

Apple Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Apple Homecare Limited provides domiciliary care services to people living in their own homes. At the time of the inspection, the service provided care and support to 39 people who were receiving a regulated activity of 'personal care.' CQC only inspects where people receive the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Not everyone who used the service received personal care. Where they do, we also consider any wider social care provided.

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

We received consistently positive feedback from people using the service and their relatives. They told us they felt staff were respectful of working in their home, and treated them as individuals, with kindness and care. People told us they looked forward to the staff visiting, as they enjoyed a laugh and a joke which put them at ease, particularly when receiving personal care.

People told us that staff supported them as required with their medicines, applying creams to their skin, and with managing their nutritional and hydration needs. Relatives told us they felt confident with the consistent standards of care being provided by staff, to maintain people's safety and independence in their own homes. People and their relatives told us the staff arrived at their care visits on time, stayed for the agreed length of time and would let them know if they were running late.

People and their relatives told us staff wore the required personal protective equipment and disposed of this correctly, to keep them safe and protect them from the risks of catching infections, including COVID-19. 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 and their relatives told us that their views and feedback were regularly sourced by the registered manager, and felt able to contact the office team as required. A relative said, "There is nothing to change, the staff make [Name] laugh and care for them how they like, they [the staff] are a great bunch of people and they give their all while they are there."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate with breaches of regulation (published 29 February 2021). Following on from the last inspection, the provider completed an action plan to show what they would do and by when to improve. Enforcement action was also taken as an outcome of the last inspection.

At this inspection, whilst we found improvements had been made the provider remained in breach of regulation 17 (good governance).

This service has been in Special Measures since July 2021. During this inspection the provider demonstrated that improvements continue to be made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As an outcome of the last inspection, conditions were imposed on the provider's registration relating to breaches of regulation 11 (consent), 17 (good governance), 18 (staffing), 19 (fit and proper persons employed). A warning notice was served in relation to breaches of regulation 12 (safe care and treatment).

We undertook this focused inspection to check the provider had addressed the previous breaches of regulation and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apple Homecare Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified a continued breach of regulation in relation to good governance (regulation 17) at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Apple Homecare Limited

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

Consisted of one inspector. A second inspector supported with the completion of telephone calls to people and their relatives.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a period notice for the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection process.

Inspection activity started on 04 March 2022 and ended on 23 March 2022. We visited the location's office on 09 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, and we reviewed the action plans the provider had been sending to us as an outcome of enforcement action taken following the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager, quality lead, care supervisor and members of the management team. We sourced feedback from six members of care staff by email. We reviewed seven people's care records and three people's medicine administration records, as well as other people's records relating to the administration of topical medicines for the care of their skin. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We spoke with four people who use the service and five relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection, the provider had failed to assess and manage the risk to people in relation to the safe handling and administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Whilst improvement in the overall number of medicine errors was noted, there continued to be medicine errors involving the same staff member, which had not always resulted in referrals being made to the local authority safeguarding team. Further work with staff members was required to improve their individual standards of practice.
- As an outcome of inspection findings, changes were made to the paperwork for applying medicine patches to people's skin, to ensure that staff recorded when the new one was applied and previous one was removed.
- People were supported to take their medicines as prescribed. People's care records provided personalised details of how people liked to take their medicines. This was confirmed by the feedback received from people and their relatives.
- Checks of staff competency to give people their medicines safely were in place.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess and mitigate risks to ensure people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Whilst care records were reviewed, we noted that the timeframes for this ranged from between three and nine months. This did not ensure that staff always had access to current information. However, most staff were familiar with each person's needs.
- Care plans contained key risk information, including fire safety, equipment use where applicable, and environmental risks to maintain staff and people's safety.
- Members of the management team were now safely able to complete face to face assessments with people to ensure initial assessments were accurate. This was confirmed by feedback received from people and their relatives.

Staffing and recruitment

At the last inspection, the provider had failed to complete the necessary checks to employ care staff safely to protect people from risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The service employed a consistent staff team and had an active recruitment process in place.
- Induction processes were in place for new members of staff, and to support people to get to know new staff if the rota needed to be adapted.
- Interviews and required safety checks were in place, and the service sourced two references for new employees.
- We saw examples of staff performance management in place, including the extension of staff induction periods where this was assessed to be required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were familiar with the reporting processes if safeguarding concerns were identified. People told us they felt safe with the care provided. One person said, "Yes I do feel safe, they are good and look after me well." Another person said, "Yes I do [feel safe] they are great to me."
- There were clear policies and procedures in place for reporting safeguarding concerns to the local authority and to CQC. As an outcome of inspection findings, a retrospective safeguarding notification was submitted to CQC.
- Findings at this inspection demonstrated that lessons had been learnt, and feedback acted on since the last inspection. Some changes in practice were still being embedded at the time of this inspection.
- The registered manager was responsive to our feedback and acted on any suggestions made during this inspection.

Preventing and controlling infection

- Staff had access to Personal Protective Equipment (PPE), which they were able to collect as required from the service's main office or it was delivered to staff in the community. People confirmed staff were wearing PPE and disposing of it after the visit. One person said, "Yes they do, they take it with them and put in the bin." A relative stated, "I will say they have been amazing [Name] has not had COVID-19 all this time the staff have all PPE and they keep the home clean and use the antibac that is in the home. They have kept [Name] safe."
- Staff wore uniforms, as well as using PPE to maintain their safety and that of the people receiving care. Provider policies gave staff guidance on the correct way to launder their uniforms.
- Arrangements were in place, to cohort staffing teams, in the event of a COVID-19 outbreak, to reduce the risk of the spread of infection.
- Staff were completing regular COVID-19 testing, in line with current government guidelines.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to consistently work within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Care records contained information relating to the person's mental capacity, and their ability to make decisions and express their own wishes and preferences independently. One person told us, "They are very respectful and kind to me." A relative told us, "Yes they always ask [Name] what they would like, and they give [Name] time and make sure they are well supported before they leave."
- Information relating to whether relatives had lasting power of attorney in place was in people's care records.
- Staff actively supported people to make their own decisions. A relative told us, "Staff asks what [Name] would like and respects their wishes if they do not want to get out of bed and that is their choice. They respect [Name] choice to not get up that day."

Staff support: induction, training, skills and experience

At the last inspection, the provider had failed to ensure staff had completed training required to meet their roles and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements in the completion rates of staff training continued at the time of this inspection. One person's relative said, "[Name] has a hoist and staff are well trained, staff support [Name] to get into their chair, that is something [Name] would not be keen on but the staff have helped and if [Name] has a day in the chair then they can have their hair or nails done which has a positive impact on their quality of life."
- Staff told us they felt they received good levels of support from the management team, including regular supervision, out of hours support and shadowing opportunities, especially as part of the induction process.
- Staff told us they felt able to seek additional training or specialist support via the management team, if an area of professional development was identified. One staff member said, "Apple have training days relating to specific topics, for example end of life care or catheter care. I am certain that I would be able to access training should the need arise."
- Staff confirmed that their performance was regularly reviewed by members of the management team. One staff member said, "I have regular supervisor checks on competency of medication administration, use of moving and handling equipment and appropriate use of PPE etc."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The ethos of the registered manager was to ensure staff offered personalised care, in line with the person and where applicable, their relative's wishes. Staff were respectful of being in people's own homes and tailored their approach accordingly. This was confirmed by feedback we received.
- Staff worked flexibly to accommodate changes in people's needs, wishes and preferences. A relative told us, "We have been told we can talk with them if [Name] needed more care and they will work with social services, so we as a family are happy with Apple Homecare."
- The registered manager gave examples of a personal care product they could now access that does not require water. They had used this with people who were nearing the end of their life to wash their hair to make them feel comfortable, or for people who may be fearful of water.

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

- Care records included details of the level of support people needed with preparing food, to safely eat, or where prompting was needed to ensure people maintained their fluid intake during the day.
- Staff had mainly completed relevant training to ensure they handled and prepared food safely, as well as being aware of any specialist requirements such as the management of risks of choking. One relative told us, "The staff support [Name] really well, they support with meals now [Name] has to have soft food as they are at risk of choking and they are really good at helping with that."
- Staff ensured that people had a choice in relation to what they wanted to eat. One person told us, "Yes they help me, they are good they ask me what I would like." A relative told us, "They do the meals, we used to but during COVID they do it now, [Name] has a lot of choice of what is in the fridge and they ask what [Name] would like each day."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records demonstrated that staff regularly liaised with health and social care professionals to ensure people had access to the right support as their needs changed.
- People and relatives confirmed that staff sourced medical advice and implemented their training and knowledge of each person into their practice. Two relatives gave examples of where staff had identified people were showing signs of having an infection, and the GP had visited and confirmed this to be correct.

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvements had been made at this inspection the provider remained in breach of regulation 17.

- Regular governance meetings were in place; however, we did note that some action points rolled over from one meeting to the next, rather than being actioned within agreed timescales.
- The service had more monitoring checks in place, to ensure staff completed training, supervision, and had their performance checked. However, records showed some staff supervision and spot checks moved from one month to the next, which did not ensure consistent oversight of performance.
- Greater provider level oversight was required to monitor the completion of staff mandatory training. We identified that the service had more than one version of their training matrix, with variations of information contained in each version.
- The provider initially gave us an out of date statement of purpose (which sets out information about the service being provided), This was subsequently replaced at our request, but did not demonstrate that their documentation was all in an accurate state.
- Key areas of provider level oversight needed to be reviewed against their own policies and procedures, to ensure the conditions imposed on their registration were being consistently met.
- Greater levels of analysis of incidents and accidents continued to be required, to ensure themes and trends were consistently identified, and onward referrals made for example, to the safeguarding team where identified to be required.

The provider continued to lack understanding and recognition of their own regulatory responsibilities and accountability and was not meeting the existing conditions imposed on their registration. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Changes had been made to the amount of provider level oversight of the service in response to the outcomes of the last inspection. Some processes were still being embedded at this inspection, but progression was being made, as reflected in the improved ratings.
- The provider team had implemented additional roles within the office team to support the registered manager and ensure improvements in the standards of governance audits and quality checks completed.
- The registered manager demonstrated qualities of strong leadership and was committed to driving standards of improvement at the service, after the last inspection. Staff worked as a team, as well as being comfortable to work autonomously when required.
- We received positive feedback regarding the communication people and relatives received from the office team, as well as handling of any concerns. One person told us, "Yes, the registered manager is good, I have spoken to them a lot over the last two years, they will often check in with us to make sure we are ok." A relative said, "Well I know the ones who work in the office, when staff got COVID-19 they kept us informed about the plans in place, they have been amazing."
- Staff were clear of the importance of their role to support people to live as independently as possible. Feedback received confirmed people and relatives felt they were treated with kindness and respect. One staff member told us, "It allows for individuals to keep some independence in a known environment and gives families greater freedom to have assistance in caring for their loved ones."

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

- The registered manager demonstrated a clear understanding of their own, and staff member's responsibilities in relation to being open and honest with people if something went wrong. We saw examples of where letters of apology had been sent to people in the event something had not gone to plan.
- Feedback from people and their relatives was sourced regularly. The service shared outcomes from their recent satisfaction survey. Where any actions had been identified, the registered manager had addressed these, or put measures in place to reduce the risk of reoccurrence.
- The registered manager placed value on the feedback from people, relatives and external professionals. Staff told us they felt able to approach the registered manager to source support and guidance as required.
- Changes had been made to the way information was communicated to staff to make information more accessible.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Whist the care provider remained in breach of regulation 17, we found evidence of ongoing improvement and embedding of governance practices within the service. The decision was made for the conditions to be removed from the provider's registration.</p> <p>Regulation 17 (1) (a) (b) (f)</p>

The enforcement action we took:

Condition removed.