

Apex Prime Care Ltd

Apex Prime Care - Newbury

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Apex Prime Care – Reading is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to people who have dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability, sensory impairment, as well as older people.

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 our inspection the service was providing personal care to 84 people.

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

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while living as independent a life as possible. Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary. Medicines were handled correctly and safely.

People received effective care and support from staff who knew them well and were well trained. The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with care, respect, kindness and their dignity were upheld. This was confirmed by people and their relatives who provided feedback. People were consulted about their care and support and could change how things were done if they wanted to. People's diverse needs were identified and met and their right to confidentiality was protected.

People received care and support that was personalised to meet their individual needs. The registered manager and staff worked well together for the benefit of people and were focused on the needs of the people using the service.

People benefitted from staff who were happy in their work and felt well managed and supported. The registered manager encouraged feedback from people and families, which they used to make improvements to the service and protected people against the risks of receiving unsafe and inappropriate care and treatment.

The registered manager had quality assurance systems in place to monitor the running of the service, the quality of the service being delivered and took actions promptly to address any issues. The registered manager praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.

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 17 September 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Apex Prime Care - Newbury

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

This inspection was carried out by one inspector and was announced. An assistant inspector contacted the staff members. An expert by experience made telephone calls to interview people or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service 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.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. 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 13 people who use the service and one relative. In addition, we spoke with five members of the staff team. We spoke with the registered manager and reviewed a range of records. These included four people's care plans, associated monitoring records, daily notes and medicine records. We also looked at a variety of records relating to the management of the service, including quality assurance, incidents and accidents, supervision, spot checks and observations, policies and procedures.

After the inspection

We looked at further training data and quality assurance records, meeting minutes and recruitment information for four staff members sent to us after the inspection. We sought feedback from the local authority and professionals who work with the service and received one response.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we did not have access to all recruitment records. This meant until our inspection, provider's recruitment practices indicated people were at risk of having staff providing their care who may not be suitable to do so.

- Enough improvement had been made at this inspection. The registered manager followed safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found minor queries and we discussed it with the management team who addressed it promptly.
- The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers. They allocated the same staff to the same people as much as possible to ensure there was a continuity in meeting people's needs.
- The registered manager and the office senior staff oversaw the weekly rota using an online system that helped identify visits that needed staff allocation. They also looked at staff capacity and how many care packages could be taken on.
- People and relatives were informed of late visits. People and relatives confirmed staff took time to support and care for them appropriately without rushing.
- The staff confirmed they had time to visit and support people and helped each other to cover absences. Where needed, the registered manager also covered absences and staff, people and relatives confirmed this.

Assessing risk, safety monitoring and management

- The registered manager and senior staff assessed the risks to people's personal safety and put plans in place to minimise these risks.
- Risk management plans had guidance to ensure risk mitigation so that people continued to receive safe and effective support.
- People's support plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required.
- Risk management plans could have been more detailed to ensure staff had guidance to mitigate the risks. For example, some people's care records identified which equipment should be used when moving them. However, it did not always give specific guidance on how staff should do this safely at all times for each person.
- We discussed the risk assessments, prevention measures and support plans with the registered manager who agreed with our feedback regarding their files. They took immediate action to review and rearrange the

information to ensure relevant and important guidance was easy to find so that people continued to receive safe and effective support. We received information after the inspection regarding improved support plans and guidance for staff.

- The service had business continuity plans to ensure the service could continue in the event of an emergency. As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.
- There was an on-call system in place for staff should they need help and advice and staff confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.
- The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were able to explain what actions to take if they felt people were at risk including to contact the outside organisations.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Using medicines safely

- People had their medicines managed safely.
- The registered manager explained they started using an online monitoring system that helped them oversee medicine administration and records for it. They reviewed medicine administration record (MAR) sheets daily for any errors. The registered manager explained they received an alert if there was an error with any of the tasks including medicine or MAR sheets recording.
- We looked at the system and where a medicine alert was raised, staff recorded an explanation for it, such as it was a medicine administered as required and, at that visit, the person had not needed it.
- The registered manager said the work was in progress to ensure staff were recording notes and codes for medicine administration consistently. If there was an error, the registered manager promptly addressed it with staff to find out the reason for the recording error. If necessary, they would book staff to attend medicine management training.
- The training matrix record confirmed staff had received training in handling medicines and competency assessments.

Preventing and controlling infection

- Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- Staff were trained in infection control and followed the provider's policies and procedures on this.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents. The registered manager said if something happened it would be on the agenda to discuss it within the team and think of ways to prevent it recurring.
- The registered manager took on board the queries we raised during our inspection and addressed them promptly.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider referred to the current best practice guidance for ongoing training, monitoring and continuous support for social care staff. The provider had made improvements.

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and relatives thought staff had the training and skills they needed when supporting them.
- Staff received training that equipped them with the knowledge they needed to support people. The registered manager had a system for monitoring staff training to ensure training was up to date including regular spot checks to monitor staff member's practice and performance. The registered manager had planned and booked training six weeks in advance to ensure staff had appropriate up to date knowledge to support people. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Staff felt supported by the registered manager. They used the provider's performance and appraisal system. Staff members received feedback about their performance and discussed training needs during one to one supervision.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- Each support plan was based on a full assessment and it clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. It demonstrated the person had been involved in drawing up their plan.
- Support plans also detailed the outcomes people wanted to achieve and how they wished to be supported. Where people were diagnosed with a certain condition, support plans identified the impact of these needs on them individually and how staff should support them in all areas. It was also to ensure people were able to live life to their full potential and as they chose.

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

- People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement with drinking and having a balanced diet, guidance would be provided to staff.
- Where people were not eating well staff would highlight that to the person's relative, the registered

manager or a senior member of staff and advice would be sought from a health professional if necessary.

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

- People were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly.
- The service communicated with GPs, local authority, community nurses, occupational therapist and families for guidance and support. People were referred to various health professionals in good time to address any health or changing needs. The registered manager and the staff were knowledgeable and informed about people's health and wellbeing. The care for people's health and wellbeing was proactive and organised well.

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's rights to make their own decisions, where possible, were protected.
- People confirmed staff asked them before providing any care or support. People and relatives felt the staff were polite and respectful towards people and respected their decisions.
- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- People had specific information in the support plans regarding their decision making. It gave a description of how people were able to make their own choices, decisions and how staff should promote it.

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 good. At this inspection this key question has remained the same. 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 felt they were treated with compassion and kindness by the staff team and the registered manager.
- The registered manager placed importance on ensuring continuous support to people from regular staff. People, relatives and staff knew each other well and had well established relationships.
- The registered manager and staff regularly checked during the visits, whether people were happy with their support and staff listened to any issues or questions.
- Staff delivered care and support that was caring and person-centred and which had a positive effect on people. People and relatives said, "Everyone is lovely is all that I have to say", "They are all lovely and marvellous and I don't want to lose them", "As I get to know my carers I treat them like friends" and "She goes beyond sometimes. For breakfast she asks what I want...In the past if I asked carers for [food] they would say that there was no time for that. This carer is lovely."
- Staff understood the importance of treating people respectfully. They spoke about people with respect and they told us they enjoyed their roles. Staff told us they found working with people rewarding. One member of staff told us, "I announce myself whenever I go in. I treat them with respect and call by them by their first name". Another member of staff said, "everybody is different, they are treated individually".
- People's care was not rushed, enabling staff to spend quality time with them. People and relatives felt staff took their time to complete all the tasks and provide the support that was needed.

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

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted. Staff knew people's individual communication skills, abilities and preferences.
- People's records included detailed information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People agreed staff respected their dignity and privacy and made them feel comfortable at all times. People said, "She is a very kind and respectful carer and helps me to do as much as I can", "They are all very kind and friendly" and "I call them a Gathering of good carers!"
- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an important aspect of their lives. People and relatives felt the staff helped people maintain their independence by supporting them with daily tasks as necessary. Staff told us they encouraged people to be as independent as possible. Comments included, "I encourage people to be independent, I encourage them to do the shower and help them with the cooking". Another member

of staff told us, "I try to let them do as much as possible, for example, I give them the flannel and they wash. Sometimes some people will say "I can't" but I encourage them to give it a go."

- Staff told us they provided people's care in a dignified way and they maintained their privacy.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.
- Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family members with people's permission. Staff told us people's confidential information was protected and they knew how to maintain confidentiality. One member of staff told us, "I do not discuss people's issues with any other person, information is written down in their communication book and any concerns I raised with the office staff". Another member of staff said, "I keep people's confidential information [locked] away". Another member of staff said, "Don't gossip, every information is done through the office, personal documents are kept secured in the clients' home".

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support they needed which supported their cultural identities and preferences at the time specified in the support plan. People continued to have their needs assessed after they started using the service.

- People and relatives were involved in the care planning process. The service was flexible to adjust to people's needs when necessary. Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff recorded care and support provided at each visit.

- The information recorded helped staff monitor their health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals.

- Staff provided support that met the needs of the people. Staff told us they knew people's likes and dislikes. They used this knowledge to care for people in the way they wanted. One member of staff told us "I care for them, not somebody else". Another member of staff said, "I provide support based on the person, I always make sure I provide individual care to the needs of the person".

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.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.

- There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered manager to ensure all information presented was highlighted and in a format people would be able to receive and understand.

- Staff told us they know how help people communicate their wishes if they had communication needs. One member of staff said, "[Show] patience, I will go down to their level, I will wait for them to think about the question before interrupting them. Some people, I will use the pen and the paper". Another member of staff said, "I will speak clearly and also if they can, point to whatever they want". A third member of staff said, "Some people have hearing impairment, so I try to talk to them face to face".

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service and identify any trends.

- The registered manager passed compliments to the staff to let them know their work was appreciated.

- People and their relatives felt they could approach the registered manager or one of the staff if they had any issues. Some people said they did not have any reason to contact the registered manager.
- The staff felt they could approach the registered manager with any concerns should they needed to, and it would be addressed promptly. Staff knew the provider had a complaints policy that was available to people. One member of staff told us if people had concerns, "I would ask them to phone the office and speak to the manager or I will tell them I am going to inform the office to ring them". Another member of staff said, "I would phone the office and give them the office number if that's what they want to do, or I will ask the office to come and speak to the person".

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, if needed, the service was able to assess and set up a care package for someone needing that kind of support.

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 more 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

At the last inspection we recommended the provider and the registered manager at that time sought advice from a reputable source to ensure they fully and effectively used their quality assurance system including having clear records to evidence the work carried out. The provider and the current registered manager have made improvements.

- There was an effective audit system in place that included audits of different aspects of the running of the service. The new electronic care planning system had made audits and monitoring easier and less time consuming for the registered manager. If any care or 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. The registered manager worked alongside staff that helped them observe practice and pick up any issues promptly.
- The registered manager worked with their senior management to review the quality of the service. They sent weekly reports to the regional manager informing them of any issues or updates. They were also working according to an improvement plan to ensure necessary improvements were made.
- 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 safety and quality of care provided.
- The registered person has to submit notifications to us when required. Notifications are events the registered person is required by law to inform us of. We found one notification had not been submitted and the registered manager acted in a timely manner to rectify this.

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

- The registered manager and staff demonstrated a shared responsibility for promoting and supporting people's wellbeing, independence and safety. There was a 'whole team approach' and supportive culture within the team. People and relatives agreed the service was managed well.
- Staff felt they could approach the management team with any concerns. Staff were positive about the support from the registered manager. One member of staff said, "I don't have any concerns about the manager". Another member of staff said, "This current manager is alright at the moment".
- Staff said they had regular team meetings. One member of staff told us, "The office sends out newsletters once a month to inform staff what was going on. I find the meetings very useful and you get the chance to see other carers you have not seen for a long time."

- The registered manager praised the staff team saying, "We communicate really well and respect each other. Staff are very good at helping each other and work together in order to do what is best for the service users. They are all amazing carers."
- The registered manager added she felt supported by their seniors within the organisation. She said, "[Regional manager] has been very supportive and we communicate weekly; I can raise any issues."
- One community professional said, "[Name] has recently registered as a manager and appears to be on top of improving the service. The service remains stable with good staff retention. ...Supervisions/spot checks have been completed with all staff."

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 was clear about their role. All the registration requirements were met. We discussed duty of candour and what incidents were required to be notified to the Care Quality Commission. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- The registered manager carried out surveys to seek feedback including conducting quality assurance surveys to gain the views of people and relatives. Where people or relatives raised any issues or made comments about the service received, the registered manager had addressed it promptly.
- The registered manager held staff team meetings to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics on a regular basis such as any changes in people's needs or care, best practice and other important information related to the service. The registered manager also sent regular newsletters to the staff team informing them of any updates and reviewing a policy each month.
- The registered manager encouraged feedback from different stakeholders and acted on it to continuously to improve the quality of the service. This helped ensure people received the care and support they needed.

Working in partnership with others

- The registered manager had established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. The service had positive relationships and regular contact with professionals including GP's, occupational therapist, social services, speech and language team, nutritionist, mental health team and the local authority.