

Apex Prime Care Ltd

Apex Prime Care - Andover

Inspection report

Russell House
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Andover
Hampshire
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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 – Andover is a domiciliary care providing personal care to people in their own homes. The service provides visits at key times of the day to support people to get up, go to bed and prepare meals. Visits last between 15 minutes and up to two hours.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection the service was providing personal care to 48 people in Andover and surrounding areas.

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

People told us they felt comfortable with staff and were confident in their ability to provide care safely. Care visits were planned to fit in with people's routines. People told us staff were rarely late and no-one had experienced a missed visit. When care workers were running late the office would normally contact people to let them know.

Care plans contained information about people's routines and how they wanted to be supported. Risk assessments had been completed about people's homes and to record if there was a risk of falls. Some people had been identified as being at risk due to other circumstances related to their health and well-being. This was recorded in care plans and staff were able to describe how they supported people to mitigate the risk. However, the information had not been consistently documented in risk assessments. We have made a recommendation about this in the report.

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.

Staff received an induction when starting work at the service and completed a period of shadowing more experienced staff. New staff did not start working independently until they, and the registered manager, were confident of their abilities to deliver care. People were also asked for their feedback on new staff.

Staff knew people well and knew what was important to and for them. Where it had been identified as important, people were supported by a small group of care workers to support a consistent approach.

The service had moved from paper based records to an electronic system which staff were able to access on their mobile phones. Staff told us the system was effective. Office staff and the registered manager were alerted if any care tasks were missed.

There were systems in place for gathering the view of those connected to the service. People and staff told us they were able to raise ideas, concerns and complaints and believed these would be acted on appropriately.

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 good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Apex Prime Care - Andover

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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 notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 November 2019 and ended on 22 November 2019. We visited the office location on 21 November.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included five people's care records, staff files and a variety of records relating to the management of the service, including policies and procedures, quality assurance records and meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when receiving care and support. One relative said; "It's taken me quite some while to build up the trust and the confidence with that particular carer so that I know that no harm will come to [my relative]. She always comes back with a smile on her face which tells me all I need to know, that she has enjoyed her time out and that she's been safe while she's been out and about."
- Staff had a clear understanding of the processes to follow if they had any safeguarding concerns. They told us they were confident concerns would be dealt with by the registered manager but would go outside of the organisation if necessary.
- Safeguarding training was provided to new staff and regularly updated.

Assessing risk, safety monitoring and management

- Risk assessments were in place in respect of people's homes and falls. However, risks specific to individuals needs had not always been developed to underpin information in care plans. Staff were able to describe how to support people to mitigate any risk but this had not been consistently recorded. During the inspection action was taken to update risk assessments accordingly.

We recommend the provider seek advice and guidance about the development of individualised risk assessments.

- People told us staff ensured they were safe when receiving care. One person told us; "My carers are all very good and they always make sure that I'm securely in the sling and that I'm ready to use it before they start lifting me. When I'm in the air they keep a good hold of me so that I don't twist round in the air because that makes me just feel a bit peculiar."
- Staff were aware of security arrangements in people's homes and made sure people felt safe. Comments included; "I have one of those key safe things on the wall by my front door. I wasn't very keen on it to start with because I was worried that just anybody would be able to use it. However, over the last year or so I've got used to it and the carers are very good and always make sure that they've locked it properly before they leave" and "My carers have used the key safe for quite some time now. They will usually ring the bell a couple of times so that I know it's them and then they always call out their name as soon as they are through the door in the morning. They always make sure my door is securely locked before they go and I've never had any problems at all with it."

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff arrived on time and stayed for the

allotted period. When people needed the support of two staff this was always provided. Comments included; "The carers always arrive together and I've never not been sent the two carers for each visit" and "We've always had the two carers turn up for each visit. I think they tend to go around in twos just doing those clients that need double ups."

- Before starting a new package of care the registered manager ensure enough staff were in place to cover all visits and meet people's needs.
- Staff told us they had enough travel time between calls to enable them to arrive on time and not have to rush visits. A new electronic system had been introduced which enabled the registered manager to monitor call visits.
- Staff confirmed that recruitment checks were completed before they started work.

Using medicines safely

- Some people were supported to take prescribed medicines. They told us this was done safely and they received their medicines as prescribed. Comments included; "My carers have to help me with my tablets every day. They come for me from the pharmacist and then they'll get them out for me and give me a glass of water and then when I've taken them they enter it into their phone or electronic gadget where they take down the records" and "I always get my tablets when I should have them. They give them to me with a drink and then it all gets entered in with their other records when they do the writing up at the end of the visit. I don't recall any problems with getting my tablets in all the years I've been with them."
- Staff recorded when they administered medicines. They were able to describe the action they would take if they identified any medicine administration errors.
- Care plans contained detailed information about what medicines people had been prescribed and the support they needed.

Preventing and controlling infection

- Staff had received training in infection control. They had access to gloves and aprons to use when providing personal care.
- People confirmed staff followed good practice guidelines when providing care or preparing food. Comments included; "They bring their own box of gloves and aprons with them and they always make sure they wash their hands as soon as they are through the front door and they definitely wash them again at the end before they leave. I don't pay close attention to them, but I'm fairly certain they change their gloves regularly during the time they're here with me" and "I usually see them come in and before they start doing anything with my wife, they always wash their hands and then put on their gloves that they bring with them. They always seem to have a good supply of these. They always ask us if they can take the rubbish out for us and they always tidy up so that I don't have to struggle around after they've gone."

Learning lessons when things go wrong

- Any accidents or incidents were reported to the registered manager. These were regularly reviewed to identify any patterns or areas for improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The registered manager told us it was important they had a good understanding of how people needed to be supported and their preferences. They told us; "I won't take anything we can't run safely."

Staff support: induction, training, skills and experience

- New staff were required to complete an induction and period of shadowing before starting work. More experienced staff monitored their performance and assessed their skills and confidence. People were also asked for their feedback on new staff before they started to work independently.
- Training was regularly updated. Staff told us they were able to request additional training if they felt they needed it and was of a high standard. One commented; "The training is brilliant!"
- People told us they found staff to be skilled and competent.
- Staff received regular supervision. This gave them an opportunity to discuss any concerns or identify any gaps in training.

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

- Some people needed support to prepare food and drinks and care records outlined the help people would need in this area. Staff had received training in food hygiene.
- People and relatives confirmed staff supported people to eat and drink enough. Comments included; "My appetite is certainly not what it used to be and my carers try to encourage me to have a proper meal at least once a day", "A regular carer who takes [name] to do her food shopping every week has worked really hard with her. She has [health condition] and that means that she has to look for certain foods in the supermarket that she can have. She loves looking round the shelves and she now is able to pick out most of the things that she can eat. Her carer is still working with her to help her look at the ingredients so that she can double check that there is nothing hiding in the food but when she comes back with her food shopping she is really proud of the fact that she's been able to pick out all of the right things for herself. A couple of years ago, that wouldn't have been the case" and "I really don't like drinking an awful lot these days. My carers are very good and they do at least encourage me to have a hot drink while they're with me so I've at least had probably four drinks during the day whenever I see them."

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

- The registered manager and senior staff communicated with other agencies to help ensure people received the care and support they needed.

- If people had no close family support, staff ensured they met and spoke with other professionals to make sure people's needs and preferences were understood.

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

- Staff encouraged people to maintain a healthy lifestyle and take care of themselves. For example, one person's care plan review notes stated; "Carers have even managed to get her to brush her teeth (none of which was being done before hand)."
- One person had been discharged from hospital following a fall with restricted mobility and unable to walk independently. Staff had supported them, with support from OT's and a physiotherapist, to complete regular gentle exercises. The person was now walking independently and no longer required support from the agency.

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.

- Mental capacity assessments had been completed appropriately to establish if people were able to make decisions about their care.
- Any Power of Attorney arrangements were clearly recorded so staff knew when others had the legal authority to make decisions on people's behalf.
- Staff always sought consent before providing care. They described the action they would take if people did not consent to care. One person told us; "They always ask me if I fancy having a shower or if I'd rather just have a strip wash instead. They'll usually leave me to make my mind up while they are making me a cup of tea and getting the bath-room ready. I've never been forced to do anything against my will."

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 told us staff were caring, friendly and compassionate. Comments included; "We get to chat about what's going on in their own family's lives. They like hearing from me how my family are doing and I love hearing from them about theirs" and "We just tend to chat from the minute they come through the door until the minute they leave. It's so nice just to have a bit of a laugh and chat about even nonsense because they're usually the only people I see every day and otherwise I'd just be talking to the wall."
- Staff knew what was important to people. A relative told us; "My wife always used to take great pride in her hair, spending quite a lot of time making sure it looked its best. Unfortunately, she's not able to do that for herself now, but her regular carers are lovely and they always make sure they leave plenty of time to arrange her hair the way she likes it to be done. I know it's only a small thing but it makes a huge difference to my wife."
- People told us staff went out of their way to make sure they were comfortable and happy. One commented; "They always ask me if there's anything else they can do for me before they leave and I know that it doesn't necessarily have to be something that has been detailed in my care plan. Sometimes they'll just bring me in a pint of milk or a newspaper if I fancy one and I know there's not going to be anybody else who can get it for me."
- Staff received training in Equality and Diversity. They told us they had not witnessed any discrimination and were committed to treating people equally.
- Staff were enthusiastic about their roles and spoke of the importance of supporting people according to their preferences. One told us; "I always think how would I treat my family. It's rewarding to think I left them happy. I do my job to the best of my ability, I'm proud of how I do it."

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

- People were asked how they preferred their care to be delivered. This was done using questionnaires and in regular care plan reviews.
- People told us they felt staff knew them well and their views were listened to and respected. Comments included; "It was important to me that I have a few regular carers, so they have a chance to get to know me and how I like things to be done" and "I probably have about five or six carers that I see most of the time and they are all lovely and they all know me and how I like things to be done."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain and develop their independence. Detailed descriptions of people's

routines contained information about what people needed support with and what they could do for themselves.

- Staff made sure people's privacy was respected when they were providing personal care. A relative told us; "I usually hear them going up to my wife's room and they are always very polite and I hear them knock on the door and they'll tell her who it is and then they wait for her to call them in. I usually just about hear them asking her how she is before the door closes and then they don't reappear until she's had a wash and got dressed."
- Records were stored securely and confidential information protected.

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 ensure people have choice and control and to meet their needs and preferences

- People told us they were aware of their care plan and had contributed to its development. There was information about people's preferred routines as well as their health needs. One person told us; "My care plan is here with some of the paperwork. I always remember when it's time for a review because it's right in the middle of summer. I think it was [registered manager] who came out last summer to look at it. There may have been a couple of changes needed to it and I know she asked me whether I was happy with everything, which I was."
- The service had recently moved from paper records to an electronic system which staff could access and update via an app on their mobile phones. Staff told us this meant records were up to date and easily accessible so they could be aware of any changes in people's needs.
- The system flagged up if any required tasks were not completed. This helped ensure people received care as planned.
- Daily records were kept to document the care and support people had received. Some of this information lacked detail, particularly in relation to people's emotional well-being. The registered manager told us they had already identified this as an area for improvement.

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.

- Care plans contained information about the support people would need to access information. For example, if they needed hearing aids or reading glasses.
- This information was sometimes difficult to locate as there was no specific communication care plan. We discussed this with the registered manager who said they would discuss how to improve how they flagged the information at their next managers meeting.

Improving care quality in response to complaints or concerns

- A recent complaint had been dealt with in line with organisational policies and procedures.
- The registered manager had made additional follow up calls to check the person continued to be satisfied with the actions taken to address concerns.
- People told us they would be confident to raise any concerns. One explained; "Don't worry, if I had anything I was concerned about, I would be straight on the phone to one of the managers of the service. I've

been looked after by them for a number of years now, and I certainly haven't had anything I've had to raise with them as a formal complaint in all the time I've been here."

End of life care and support

- No-one was receiving end of life care at the time of the inspection. The registered manager told us they were able to deliver this if required and would adapt care plans accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager was committed to enabling people to stay at home for as long as possible. These values were known to staff and reflected in practice.
- People and staff were positive about the service. Comments included; "We haven't got any reason to think that they're not well-managed. Everything seems to just work as it should do" and "They've certainly delivered everything that I've asked them to, so I certainly wouldn't be able to say that I didn't think they were managed properly."
- For some people it was important they received support from a small group of care workers. This was recognised and teams built around people to help ensure they had good outcomes.

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 aware of the duty of candour and was keen to work with people openly and with transparency.

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

- The registered manager was supported by a care-coordinator, an administrative worker and a senior care worker. All had clearly defined roles which were understood by the staff team.
- The registered manager was visible and active in the service. They knew people well and were able to tell us what challenges each person faced.
- The regional manager was in regular contact with the service. Regional meetings took place every three months and full organisation meetings every six months. The registered manager told us they were well supported.

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

- At our previous inspection some people had expressed dissatisfaction about how the service was managed. The concerns were largely in relation to a lack of communication when arrangements were changed and difficulties in contacting the office.
- At this inspection people told us the communication had improved and they had no problems contacting

the office. Comments included; "In my experience, whenever I've had to phone the office, it's always been picked up and the office staff have always been very helpful. I have occasionally had to phone the out of hours number and it tends to be just one person who picks up the calls either overnight or at week-ends" and "I've never had any problem contacting the agency whether that's during office hours or out of office hours."

- Staff were also positive about the service management. They reported feeling well supported and had plenty of opportunities to raise any ideas or concerns. They told us they were treated fairly and had not experienced any discrimination
- Staff meetings were held and arranged so as many staff as possible were able to attend.
- People, their relatives and friends were asked for their opinion of the service in bi-annual questionnaires. Results from the questionnaire circulated in May 2019 were positive.
- The registered manager and administrative worker were developing a newsletter for staff to keep them informed of any organisational news.

Continuous learning and improving care

- Regular audits were used to highlight areas for improvement. These covered areas such as care plans, supervisions and spot checks.
- The regional manager also completed additional audits. Any areas for improvement were identified and follow up actions laid out.
- The registered manager spoke of the importance of identifying what mattered to people and using the information to improve people's experience.
- The registered manager attended local authority events to help keep up to date with any developments in the sector.

Working in partnership with others

- The service worked in partnership with other agencies to help ensure good and effective service provision.