

Mrs Emma Lumsden

# ApproCare

## Inspection report

Office 6, Kent House  
Charles Street  
Sheerness  
Kent  
ME12 1TA

Tel: 01795663824

Website: [www.approcare.co.uk](http://www.approcare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 16 March 2017 and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

ApproCare is an independent domiciliary care agency which provides personal care and support for adults in their own homes. The agency provides care for people in the local Isle of Sheppey area together with Sittingbourne and Medway. At the time of our inspection they were supporting approximately 58 people who received support with personal care tasks.

### Rating at last inspection

At the last Care Quality Commission (CQC) inspection on 09 and 10 August 2016, the service was rated overall Good and Requires Improvement in 'Effective' domain.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 09 and 10 August 2016. We found a breach of legal requirements. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches of Regulation 9 of the Health and Social Care Act Regulated Activities Regulations 2014 Person centred care. The provider told us they would meet the regulation by September 2016.

We undertook this focused inspection to check and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ApproCare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why the service is rated Good.

At this inspection, we found that people received good quality care and support. People told us they received care which met their assessed needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Deprivation of Liberty Safeguards.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

Records showed that people were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and the Mental Capacity Act (2005).

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## 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 checked 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 undertook an announced focused inspection of ApproCare on 16 March 2017. This inspection was carried out to check that improvements to meet legal requirements after our 09 and 10 August 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Effective? This is because the service was previously not meeting a legal requirement. This inspection was carried out by one inspector.

The provider did not complete a Provider Information Return (PIR), because we carried out this inspection before another PIR was required. This 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. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

People's ability to communicate was limited, so we were unable to talk with people using the service.

During the inspection we reviewed people's records and a variety of documents. These included four people's care files, training records, accident and incident reports, staff spot checks records and samples of audits carried out.

We asked the registered manager to send additional information after the inspection visit, which included the training record. The information we requested was sent to us in a timely manner.

# Is the service effective?

## Our findings

Since our last inspection, records showed that care records were detailed. People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager who then contacted their GP, community nurse, mental health team or other health professionals. For example, people's catheter bags and urine were now closely monitored and reported appropriately to responsible healthcare professionals. Instructions were clearly written in people's care/health plans which states 'Empty catheter bag and record output on to urine monitoring chart – any changes or concern to be clearly documented and reported promptly to ApproCare office/out of hours mobile'. We found that staff adhered to this instruction and documented and reported as expected. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. This meant that people's healthcare needs were being met by the provider.

The registered manager continued to ensure staff were given other relevant training, such as understanding dementia, infection control and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The provider carried out a mental capacity assessment at the first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests. Staff told us that they obtained people's consent before they helped them. Staff checked with people whether they had changed their mind and respected their wishes.

Staff continued to be supported through individual one to one supervision meetings and appraisals. This provided opportunities for staff to discuss their performance, development and training needs, which the registered manager was able to monitor. Staff had access to the registered manager regularly. We observed this during our visit when staff visited the office to pick up materials they needed and had private discussions with the registered manager. Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. The registered manager told us that people were involved in decisions about what to eat and drink as staff offered options.