

Apex Prime Care Ltd

Apex Prime Care - Isle of Wight

Inspection report

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Date of inspection visit:
28 October 2019

Date of publication:
27 November 2019

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 – Isle of Wight is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency was providing care for approximately 20 people living on the Isle of Wight.

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

People told us they received safe care and treatment. Risk assessments were completed for people which identified any risks. Care staff understood the importance of safeguarding people they supported, and they knew how to report any signs of abuse, or any accidents and incidents.

Staff had completed training in the safe administration of medicines. People were happy with how they were supported around their medicines.

Staff received an induction into their role and had received appropriate training that equipped them to support people. They had their competency assessed to help ensure they continued to be sufficiently skilled and knowledgeable. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

The management team had processes for monitoring visits and endeavoured to ensure that office staff contacted people when care staff were held up or were running late for visits.

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 they were happy with the care provided and staff were caring and compassionate. Care staff were skilled in delivering people's care in the way they preferred. They knew people well, which ensured their preferred routines were met.

People were involved with planning and reviewing their care. Care records were written in a sensitive and person centred way.

A complaints procedure was in place, which people confirmed they were aware of. People's concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

Staff, people and relatives told us they had a good relationship with the management team and could seek support and assistance easily when needed. There were effective systems in place to monitor the safety and

quality of the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (Published 9 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Apex Prime Care - Isle of Wight

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 Care Act 2014.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Apex Prime Care – Isle of Wight is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 October 2019 and ended on 6 November 2019. We visited the office location on 28 October 2019 and spoke with people, their relatives and external professionals on the telephone, between 1 November 2019 and 6 November 2019.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the

service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and an office staff member. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke to two external professionals involved with the service and four members of care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe and their property was respected. One person said, "I feel safe because they [care staff] are all lovely. They are very kind to me." Another person told us, "Yes, I feel safe with them [care staff], my wife also trusts them."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I reported some concerns to the office and they sorted it out."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.
- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, they described how they would ensure people had drinks and emergency support devices available, before they left people's homes.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe. The registered manager was clear that they would only accept new care referrals if they had sufficient staff available to ensure they would be able to meet people's needs. They described action they had taken earlier in 2019 when they had made the difficult decision to discontinue providing care for two people as they did not have staff available to meet these people's needs. This demonstrated people's safety was prioritised when accepting new referrals.
- Care staff, relatives and people confirmed two staff were always available when specific equipment to assist people to move safely was required. This meant equipment such as hoists could be used safely.
- People said they generally had the same 'group' of staff, who mostly came on time, and stayed for the correct amount of time. Most people told us the rota was emailed out, so they knew which staff would be

attending and said office staff usually let them know if staff were going to be late.

- Staffing rotas for people who required multiple visits every day showed a high level of consistency in staff allocations. This meant people received support from consistent staff who knew them well.
- The registered manager told us that short term staff absences were covered by existing staff members including office staff who were suitably trained to provide care for people.
- Recruitment procedures were robust to help ensure only suitable staff were employed.

Using medicines safely

- People said they had their medicines correctly and on time. One person said, "They (care staff) always remember them, I think they have it all written down, but they don't forget."
- There were arrangements in place for the management of topical creams. These included specific information for care staff as to where topical creams should be applied. A person told us staff always applied their topical creams to the correct area of their body as necessary.
- People's care records included specific information about the level of support people required with their medicines; lists of people's prescribed medicines and information about who was responsible for ordering medicines.
- Care staff recorded when they had administered medicines on their hand-held electronic recording devices. This information was immediately available to office staff who would be alerted if staff had failed to administer prescribed medicines, meaning prompt action to rectify this could be taken.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.
- Where medicines administration errors had occurred, such as MAR charts not being completed correctly, the registered manager took appropriate action to ensure the safety of the person and reduce the risk of recurrence.

Preventing and controlling infection

- Staff were trained in infection control.
 - There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use. The correct use of PPE was monitored during unannounced observational visits made by office staff. People confirmed that care staff used PPE when necessary.
 - There was an up to date infection control policy in place, which was understood by staff.
- The registered manager had not completed an annual infection control statement but told us there had not been any infection control concerns during the preceding year.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The registered manager knew how to seek support from external professionals when they required additional guidance. Staff informed office staff and relatives of any incidents when things might have gone wrong.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop people's care plans and risk assessments. Viewed assessments demonstrated people's protected characteristics under the Equality Act had been considered.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.
- People told us they were satisfied with the quality of care they received. One person told us they only wanted to be supported by female care staff, and this was respected. Another person said, "Staff do what I want when I want."

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people. A person confirmed that new staff sometimes accompanied existing staff on some care visits.
- Care staff confirmed they completed a comprehensive formal induction which they felt gave them the skills and knowledge they needed to undertake their role. Where staff had not previously done so, they completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff were appropriately trained and people were confident in their abilities. A person told us, "The staff know what to do and how to do it." A relative said, "Yes they (care staff) seem to be competent."
- There were systems to monitor training and records viewed showed that staff had completed all necessary training for their roles.
- Staff told us they were supported in their roles and had regular one to one meetings with a member of the management team. This was to discuss their care practices and development opportunities and records confirmed this. A staff member said, "I'm very well supported by the office team. I can contact them and although I work on my own most of the time I don't feel like I'm on my own."

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

- People who required meals preparing said they were given choices and had plenty of drinks offered. People also said care staff remembered to leave drinks and snacks, where required. One person said, "They (care staff) always leave me a sandwich in the fridge for lunch." Another person said, "They (care staff) tell me what's in the fridge and I say what I would like."

- Information about people's dietary requirements were included in their care plans. Where people required their meals or drinks in an altered format, such as softer food information was available to staff. People confirmed suitable food and drink were provided.

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

- People were happy with care staff who they told us supported them to access healthcare services.
- Care plans included information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required. Records showed that the management and staff sought timely support from external health and social care professionals, when needed for people.

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 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 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 and relatives told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people. A person told us, "They (care staff) ask me what I want and listen to me."
- Staff had received training in the Mental Capacity Act 2005 (MCA).
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. A staff member said "If they (person) don't want something like a bath I would encourage them but it's their choice. I would let the office know."
- The registered manager understood their responsibilities in relation to MCA and was aware of recent changes in respect of community deprivation of liberty Safeguards (DoLS) although none were in place for anyone receiving a service from the agency.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 and relatives told us that staff were kind and caring and knew their preferences. A person said, "They (care staff) are all lovely, all really nice" Another person said, "Always kind" when asked about the care staff. A third person described how they had a laugh and chat with their care staff and added "That's really important to me as I don't always see anyone else but them (care staff) throughout the day." Other people and relatives made similar positive comments about the care staff.
- Staff had built up positive relationships with people. Staff told us they enjoyed their work. Most staff told us they had a regular rota, meaning they generally visited the same people and therefore had the opportunity to get to know people and people had the chance to get to know them.
- Care staff told us that before visiting a new person they were provided with information about the person's care needs. This meant they would know important information about the person such as any equality and diversity or protected characteristics before supporting them and they were able to meet people's individual needs. This information was seen in care plans we viewed during the inspection.
- Care staff had completed equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they had been asked if they had any preference in respect of the gender of care staff who would be supporting them. We were told that where necessary, these individual requests had been complied with. A relative said, "For personal care (relatives name) only has male care staff, they feel more comfortable with men and the agency has always sent men for his baths etc." A person told us they preferred female care staff and this wish was always complied with. This meant people were cared for by care staff they felt comfortable with and had been able to make decisions about who provided their care.
- The registered manager and office staff had regular contact with people on the telephone or when carrying out spot checks of staff. This enabled them to seek people's views, review if any changes were needed and check if they were happy with the service they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A relative said, "I can't fault the care staff, they are gentle."
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed, curtains drawn, and people were covered up. A person said, "They [staff] lock the front door, so nobody can come in until I'm ready."
- People confirmed they were encouraged to be as independent as possible. One person said, "They (care

staff) don't rush me, they help me when I need it and let me have a rest if I need one before they continue."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care which met their needs. A person said, "If I ask them (care staff) they will do anything." Another person told us how care staff supported them which reflected individual information within their care plan. For example, they told us that staff always followed their care plan by leaving the medical supplies they required, near to them and ensuring they had water by their bed at night.
- Electronic care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, dressing, meal preparation, health issues, shopping and information about the person's life history and individual preferences. Care plans reflected people's individual needs and could be updated promptly when people's needs changed.
- People and relatives confirmed they had been involved in their care plans. A person said, "I am asked regularly if the care is good." A relative confirmed a review of care was undertaken and office staff would phone them to check everything was working well for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, where they used a hearing aid.

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

- The provider supported the development of relationships by supporting people to access the community and by ensuring regular care staff were allocated to people.
- One person told us that the care staff could be the only people they saw each day. They commented, "I'm really happy with them, we can have a laugh and they chat to me whilst they provide my care."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint. They said they would speak to the 'office' if they had a concern or complaint. One person told us they had raised a concern and were happy

with how this was dealt with. People and relatives felt confident to raise issues and, with the exception of one relative, were confident that action would be taken.

End of life care and support

- No people using the service were receiving end of life care at the time of our inspection.
- During the initial assessment information was gathered about people's specific wishes to ensure the service knew if people had made any decisions about the emergency care they would wish to receive in the event of their health declining. This would mean that in such situations, care staff would know what action to take.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and ensure staff were appropriately trained and supported.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure in place, consisting of the provider, the provider's area manager, the registered manager and senior staff. They were clear about their roles and responsibilities.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity.
- The registered manager informed the CQC about significant events within their service using the appropriate notifications.
- The provider had implemented a new electronic care planning system, which meant monitoring of the service provided was more effective and less time consuming for the registered manager. If any care calls were late or missed, an alert would flag this to the registered manager or the staff member monitoring the system, and they took action to address it.

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

- The registered manager had developed a person-centred culture at the service. They had a good understanding of their legal responsibilities towards the people they supported and were committed to delivering person-centred care.
- It was clear from our discussions with staff, that they enjoyed caring for people living at the service and they found it rewarding.
- The registered manager was available to people and staff to speak with. Staff told us they felt supported by the management team and could contact them for advice when needed. One staff member said, "I don't feel like I'm on my own. There is always someone we can contact in the office."
- The service's systems ensured people received care which met their needs and reflected their preferences. The management team led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the service.
- Relatives told us they felt their family members were well cared for and they were happy with the care provided. One person said care staff had, "really changed my life for the better."

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. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation

to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.

- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- People were asked to share their views about the service through care review meetings and the use of annual surveys. 'Spot checks' were also carried out. During spot checks the registered manager or senior staff observed staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- Staff also had an opportunity to share their views about the service, through meetings and staff surveys. The registered manager told us they had improved communication with staff and sent regular emails to alert them to any changes, updates or compliments received about the service provided.
- The feedback from professionals we received, showed the service worked in partnership to ensure the best outcomes for people. One professional told us that the service always kept them updated about changes to people's health needs and worked well with them to address any issues promptly.
- The provider had recently started a monthly newsletter which was sent out to all staff and shared updates to practice and 'good news' stories.

Continuous learning and improving care; Working in partnership with others

- There were systems and processes to monitor, assess and evaluate the service. The management team maintained clear auditing records and evidenced when action had been taken to change or improve the service.
- One of the provider's senior managers regularly visited the service to monitor the quality and safety of the service. This included a review of areas such as; health and safety, safeguarding, staff records, people's support plans and delivery of care. The registered manager was given an action plan for any identified areas of improvement if needed.
- The provider held regular management meetings with the registered managers of their services. This enabled the opportunity for managers to share good practice and to review any incidents of accident, so that lessons could be learnt to prevent a recurrence.
- The staff and management team worked in partnership with other agencies to ensure people received the support they required. People's support plans showed the involvement of health and social care professionals including district/community nurses and GPs, which ensured effective joined-up care.