Staff supported people with hobbies and interests. A person's relative told us, "They sit and do drawing and colouring with her." People told us there was "plenty going on" and, "There is a small garden with shades where we can sit."
- Staff supported people to take part in social events to avoid social isolation. One person said, "They take me downstairs in a wheelchair for the karaoke and fish and chips. People told us they were looking forward to a jubilee barbeque. Staff arranged sitting games, coffee mornings, and meals to mark special occasions.

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. Records showed concerns were followed up and actioned if they were corroborated.

End of life care and support

- Nobody living at Place Court was receiving end of life care at the time of our inspection. The provider had policies, procedures and training in place to support people in their final days with dignity, and according to their wishes and any cultural or religious needs.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the service was well managed. One person said, "It is ever so well run and they do a good job." Staff told us the service was well managed. One staff member said, "I'm very happy here. It is well managed. I worked somewhere else before which was not as good."
- There was an open, inclusive culture. Staff told us they felt supported to achieve good outcomes for people. There was effective two-way communication and the registered manager listened to them. Some staff were employed who shared the same first language as three people living at Place Court. This allowed the provider to deliver care which was appropriate to people's cultural background.

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 registered manager understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

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

- Staff understood their roles and responsibilities. The registered manager communicated these via twice daily handovers, supervisions, observations, and appraisals. There were regular meetings for care staff and office staff. Staff kept in touch with each other using secure social media. The provider used effective communication methods to keep staff informed about people's needs and changing conditions.
- The registered manager understood their regulatory responsibilities. They notified us in a timely manner when certain events occurred as required by regulation. There were appropriate audits and checks on the quality of service delivered. The provider had effective governance processes.

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

- The service involved people and their families in a meaningful way. There were regular care plan reviews in which people and their relatives participated. Records showed people contributed to their initial assessments which included information about their preferences and interests.
- The provider engaged staff via supervisions and welfare checks. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care.

Continuous learning and improving care

- The provider had plans to improve systems used to manage the service. These included a major project to replace paper care plans with an on-line system for care planning. The provider had identified where technology solutions had the potential to improve people's experience of care.
- There was a system for learning from accidents, incidents and near-misses. Where these occurred, they were analysed for lessons and improvements to people's care. Serious incidents were analysed by an independent registered manager from another of the provider's locations. Lessons were shared between locations to improve quality across all the provider's services.

Working in partnership with others

- The provider had an open and transparent system which allowed registered managers to share ideas for improvements across locations. The provider balanced workload across locations by sharing staff to smooth peaks and troughs in demand. There was effective partnership working between the provider's services
- Staff worked in partnership with other agencies. When there had been a fire in a person's flat, the provider worked with the local authority, the housing provider, and the fire service to review fire risk management in the location.