Apex Companions Limited

Apex Care Andover

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider

Apex Care Andover is a homecare agency which provides care to a variety of people including the frail older people, people with learning disabilities and younger

Summary of findings

physically disabled people, who have chosen to live in their own homes. People may need care for a period of time to recover from illness or as a longer term arrangement.

At the time of our inspection 79 people were using the service. This was an announced inspection. This was our first inspection of this service.

People and their relatives told us although they were happy with their care, their care visits were sometimes late. The registered manager was aware of this concern and we saw that action was being taken to address this.

People who used the service and their relatives were positive about the care they received and praised the quality of the staff and management. One relative told us "I really like the carers. They are never rude and very respectful. They follow my loved one's routine and do things the way they like it."

People told us they felt safe when receiving care and were involved in developing their safety plans. Systems were in place to protect people from abuse and harm. Care staff told managers and relatives in a timely manner when they encountered safety risks which would affect people's care, so that action could be taken to prevent this happening again.

Staff understood the needs of the people they were supporting. People told us that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed extensive training to ensure the care and support provided to people was safe and effective to meet their needs.

We found that people and their relatives were encouraged to plan their own care. Where people did not have the capacity to consent to their care, arrangements were in place to ensure consent was sought lawfully and protected people's rights. People using this service, their relatives and each person's home were treated with respect.

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements to the service.

Summary of findings

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 delivering safe care. People who used the service and their relatives said they said they felt safe when receiving care.

There was sufficient staff to meet people's needs safely. People felt safe because calls were never missed and because they knew care would always come, even when unavoidably delayed.

Systems were in place to ensure people were protected from abuse and the risks related to the individual delivery of their care. People were supported to take risks and were involved in their safety plans.

Is the service effective?

Good

The service was effective. Staff were skilled and received comprehensive training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff noticed when people became unwell and clear reporting and referral procedures were in place, for example to the GP or speech and language therapist. Care staff told relatives in a timely manner when people became unwell.

Is the service caring?

Good

The service was caring. People, their relatives and professionals who had contact with the service, spoke positively about staff and the care they received. This was supported by our observations.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives independently at home. People who required support with their communication to make their wishes known were supported by staff that were confident in understanding each person's communication needs.

Staff received training and put this into practice to ensure they upheld people's dignity and rights. Care was delivered in private and people's property and home were treated with respect.

Is the service responsive?

Requires Improvement

The service was responsive to people's care and health needs but did not consistently deliver people's care at their preferred time as agreed. For people with complex needs this meant that the care they received did not always take into account their preference for consistent and familiar staff.

Summary of findings

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills in self-care and to make daily choices.

The service was sensitive to the rights of people that did not have the capacity to independently make decisions about their care. Arrangements were in place to act in line with legal requirements for those people who lacked the capacity to consent to care.

Is the service well-led?

Good

The service was well led with strong leadership. There was a clear vision and a set of values, which were person focused. The governance structure was clear with reporting lines from the service through to senior management level.

Systems were in place to review safety incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people that used the service, their representatives and staff and were used to improve the quality of the service.

Apex Care Andover

Detailed findings

Background to this inspection

We inspected the service on 22 July 2014 and made telephone calls and home visits to people using the service after this date.

The inspection team consisted of an inspector. We spoke with five care staff and the registered manager. We spoke with the regional manager by telephone. We visited four people who used the service and one relative in their home to gather their views of the service. We spoke with three relatives and two people that used the service by telephone. We reviewed a range of care records and records about how the service was managed. We also contacted two social workers who worked closely with the service to ask their views.

This was our first inspection of this service. Before we visited we checked the information we held about the service and the service provider. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was collated from records held by the Care Quality Commission (CQC) and information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. Our information showed that people who use the service and staff were satisfied with the care received and provided. However they had told us that care visits did not always take place at the agreed time and we addressed this during our inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe when receiving care. One person said "I trust the girls and always feel safe when they are here. People also felt safe because calls were never missed and because they knew care would always come, even when unavoidably delayed".

People said they were informed by the service if their calls would run later than 15 minutes. The service had an electronic scheduling system for visits which meant they could move staff around easily if, for example, when staff were sick or people required a longer visit. This system grouped care workers visits so that they were geographically close to one another, and matched people's care needs to staff skills. There was a system in place that ensured risks to people were factored in when changes to staff schedules had to be made. This meant that people, who needed their visits to be delivered at the agreed time to enable them to stay safe, were prioritised. Social workers told us that the service was reliable. One professional told us "my experience with Apex Andover Care is that they always deliver their care visits and people can rely on them."

People and staff told us that there was enough time allocated to care visits to deliver care safely. People had sufficient time to safely receive their care without being rushed. The service had reviewed all short fifteen minute calls and worked with commissioners to increase the length of visits for people where required.

Care staff told managers and relatives in a timely manner when they encountered safety risks which would affect people's care, so that action could be taken to prevent this happening again. For example, if people's equipment was not working or not appropriate. Care staff were clear on how to report and record safety incidents and accidents in line with the service's policy. One person's daily records showed that their fall had been recorded and reported to the office appropriately. Care staff also reported incidents to the office that occurred outside of care visit times so that the service remained informed of changes to people's vulnerability. Senior staff used an electronic care recording system to monitor safety incidents and kept staff up to date with changes that needed to be made to keep people safe.

Arrangements were in place to ensure that people were protected from abuse. Staff had received safeguarding training. Care staff knew how to identify potential abuse and understood their reporting responsibilities in line with the service's safeguarding policy. The registered manager confirmed that there had been no safeguarding investigations relating to the service in the past year. The manager worked closely with the Human Resources (HR) team to ensure action was taken if care workers did not meet the standards expected of them.

People and their relatives were encouraged to contact the service if they had any safety concerns. For example, one person told the branch manager they were not always sure if their property was safe at night. The service manager agreed a security plan with this person to be completed by care workers during their last care visit of the day. Records showed when people had raised safety concerns the registered manager had reported their concerns to the relevant agencies and involved the person, their relatives and the care workers in any investigations undertaken.

Staff had guidance about how to keep people safe. Where it had been agreed that care staff would support people with their shopping, money management procedures and records were in place to ensure this was done safely.

People we spoke with confirmed that care workers undertook care tasks safely. Each person had individualised risk and management plans, completed with them and their relatives. Care plans informed staff how to reduce the risk of injury to themselves and to people. For example, the moving and handling risk assessment for one person required them to be hoisted by two care staff. The risk management plan provided staff with detailed instructions on how to undertake this task safely. Care staff told us that the information in care plans was sufficient to ensure that they knew how to undertake tasks safely.

People were encouraged to influence their risks management plans and the service worked with people to balance risks with independence. One person we visited had been assessed as requiring four visits a day to ensure that they ate and drank enough. They had however only wanted three care visits. The service worked with them to explore options about how this could be done safely. We saw the person received three visits and staff left a flask of drink and snacks between visits. They had agreed for this o arrangement to be monitored and reviewed if it was felt not to meet their needs.

Good

Is the service safe?

Arrangements were in place to ensure people with a high dependency need received a service in adverse weather conditions. People and their relatives were informed of any events that could disrupt the safe delivery of the service so that contingency plans could be agreed to ensure people remained safe. Care staff told us the office staff provided them with good support and guidance during emergency situations. One care worker said ‘‘They were really good when I was waiting with someone for the ambulance.”

Good

Is the service effective?

Our findings

People told us they were supported by knowledgeable and skilled care staff that knew how to meet people's needs and supported them to live at home. One relative said ''The staff are really very knowledgeable, they are always able to give me advice or tell me where I need to go for assistance."

Staff received training from a full-time accredited trainer. Training included a three day induction when staff learned about safeguarding adults, moving and handling, first aid, fire awareness, dementia and the Mental Capacity Act 2005 (MCA). Staff we spoke with had a good understanding of how they would apply their training and could explain, for example, how they would support people to make decisions.

New staff worked alongside experienced staff to observe and learn how people liked to have their care delivered. Before staff could work independently they had to meet care task and behaviour competencies. Staff told us that they had been assessed undertaking hoisting, attaching catheter bags, using personal protective equipment and communicating with the person they supported. The service asked people for their views of staff's skills and whether they were supported effectively. The service used this feedback to develop staff's competence.

Staff received regular supervision which included on-going competency assessments of their care practice. Records showed that staff's development needs had promptly been addressed with relevant training and mentoring. Regular staff meetings and policy updates also provided staff with opportunities to develop their practice so that they could meet the needs and preferences of the people they supported.

After induction care staff received training in food safety, nutrition and hydration and had a good understanding of healthy food choices and staying hydrated. Some people were supported by staff to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. Records contained important information about people's food allergies, special dietary requirements and the support they required during mealtimes. Care staff told us how they would prompt and encourage people with dementia to eat and drink sufficiently. They had a good understanding of each person's appetite and how to support people to maintain their eating ability and meet their dietary requirements. Care staff understood the importance of people having foods that met their health needs.

People told us they were supported to have a drink at each visit. We saw evidence of this in records Staff prepared a flask of drink for some people so that they would have enough to drink between visits. People were encouraged to drink extra fluids during hot weather. People who could not see well were supported to locate their flasks by touch so that they could help themselves to drinks between visits. Where required care staff recorded what people ate and drank at each visit to monitor whether people where eating and drinking enough. When people's appetites changed, they did not eat enough or were struggling to eat staff reported this to the office so that people could get the support they needed.

Staff supported people who had difficulty swallowing to eat safely. Staff had first aid training and knew what action to take if people choked.

Relatives said that the service would inform them if people did not eat or drink enough or required professional input to support them to eat. Staff noticed when people became unwell and clear reporting and referral procedures were in place, for example to the GP or speech and language therapist.

People told us a manager had visited them before their care started and they had been involved in planning and agreeing their care. People's care plans described the support people needed to manage their day to day health needs. These included people's personal care, skin management, catheter care, preventing falls, medication and mouth care. Care plans also noted the support people required to manage their mental health. Staff monitored people's skin when providing personal care and we saw that any concerns were recorded and communicated to the office and community nurse if required. Where community nurses were involved in managing people's health, staff were clear of their responsibility to follow instructions provided by professionals, to monitor and report any concerns.

People told us that staff understood their medical conditions. One relative said ''They understand my relatives multiple sclerosis and will offer advice if they see any changes in their condition.'' Staff received written

Good

Is the service effective?

guidance to support them to understand people's medical conditions including epilepsy, stroke, Parkinson's, diabetes.

Staff could describe how they supported one person with cerebral palsy when taking a bath to ensure that they did not touch them in a manner that could trigger a muscle spasm.

Good

Is the service caring?

Our findings

People who used the service, their relatives and healthcare professionals, were positive about the way staff treated people. One relative told us "I really like the carers. They are never rude and very respectful. They follow my loved one's routine and do things the way they like it." During our home visits we observed people interacting in a relaxed manner with the staff member who asked them about their family, pets and interests. The staff member clearly knew the person and had developed a warm engaging relationship with them. Staff spoke about the people they supported with affinity, compassion and concern. We heard of many examples were staff supported people with kindness, tenderness and patience. For example staff told us how they supported one person who had an epileptic seizure when out in town, reassuring and comforting them until the ambulance arrived.

People's care was delivered in a way that took account of their needs and the support they required to live independently at home. One person we visited was blind and required care staff to leave objects and furniture unchanged so that they could find their way around their home independently. They told us that staff did this. They said "They are really good at understanding the support I need with not being able to see. They come in with the key safe and will always call out so that I know they are in the house. They will tell me when they are going into the kitchen or into the bedroom, so I always know where they are." Staff told us that this person was comfortable with using touch as a form of communicating and we observed staff gently touching them to guide their hand to a drink of water.

People who used the service and their relatives told us that staff remained for the full duration of the agreed visit time and did not rush them. People told us that staff took time to talk with them in a meaningful way and provided them with the time they required to complete their personal care routine.

Where people required support with their communication to make their wishes known staff could describe how they supported people with hearing impairments and learning disabilities to express their wishes and be involved. This included communicating through writing, hand gestures and short sentences.

Staff received training to ensure they understood how to respect people's privacy, dignity and rights. This formed part of the core skills expected from care staff. Managers assessed how staff put these values into practice when observing their practice during competency assessments. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy and how their modesty was protected when undertaking personal care tasks. Care plans guided staff to use towels to cover people when bathing and people told us that staff closed curtains and doors before undertaking bathing tasks.

People told us that staff respected their home and personal belongings. Care plans stated how people would like their kitchen to be left after meals were prepared and staff could describe how they would ensure people's wishes were respected.

Relatives told us how they were given the opportunity and time during care visits to develop relationships with care staff. One person said "They always greet me and involve me in the care visit. They are friendly and always checking if I am OK and need anything. I appreciate that." We observed where staff were speaking with relatives they involved the person they cared for so that they remained aware of any information shared with their relative.

Requires Improvement

Is the service responsive?

Our findings

People told us though the service met their care needs, their care visits did not always take place at the time agreed with the service. The registered manager told us care visits were at times later than the agreed 15 minutes delay due to unplanned staff absences. People and their relatives felt this impacted on their day as they could not plan other activities until their care visit had been completed. For people that received multiple care visits throughout the day this also meant that the service did not give them the time agreed between their visits. One relative told us "If they run late in the morning this means that he does not get enough time to rest before his next visit as the getting washed and dressed in the morning often leaves him tired." They told us that at times the cover was provided by unknown or new care staff that did not know their personal routine. For people with complex needs this meant that the care they received did not always take into account their preference for consistency and familiar staff.

People and their relatives were involved in the assessment, planning and regular review of their care. Care plans showed the most up-to-date information on people's needs and risks to their care. Care plans were person-centred and provided staff with information about people's care preferences. Some people's care plans however did not detail whether they had expressed a preference for how they wanted their visits to be staffed including whether they wanted the same, familiar staff or introductory visits. This meant that for some people this need might not have been identified in the care planning stage to ensure arrangements were made to accommodate this preference.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills in self-care and make daily choices. This included prompting people to undertake part of their bathing routine independently and writing notes for people so that they can remember how to complete tasks. We saw that care plans also noted the parts of personal care tasks people could undertake independently

People and their relatives told us they would feel comfortable about complaining to staff if something was not right and they were confident that their concerns would be taken seriously. People knew how to complain and the service's complaints policy provided information on how to make a complaint as well as the contact details of local advocacy services if people required support to complain. The service had received four complaints in the past year. These had been investigated by the registered manager. We spoke with two people who had complained. They both told us that the service responded swiftly to their concerns and provided an outcome they were satisfied with. However, they both felt that the service had not maintained the improvements they had agreed on relating to their preferred time of visits and consistency of staff.

We spoke with the service's regional manager who told us that they monitored all complaint investigations to ensure they were completed in line with the provider's policy. They also reviewed all complaints with the registered manager to identify any possible patterns and agree how information from complaints could be used to improve the service. They confirmed that they were working with the registered manager to address the concern of late care visits due to unplanned staff absences.

The service was sensitive to the rights of people that did not have the capacity to independently make decisions about their care. They ensured that arrangements were in place to act in line with legal requirements for people who lacked the capacity to consent to care. We saw that the service had introduced the use of the local authority's mental capacity screening and assessment tool. Records showed that this tool was used to screen people's decision making capacity in relation to their daily living arrangements. Where people had been assessed as requiring support to make this decision their representatives had been consulted and a decision made in their best interest in line with the principles of the Mental Capacity Act (2005) and the code of practice. Some people had legal representatives to support them to make decisions about their care. Staff had received training in the principles of the MCA (2005) and understood the role of people's legal representatives.

People were supported to maintain their own interests, social and community networks and understood the importance of family and friends. Staff explained how they would ensure that people had access to their reading glasses, the television remote control, the newspaper or telephone before they left their home so that they could stay in contact with people and pursue their interests.

Requires Improvement

Is the service responsive?

People were assisted to access their agreed day services and community activities. Staff supported people to speak with their social workers if they felt that their day activities did not meet their needs and requested social worker's review people's day activity arrangements . Where people and their relatives had expressed the desire for a relative to share the care tasks with staff we saw arrangements had been made to accommodate this safely for example when hoisting people and supporting them with their personal care routine. Relatives told us staff valued their knowledge of the person who used the service and took direction from them when appropriate.

The service was flexible and responsive to changes in people's needs. One professional told us ''They are able to adjust their care visits and provide people with additional time at very short notice.'' Information was communicated between care staff and the office effectively and the senior staff made the adjustments to people's care plans and informed staff of changes quickly. For example, where people's needs had changed after being hospitalised the service responded quickly so that people could receive continuous care. the service had worked with physiotherapists to ensure that people had the right equipment to support them to mobilise when they came out of hospital. Care plan changes and staff training had been actioned swiftly to ensure that staff could use the new equipment the following day.

Good

Is the service well-led?

Our findings

The service had a clear vision of what it was striving to achieve for people and staff. The vision and values formed part of staff's induction, supervision and team meetings. The staff we spoke with valued the people they supported and were motivated to provide people with high quality care. On care worker told us "We work hard, together, to make sure people get the care they need. I like doing things right for them and that is what keeps me here."

Staff's behaviour towards each other, people and their relatives reflected the service's values. Comments about the service's culture included "respect", "openness", "equality", "independence" and "compassion". People told us that these values formed part of the way the service did things and the branch manager confirmed "we work very hard to develop a healthy culture of caring, working together and honesty. We tell staff not to rush but work at people's pace." The service was open with staff and meeting records showed that similar information was consistently shared on all levels of the organisation. This honesty extended outside the service. People and stakeholders told us that the service had been open about the challenges they faced especially in relation to the timings of care visits.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. The leadership structure was well defined and staff told us that the service managers gave them direction and a sense of value. The provider supported the development of strong leadership through a manager's induction programme and training. Both the service and registered manager were undertaking further management qualifications. Staff told us what they valued most about the branch managers were their visibility, accessibility and responsiveness. The registered manager told us "We have strong senior staff that are confident to take control of situations and make sound decisions. I think this in return installs confidence in our care staff".

The registered manager reviewed all reported incidents with the senior staff weekly. They told us that the number of incidents was low and mostly related to falls. The service had arrangements in place to manage these emergencies which included providing flexible staff cover and senior support for the care worker attending to the emergency till relatives or emergency services arrived.

Improvement was integral to the service and quality assurance systems involved people that use the service, their relatives and staff. Service satisfaction questionnaires were sent out yearly asking people their views of their care. The last survey had been conducted in February 2014. The results of the survey had been collated and presented to the senior management group. Records showed that people were satisfied with their care including the way staff treated them. This was confirmed by our discussions with people and their relatives. The registered manager told us "following the last client and staff surveys we found that there were no recurring themes of concern. There were some individual concerns noted on the questionnaires, we addressed these with the specific people and staff and they have been resolved."

Senior staff undertook care review visits to gather people's feedback of their care and make adjustments to care arrangements if required. Records showed that management tracked whether these had been completed and we saw that action had been taken to address any concerns people or their relatives raised. Managers also undertook a quality control check of all care staff which involved visiting and assessing staff on duty to monitor the care they delivered.

Quality monitoring tasks were undertaken by the service and the regional provider team. The provider team monitored the quality of recruitment and staff training. The service undertook internal quality assurance visits. These included monthly care record audits, staff performance monitoring and reviews of care. We saw that systems to record the outcomes of these audits and the actions taken. The care record audits had identified some learning needs for individual staff which records showed had been addressed. A pattern had been identified with staff not adding new record sheets swiftly when the current sheets were full resulting in staff writing outside the margins. We saw that this had been addressed in a team meeting and a text message sent to all staff to remind them of the correct recording procedure.

Managers told us following these quality visits and checks they had identified that people were satisfied with their care and that staff were performing well. They had however found that some people were not always receiving their care visits at the agreed time and this was more of a concern over weekends and early mornings. This confirmed what people and staff told us. The service had

Good

Is the service well-led?

found that late visits were primarily caused by unplanned staff absences. Action had been taken to address this concern including on-going recruitment. The service had reviewed the sickness reporting procedures to ensure staff notified the service swiftly of any absence and a robust back to work interview procedure had been introduced. The service was not accepting any new referrals for early care visits until they were able to provide timely visits consistently. This was confirmed by a referring professional.

Staff understood their duty of care and their responsibility to alert managers if they identified any concerns in the quality of care they or their colleagues provided. They were familiar with the service's whistleblowing procedures and told us they would be comfortable to raise concerns. They gave us some examples of when they had done this and the action that was taken to address their concerns. The service responded to quality concerns raised informally. For example a comment had been made about the appearance of a care worker's uniform and the manager addressed this by circulating the service's uniform policy to all staff, requesting them to review their uniform and contact the office for a replacement if needed as well as addressing this in the team meeting.

The service had strong links with external agencies which informed their practice. The registered manager was part of the Hampshire Provider's Association which kept providers up to date with practice developments. They told us ''our in-house trainer is our main source of information. He attends training forums and feeds back to us any improvements we need to make. He is working with us to ensure we are compliant with the MCA.'' The service was part of the Hampshire County Council's Panel of Preferred Providers (PPP) which requires the service to meet certain standards to ensure they remained accredited and up to date with good care practice.