

Mrs Emma Lumsden

# ApproCare

## Inspection report

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Date of inspection visit:

05 March 2019

07 March 2019

Date of publication:

28 March 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:

- ApproCare is an independent domiciliary care agency which provides personal care and support for adults in their own homes. People receiving care and support had a range of needs including, the elderly, people living with dementia and people who have a learning disability. The agency provides care for people in the local Isle of Sheppey area together with Sittingbourne and Medway. At the time of our inspection they were supporting approximately 75 people who received support with personal care tasks.

People's experience of using this service:

- People told us they felt safe with the staff who knew how to meet their needs, in the way they preferred. One person said, "I feel safe when the carers use the standing lift on me; they know what to do." People were at the centre of their care and support; care plans enabled people to maintain their independence. Care records were regularly reviewed to ensure they met people's needs. Staff knew what action to take to protect people from the risk of abuse. Another person said, "The carers are excellent. I will score the service I receive 9/10."

- People's needs were assessed prior to receiving a service. People's protected characteristics under the Equalities Act were supported. Potential risks posed to people and staff had been mitigated. Staff supported people to attend healthcare appointments and express their views about their support.

- The registered provider was mindful to be sure there were enough staff before considering supporting new people.

- People told us staff were skilled in carrying out their role. Staff said they were supported by the registered provider and management team.

- People told us the staff were kind and caring; staff promoted people's privacy and dignity at all times.

- People were encouraged to raise any concerns they had or make suggestions to improve the service they received. Action was taken to improve the service people received.

- Staff felt there was an open culture where they were kept informed about any changes to their role. Staff told us the management team were approachable and listened to their ideas and suggestions.

- Systems were in place to monitor the quality of the service; regular audits were carried out by the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

- Good (Report published 22 April 2017).

Why we inspected:

- This was a planned comprehensive inspection.
- At this inspection, we found that the overall rating remained the same.

Follow up:

- We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

## 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 ●

# ApproCare

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services. Our expert by experience made phone calls to people using the agency.

Service and service type:

- ApproCare is an independent domiciliary care agency which provides personal care and support for adults in their own homes. People receiving care and support had a range of needs including, the elderly, people living with dementia and people who have a learning disability.

- The provider registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This was a comprehensive inspection, which took place on 05 and 07 March 2019 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open, and staff would be available to speak with us.

What we did:

- We reviewed information we had received about the service since the last inspection in 16 March 2017. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

- During the inspection, we spoke with 12 people using the service, five care workers, care assessor, administrator and the registered provider. We also spoke with seven relatives. We requested feedback from a range of healthcare professionals involved in the service. We received feedback local authority commissioners and clinical commissioning groups (CCGs).

- We reviewed a range of records based on the history of the service. This included three people's care records, risk assessments, daily records and medicine records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A relative said, "My [Name] is very safe when the carers are around." Another relative said, "I have every confidence and trust in the carers when I leave my [X] with them for a couple of hours."
- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Appropriate risk assessments specific to each person were in place and had been reviewed when required.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them.
- People's needs, and hours of support were individually assessed. There were enough staff employed to meet people's needs.
- People's specific gender preferences for staff were accommodated. For example, one person had requested a male member of staff; records showed that this request had been fulfilled.
- Systems were in place for the monitoring of any missed or late calls. People told us the office would telephone and let them know if their care staff was running late due to traffic. There had not been any missed visits.
- People and staff had access to an out of hours on call system manned by senior staff.

Using medicines safely

- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There

were no gaps or omissions which indicated people received their medicines as prescribed.

- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.
- Systems were in place for the auditing of people's MAR sheets. These were checked during spot checks and monthly to identify any missing signatures or errors.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.

#### Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered provider monitored these, so any trends could be recognised and addressed.
- The registered provider used the information to make improvements to keep people safe.

## 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.

Good: □ 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

- The registered provider continued to undertake an initial holistic assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment process. A relative said, "I was present with my relative for the assessment before the care started."
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- One person said, "I feel the carers have the right skills and experience to support me."
- Staff continued to receive the training and updates they required to successfully carry out their role.
- Trainings included completing competency based skills training designed to ensure that carers had the skills and knowledge they needed to deliver care for people.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered provider.

Staff working with other agencies to provide consistent, effective, timely care

- Senior staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local CCGs, district nurses, GPs, occupational therapists, and physiotherapists.
- Comments from healthcare professionals included, "ApproCare are always contactable and they are quick to respond." and "We find that they respond to our queries in a timely manner and are able when they have the capacity to start care packages as quickly as possible. ApproCare are extremely good at communicating with our team and always inform us of any minor/major changes to existing care packages we have set up with them."

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. One relative said, "When my [X] was unwell, I watched the carer phoned the office and for an ambulance; she waited with us until the ambulance arrived."
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met.

- People's care records included guidance for staff to follow. For example, for people with diabetes, the provider had specific diabetes care plan called 'managing my type 2 diabetes.' This included guidance from NICE, which further enabled staff in understanding and meeting people's needs.

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

- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.
- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- People's needs with regards to eating and drinking varied. Some people got their own meals and for other people they were provided by relatives or another service. Some people told us that a loved one managed their meals whereas other people told us staff prepared and cooked their meals. One person said, "The carers prepare all my meals and I am happy with it."
- Staff followed people's care plans which detailed the support they required with mealtimes. For example, one person's care plan recorded the breakfast and drink they wanted, and where this was to be placed.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. We checked whether the service was working within the principles of the MCA.
- People's capacity to consent to care and support had been assessed and recorded. Records of any decisions that had been made with the relevant health care professionals in people's best interests had been included within the person's care plan.

# 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.

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "The carers are really good and respectful." Another said, "The carers are very helpful and friendly. I am quite shy, and they make me feel at ease with them."
- Relatives commented, "The carers come with warmth and empathy and are like one of the family; we can have a laugh with them.", "The carers are friendly and helpful." and "The girls we have are really very good."
- Staff knew the people they were supporting well.
- ● People's care records contained information about people's background and preferences, and staff were knowledgeable about these. For example, one person preferred only female carers. We spoke with this person and they confirmed that the agency had always sent them female carers. Staff were able to give us details on people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.
- Confidential information about people and staff was stored securely on password protected computers and locked cabinets.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff always respected their privacy and dignity. Comments included, "They have respect for everything." and "The carers are wonderful and lovely. They are very nice. They ensure my dignity and privacy. The carers have done so good. The carers respect me and my home at all times."
- A relative said, "When the carers are about to leave, my relative holds their hand and indicates they do not want them to leave; that tells you how much [X] likes them."
- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Care plans included what people could do for themselves and where they needed support.

# Is the service responsive?

## Our findings

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

Good:  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's care plans were personalised and placed their views and needs at the service at the centre. Care plans were detailed and informed staff what the person's abilities were and support they required from staff.

- People told us they had a care plan folder in their home that contained their plan of care. We saw these when we visited people in their homes.

- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. These records ensured communication between staff was good which benefitted the care of each person.

- Care plans were written in conjunction with and following information from healthcare professionals such as district nurses, dietician and clinical commissioning groups (CCGs).

- The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English using clear large print format which could be increased if needed. The registered manager told us that they would use these documents to discuss and explain information to people if they were unable to read them for themselves.

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately. Comments included, "I will ring the office if I have a complaint. I can also phone the social services, but I have never had the need to. They always get back to me. They always pick the phone when you call.", "I have not had any reason to complain. My queries are dealt with. I am quite confident that they will sort things out if needed." and "I would phone the office if I had any concerns."

- A healthcare professional said, "There are no concerns with this agency and we use them regularly."

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

- The complaints procedure was on display on the notice board in the service and in people's care folders in their homes.

- There had been eight complaints received in the last twelve months. All were resolved satisfactorily.

- A relative said, "We have not had any problems yet and if there was I would not hesitate to contact the

office."

#### End of life care and support

- The service was supporting five people who were at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place. Staff worked alongside local hospice staff in meeting their needs.

# 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.

Good: □ 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 were effective systems in place to monitor the quality of the service.
- The care assessor completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered provider.
- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is very approachable and considerate. Always checking that things are okay." and "The management style of this agency is involvement. They step in whenever necessary. The manager has helped me a lot about my development."
- Communication within the service continued to be facilitated through monthly staff meetings. Staff told us that they were able to discuss freely. A member of staff said, "We do staff meetings and we are able to talk at the meeting. We all get opportunities to raise any concerns we have, and these are acted upon."
- Feedback was sought from people and their relatives during care reviews.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us that the management team continued to encourage a culture of openness and transparency. A member of staff said, "They are very responsive. I can speak to the manager at any time regarding any problem."
- There was a positive focus on supporting people to communicate and express their views.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this appropriate. A relative said, "I think the management are approachable; when I have

contacted them, they have sorted out any problems."

#### Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- There was a system in place for undertaking spot checks of staff for medicine administration, manual handling and competency observations. This included ensuring that any future staff were delivering care as detailed in the care plan and seeking feedback from people on the quality of care provided.

#### Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The management worked with funding authorities and other health professionals such as the CCGs and commissioner to ensure people received joined up care. A commissioner said, "The person centered approach, I believe, benefits the quality of the service that we and ApproCare jointly provide. I remain reassured that clients being supported by ApproCare receive a high standard of care & support."