Apex Prime Care Ltd

Highcliffe

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out a comprehensive inspection on the 18 and 19 July 2016. When the service was last inspected in August 2014 we found that people were not receiving their medicines safely and asked the provider to take some actions. At this inspection we found improvements had been made and people were receiving their medicines safely.

The service provides personal care to older people living in their own homes. At the time of our inspection there were 58 people receiving a service from the agency.

The service had not had a registered manager in post since the 7 June 2016 and the new manager was in the process of applying to CQC for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had not had their risks assessed other than for their moving and handling requirements. Initial care assessements, discussions with care workers and reading daily records indicated potential risks to people. A system was not in place that identified people with increased risk if they didn't receive a visit at specified times. This meant that people's safety, health and wellbeing were at risk as care workers did not have information on peoples identified risks or the actions they needed to take to minimise any risk. However care workers had been taking some positive actions to reduce risk to people.

Management systems and audits had not been carried out other than for medicine administration. This meant that shortfalls evidenced at this inspection in relation to people's safety had not been identified by the provider. Information was not being collected about the effectiveness and quality of the service. The service had not always made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

You can see what action we told the provider to take at the back of the full version of the report.

Staffing levels and deployment meant that people were not always getting a home visit at the arranged time. This had been compounded by the provider acquiring another care agency which had led to a transfer of people and staff. People and staff told us this had started to improve. Staff had been recruited safely and processes were in place to manage unsafe or poor practice.

People felt safe and were supported by staff trained to recognise signs of abuse and actions to take if they suspected a person was at risk of abuse.

People received care from staff that had received an induction and on-going training that enabled them to

have the skills to carry out their roles. Some training had been specific to the people using the service and included training for health conditions such as parkinsons, strokes and dementia. Staff felt supported and received regular supervision including checks whilst in a persons home. Staff felt the new manager listened and got things done in a timely way. They described good teamwork and morale in the staff team.

Staff demonstrated how they obtain consent from people ensuring their freedom and choices were respected. People were supported appropriately with their eating and drinking. People felt staff supported them to accesss healthcare when necessary.

People and their families described staff as kind and caring and felt they had positive relationships with them. People felt involved in decisions about their care. Information was available to signpost people to advocacy services when needed. People had thier privacy and dignity respected and were supported to maintain their independence.

People had care plans that detailed how a person would like to be supported and included what a person was able to manage independently. However, information had not been routinely gathered about people's lifes, activities, hobbies they enjoyed or community links that were important to them. This meant that care plans didn't consider the whole person when planning care and support. Care workers had a good knowledge of how people liked to be supported. People and their families were involved in regular reviews of care. This meant that people were involved in ensuring their care plans met their current needs and communication processes ensured staff were kept up to date.

A complaints process was in place and people felt able to make a complaint and that they would be listened to and any actions needed would be taken. A quality assurance survey had taken place in April 2016 to capture the views of people using the service, stakeholders and the staff.

We found breaches in regulation. The provider was not carrying out risk assessments relating to the health, safety and welfare of people and plans were not always in place for managing identified risks. Also systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided to people. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People had not had all their risks assessed. This meant that people's safety, health and wellbeing were at risk as care workers did not have information on peoples identified risks or the actions they needed to take to minimise any risk.

Staffing levels and deployment meant that people were not always getting a home visit at the arranged time.

Staff had been recruited safely and processes were in place to manage unsafe or poor practice.

People felt safe and were supported by staff trained to recognise signs of abuse and actions to take if they suspected a person was at risk of abuse.

Is the service effective?

Good

The service was effective.

People received care from staff that had received an induction and on-going training that enabled them to have the skills to carry out their roles.

Staff were supported and received regular supervision including checks whilst in a persons home.

Staff demonstrated how they obtain consent from people ensuring their freedom and choices are respected.

People were supported appropriately with their eating and drinking.

Staff supported people to accesss healthcare.

Is the service caring?

Good

The service was caring.

Staff were described as kind and caring and had positive relationships with people and their families.

People were involved in decisions about their care and had access to information about advocacy services.

People had their dignity and privacy respected and were supported to maintain their independence.

Is the service responsive?

Good

The service was respsonsive.

Care plans were individual and contained information about how a person would like to be supported. However information had not been gathered about people's lifes, activities, hobbies they enjoyed or community links that were important to them. This meant that care plans didn't consider the whole person when planning care and support.

People and their families were involved in regular reviews of care.

Communication processes ensured staff were kept up to date with peoples care plans.

A complaints process was in place and people felt able to make a complaint and that they would be listened to and any actions needed would be taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

Management systems and audits had not been carried out other than for medicine administration. Information was not being collected about the effectiveness and quality of the service which could lead to positive change.

Statutory notifications about changes to a regulated service had not always been completed in a timely manner.

Changes to the organisation had impacted on service delivery. Actions had been put in place by the manager to minimise the effect on people and staff.

Staff were positive about the manager and described good morale and teamwork.

Highcliffe

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 18 and 19 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

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 or caring for someone who uses this type of care service.

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. We also looked at information on their returned Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 14 people who used the service and six relatives. We spoke with the regional manager, manager, the care co-ordinator, and three care workers. We spoke with one specialist nurse who had experience of the service.

We reviewed six peoples care files and discussed with care workers their accuracy. We checked four staff files, care records medication records including audits, staff meeting records and the results of quality assurance surveys.

Requires Improvement

Is the service safe?

Our findings

When the service was last inspected in August 2014 we found that people were not receiving their medicines safely and asked the provider to take some actions. At this inspection we found improvements had been made and people were now receiving their medicine safely.

People had not had their risks assessed other than for their moving and handling requirements. Initial care assessements, discussions with care workers and reading daily records indicated potential risks to people. Examples included people diagnosed with diabetes, a person frequently falling, a person with swallowing problems and a person who had behavioural issues related to their anxiety. This meant that people's safety, health and wellbeing were at risk as care workers did not have information on peoples identified risks or the actions they needed to take to minimise any risk. Since the last inspection in August 2014 there had been no recorded accidents or incidents recorded in relation to people using the service. We spoke with one care worker who told us their visits had run late one day due to finding a person on the floor and having to call the paramedics. There was no incident form completed for this event. This meant that potential risks of harm to people had not been identified and any necessary actions taken to minimise further accidents or incidents. We spoke with the new manager who told us they had started to review all the care files and would have this completed by the end of August. People who had potential risks identified at the inspection immediately had assessments booked and organised with them and if appropriate their families and other professionals.

. A system was not in place that identified people with increased risk if they didn't receive a visit at specified times. This meant that people who had risks associated with the times they receive care such as needing to eat as a diabetic or have medicine were not always taking priority. One relative told us "It makes it difficult for me to do my (relatives) meals as they are diabetic and have to eat at regular times and I never know when they are coming". Another person had a specific health condition that was managed by regular meal times. They told us "I never know when they are coming their timing issues are simply appalling". We discussed this with the new manager who told us "We need a contingency plan. This needs to include a risk register for critical calls". They told us they would immediately speak with senior staff who had a knowledge of people receiving care and create a critical calls register which would be used to support prioritising visits.

Risk assessments relating to the health, safety and welfare of people were not always carried out. There were not always plans in place for managing identified risks. This is a breach of regulation 12 (1) (2) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care workers had taken some positive actions to reduce risk to people. One person had been having their food and fluid intake recorded and monitored as care workers had been concerned the person wasn't getting enough to eat and drink. Another person described how a care worker had noticed a pressure area developing and advised them to contact their GP. We spoke to a specialist nurse who told us staff had contacted them when concerned about a persons mental well being. People had risk assessments for any transferring or mobility needs. One person told us "I have a standing hoist and they know how to use it; they are efficient".

Staffing levels and deployment meant that people did not always get a home visit at the arranged time particularly over a weekend. This had impacted on how people and their family carers were able to plan their day. People told us a morning call planned for 8.30 could be as late as 11.30. We discussed this with the new manager who explained the organisation had acquired another care agency three weeks before our inspection and this had led to a transfer of people and staff which had initially impacted on service delivery. They told us the emphasis had been on ensuring that everybody received a visit. Other contingencies included using staff from a nearby local office to support with care calls and office staff with a care background providing emergency cover. People felt things were improving and nobody we spoke with had not had anybody turn up at all. One person said "Timings are getting better, lovely girls but I don't feel that there is enough carers. It doesn't impact on me but I hear the girls talking". Another said "They are not always on time, however since Apex took over a few weeks ago it has improved".

Staff were recruited safely. We looked at four staff files. Files contained evidence that references had been obtained, criminal records had been checked and that people were eligible to work in the UK. Procedures were in place to manage any unsafe or poor practice.

All the people we spoke with told us they felt safe. One person said "I feel quite safe with my regular carers, they will pre warn me if someone new comes". Staff had completed safeguarding training and were able to tell us how they would recognise potential abuse and what actions they would take if they had any concerns. Staff received information about whistleblowing as part of their initial induction training.

People had their medicines administered safely. Medicine administration records were audited monthly and include returned and disposed of medicines. We read the audit for May 2016 and saw that one record had a missed signature. This had been investigated and the outcome recorded. Two people told us their medicine was taken care of safely by carers who always made sure it was taken and recorded. One person told us "They give me my meds and check I've taken them and write it down". Another said "They do not administer my medication but they will check with me that I have taken it". Peoples creams were recorded on a chart and included a body map showing where the cream needed to be applied.

Good

Is the service effective?

Our findings

People received care from staff that had received an induction and on-going training that enabled them to have the skills to carry out their roles. Staff spoke highly of the training they had received in-house. One care worker told us "We get offered training, including dementia training. It's always face to face". Staff induction included an introduction to the care certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. The new manager was completing a staff training audit to identify any training gaps for staff that had recently transferred to the company.

Training records showed us that some training had been specific to the people using the service. This had included training for health conditions such as parkinsons, strokes and dementia. One care worker explained how their dementia training had positively impacted on their practice. They told us "If somebody is reluctant to be helped you learn how to ask questions that involves a person and they then will usually say yes". We spoke with a person who said "The staff know what they are doing they all seem well trained".

Staff had opportunities for personal development. We spoke to staff who were completing level 2 diplomas in health and social care. One care worker told us "I'm doing my level 3 diploma and the new manager is going to get me on a course so that I can be a care certificate assessor with newer staff".

Staff told us they felt supported by senior staff. One care worker told us "The senior carer trained me up and watched me do what I do and asked the client questions". Supervision included unannounced spot checks when care workers were in a persons home. We read a supervision record where the supervisor had identified incorrect moving and handling practice. They had recorded how they had shown the care worker the correct methods and recorded the moving and handling plan was correct but not being followed. A follow up spot check had taken place and had recorded no concerns. This demonstrated that staff were receiving on-going training and competency checks to ensure they could carry out their roles effectively. 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.

We found the service was working within the principles of the MCA. Staff demonstrated how they obtain consent from people ensuring their freedom and choices are respected. One care worker said "I have a lady, her morning calls are early and sometimes she doesn't want to get up. I always give her a choice. I ask 'Are you ready to get up'? Ask them if they're ready for their breakfast". A relative told us "They (care workers) chat all the time, they are polite and will check with my (relative) before carrying out a task". One file contained copies of power of attorney legal arrangements for a person and staff understood the scope of decisions they could make on the persons' behalf.

People told us that they were supported appropriately with their eating and drinking. One person said

"They will check I have drinks for the day before they leave". Another told us "I will find something in the fridge and they will cook it for me". A care worker explained how one person had a tendency to over eat. They told us the approach they used which was consistent with the persons family and had been effective in their weight management . Another care worker explained how they supported people living with a dementia. They said "If you say to the person 'are you hungry' they may say no but then if you show them some food and ask again, if its visual and they see the food they then may say yes. Or I ask in different ways".

People felt staff supported them to accesss healthcare when necessary. One person said "One day I was unwell and the poor girl sorted me out, she got me to press my button to call for a doctor, I ended up in hospital with a bug. She was very focused on making sure a doctor came". We read that referrals had been made to occupational therapists and district nurses.

Good

Is the service caring?

Our findings

People described the staff as kind and caring and felt they had positive relationships with them. One person said "I have a regular carer, I have bonded with her". Another told us "On one occasion when my (relative) was not ready to get up the carer came back later. That was not a scheduled call it was just kindness". Another said "They are like my friends, I know each one of them, I like them coming". A relative told us "They are very good at giving extra care if you need it, I feel comfortable at leaving (relative) with the carer".

One care worker explained how they involve a persons main carer who lives in the home they visit. They said "If I go in I always speak to both. Always when making breakfast check if they need a cup of tea or can do anything for them. I am family orientated, I'm in their personal space and make them feel at ease in their own home". Another described how they supported people with communication. They gave examples of using picture cards and speaking slowly and clearly, giving people time to listen and answer.

People felt involved in decisions about their care. One person said "If they spot a rash we will discuss it and they will advise me to call the GP". Another told us "One carer I was not keen on. I relayed to the office and hasn't been since". Another person told us "Anything I ask them to do they will do for me". Information was available to signpost people to advocacy services when needed.

People were supported by staff who respected their privacy and dignity. One person said "I get in the shower and they wait outside while I shower, they get me a towel, they always ask if I'm OK". A relative said "They (care workers) take a great deal of care to respect my (relatives) privacy and dignity". Another told us "They will always pull the curtains during my (relatives) personal care".

People were supported to maintain their independence. One person told us "They are very kind and caring and they encourage me to walk whilst they are here". Another said "I do what I can and they will encourage me".

Good

Is the service responsive?

Our findings

Pre assessments had been carried out before a person began receiving support. The assessments had included the person, families and other professionals such as a social worker. Assessments included areas a person needed support with and areas the person could manage independently. Files contained information about the persons religion, emergency contacts and health conditions. Information had not been routinely gathered about people's lifes, activities, hobbies they enjoyed or community links that were important to them. This meant that care plans didn't consider the whole person when planning care and support. We discussed this with the new manager who told us they would discuss at the organisations next managers meeting.

Information collected had been used to write individual care plans that detailed how a person wanted to receive their care or support. We read care plans that contained step by step guides for care workers to follow to ensure people received the agreed care. We spoke with care workers who demonstrated a good knowledge of the actions they needed to take to support people. People and where appropriate their families had signed contracts agreeing to their care plans.

Reviews had been held six monthly and involved people and where appropriate their family. We read one review where family had requested an addition to the personal care provided. The changes had been incorporated into the care plan and we spoke with staff who were aware of the new plan. We read another review where the person had requested additional support and this had taken place. We read daily records that care staff had written and they reflected people's care plans. A handover log was in place that included any changes to peoples care and any actions were carried over to the next duty senior. This meant that people were involved in ensuring their care plans met their current needs and communication processes ensured staff were kept up to date.

A complaints procedure was in place and included details on how to escalate a complaint. This included CQC the local authority and local government ombudsman. We pointed out to the provider that CQC do not deal with individual complaints as we have no statutory responsibilities regarding investigation. However we always welcome feedback about services. The manager told us they would amend the complaints procedure to reflect this.

The complaints process captured written and verbal complaints. The records were transparent and included the detail of a complaint, investigation where appropriate and the outcome for people.

People were aware of how to make a complaint and told us they felt listened too. One person said "I would feel ok if I had to raise a complaint. I would just ring the office". Another told us "If anything needs tweaking they will listen to me and act on it. The communication is good and sometimes the seniors will come out and give the care which is good because they check if everything is ok".

Requires Improvement

Is the service well-led?

Our findings

We found that the service did not have management systems in place that identified risks to people. Audits were not carried out by the service other than for medicine management. This meant that shortfalls evidenced at this inspection in relation to the risks people lived with had not been identified by the provider. Management information was not being collected to assess, monitor and improve the effectiveness and quality of the service. We discussed this with the new manager who recognised auditing had not been taking place. They told us they would provide us with a plan detailing what actions they would be taking.

Systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided to people This is a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had not always made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. We were told at the inspection that the registered manager had left employment on the 7 June 2016. We had not received a statutory notification informing us of this change. The provider completed this at the time of our inspection.

At the time of our inspection the new manager had been in post for three weeks. They currently were the registered manager for another office and had applied to CQC to have Highcliffe added to their registration.

Following recent business acquisitions made by the provider staff from another care agency had been amalgamated into the Highcliffe staff team. The manager explained that when they acquired the new business staffing and information about people that had been promised had not all materialised. We spoke with a care worker who told us "Considering what has been dumped in everybodies laps the office have done a great job. It's not a nice situation but everybody is pulling together". Another staff member told us that all the routes to care calls had needed to be looked at so that they were more efficient and matched peoples requirements. They said "There's light at the end of the tunnel. If we spot a problem we change it". We spoke with a person who said "I don't know the new manager and two weeks ago things were in disarray but it seems to have settled down now". The manager told us that for the previous two weeks rotas had been organised on a day to day basis but they were now in a position to issue a weekly rota for people. A staff member said "Teamwork is good, its all about communication. Staff are being helpful and offering more help". The manager told us "We are not taking new customers at the moment. Existing clients, if they need an increase of extra care we are doing that".

Staff told us they felt the new manager listened to them. A staff meeting had taken place where staff had felt they had previously raised issues and they felt nothing had been done. An example had been were staff had been struggling when supporting a person with transferring from one place to another. Following the staff meeting the person had been reassessed by an occupational therapist and now two staff support the person with their transfers. The manager told us "Staff can see we listen, take action. Hopefully reassuring we get things done". A senior care worker told us "I feel confident in the management of the service. I do

find if I say something to the manager I do get an answer".

A quality assurance survey had taken place in April 2016. This had been used to capture the views of people using the service, stakeholders and the staff. Although most people were positive about the service some people had commented on receiving late calls and poor communication. Any comments from people had been investigated by the provider. Any actions taken had been recorded clearly demonstrating the outcome for people. The stakeholder and staff surveys had not been analysed at the time of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not carrying out risk assessments relating to the health, safety and welfare of people and plans were not always in place for managing identified risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided to people.