

Apex Prime Care Ltd

# Apex Prime Care - Shirley

## 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

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

At the time of inspection, there were 84 people receiving personal care services from the provider. Not everyone who used Apex Prime Shirley received support in the form of a regulated activity CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was rated Requires Improvement at its last inspection in April 2017 and had breached one registration regulation regarding submitting notifications of serious incidents that occurred. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the breach and improve the key questions of Well-Led to at least Good. At this inspection, we found that the provider had made improvements needed to meet the requirements of this regulation. The registered manager had a sound knowledge of their responsibilities of notifying CQC about significant incidents and had made these notifications in good time.

There was a registered manager in place. 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 told us that the registered manager had made improvements to the service since starting their role. These included improving consistency of staffing, improvement reliability of service in providing care calls and also improving communication between the provider and people.

The registered manager had made improvements to the system of auditing people's care documentation. They had implemented training and a new system which was more robust in picking up errors or omissions.. The registered manager held regular staff meetings where feedback from people, complaints or issues about the quality of care were discussed and reviewed.

The registered manager had reduced instances where there were missed calls. All instances of missed calls were investigated to reduce the likelihood of reoccurrence. The provider had recently implemented an electronic call monitoring system which would alert the provider if staff did not arrive at their care calls at the agreed time.

Some people told us they did not receive a rota detailing the time of their care calls. The provider told us this facility was available to people upon request and the registered manager would ensure this service was offered to people and regularly reviewed. However, people told us they had consistent care teams who

arrived at consistent times and therefore the impact of not receiving a schedule of visits was minimal.

During the inspection, the provider made the arrangements to ensure that the service's previous inspection rating was clearly displayed on their website. This meant that by the end of the first day of inspection the provider was meeting the requirements of the regulation to display their rating in the office and on their website.

The registered manager had plans in place to ensure that people's care needs were met in the event of an emergency. They had put plans and risk assessments in place to help ensure that the most vulnerable people had their care prioritised in the event of extreme circumstances.

Other risks to people's health and wellbeing were assessed and monitored. This included the risks associated with staff not being able to enter people's property at agreed times. The provider had a service which people and staff could contact outside office hours, which meant that senior management were available to offer support and guidance if required.

The level of support people required around their medicines or eating and drinking was clearly defined in their care plans. Care plans were concisely written to simply reflect people's preferences around their personal care routines. When people's needs changed, the provider was proactive in making appropriate referrals to healthcare services, acting on changes and recommendations as required.

Risks associated with the spread of infection were assessed and monitored. Staff had received training in infection control and understood the steps needed to minimise the risk of infections spreading.

The registered manager listened to people's feedback, complaints and concerns in order to make improvements. The registered manager was focussed on making improvements to the service's quality and safety. They used incidents and mistakes as learning tools to promote staff's understanding of good quality care.

There were enough staff in place to meet people's needs. The registered manager carefully considered staffing capacity when assessing whether the service could take on additional care packages.

The provider made appropriate checks to staff candidates' background and work history during the recruitment process. Staff received training in line with nationally recognised standards and were given ongoing support by the registered manager in their role.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

## 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 has improved to Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

# Apex Prime Care - Shirley

## 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.

Two inspectors carried out this comprehensive inspection. An expert by experience spoke to people and their relatives by phone to gain their feedback about receiving personal care services from the provider. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this inspection had a background caring for a relative living with dementia.

The inspection site visit activity started on 28 May and ended on 7 June. It included visiting the office location on 28 May and 7 June 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection, the provider completed a 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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 21 people and three relatives. We also spoke with the registered manager, the regional manager, seven office and care staff and one social worker.

We looked at care plans and associated records for eight people and records relating to the management of the service. These included staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We also reviewed external quality audits from the local authority.

The service was last inspected in May 2017, when the service was rated requires improvement.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from Apex Prime Shirley. People's feedback included; "Absolutely, they are all so nice and make me feel safe.", "Yes we have got to know the carers as friends, so feel very safe.", "Yes of course I do feel safe. Staff are very friendly.", and, "I feel very safe, I cannot manage without the carers."

There were sufficient numbers of suitably qualified staff in place. The registered manager analysed staffing levels in relation to the number of people using the service and their needs. From this they were able to identify when and where additional staff were required. People told us they received regular staff. One person said, "I get the same four or five staff. I am happy with them all." A second person said, "I definitely get consistent staff. It has got a lot better over the past few months."

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Two people told us they had recently had a missed call and three people said they had missed calls, but not in the recent past. In these circumstances they told us they had to call the provider to inform them that no member of staff had arrived as planned. The registered manager investigated each missed call to identify why the call had been missed and how this could be avoided in the future. These investigations included visiting people to apologise. The registered manager showed us how these investigations had helped to reduce the number of missed calls. From October to December 2017, there were 13 missed calls. This reduced to five missed calls from January to March 2018 and there had been three missed calls from April 2018 to time of inspection.

The provider had recently implemented an electronic care monitoring system to help ensure that people received their care as planned. Staff used an application on their mobile phones to 'log in' at the start and 'log out' at the end of their care visits. The monitoring system alerted office staff if care staff did not arrive or complete their visits as planned. The registered manager told us this system would also be monitored outside of office hours. This helped to ensure that any instances of missed calls could be identified and in real time which would enable the provider to respond accordingly to ensure people received their planned care. This demonstrated that the provider had implemented a system which would enable them to proactively monitor care visits and reduce the risk of people not receiving care as planned.

There were policies and procedures in place to mitigate the risks around people not receiving their care calls. The provider had a 'non-entry policy'; this clearly identified the actions required in the event staff were unable to gain entry to a person's home at scheduled care time. These actions included calling person or next of kin, reporting concerns to the local authority, scheduling an alternative visit later in the day, or if required attending with emergency services if they needed to gain access to a person's home. There were

examples where staff took action appropriately when they were unable to gain entry to a person home at agreed times. This helped to ensure that the provider had systems to account for people's safety and wellbeing in the event care did not go ahead as planned.

There were systems in place to ensure that the provider could run an effective service in the event of emergency or extreme weather. The provider had a business continuity plan which identified actions staff needed to take in the event of extreme circumstances such as severe weather or excessive staff sickness. The registered manager had risk assessed people's needs to determine how they would prioritise people's visits in the event of extreme circumstances. This helped ensure that the most vulnerable people would receive a call first in this event.

There were systems in place to ensure people received their medicines as prescribed. The levels of support people required to manage their medicines were identified in their care plans. Care plans clearly identified the arrangements around who was responsible for the ordering and return of any medicines to the pharmacy if required.

There were systems in place to protect the people from the risk of infections spreading. All staff received training in infection control, which helped them follow good practice in maintaining cleanliness and hygiene at work. Staff had access to gloves and aprons if appropriate when supporting people with their personal care, which helped to prevent the spread of infections.

## Is the service effective?

### Our findings

People told us that staff were effective in their role. One person said, "The staff seem to know what they are doing." A second person said, "The staff are very knowledgeable about healthcare."

People's needs were assessed prior to care visits commencing to ensure they received appropriate care. The registered manager used a range of assessment tools to determine people's needs. These included reviewing assessments from social workers and health professionals. The registered manager also met with people when assessing their needs. They told us, "Prior to the commencement of any care package we meet with the service user, their families or a representative as appropriate. This enables us to use up to date and precise information about the individual and ensure we deliver their care and support in the way they would like." This helped to ensure that people had the correct level of support and the provider had the resources required to meet their needs.

Staff received training in the Mental Capacity Act 2005 and understood the need to seek consent before providing care. The registered manager met people and their relatives to go through their proposed care plan to ensure they understood and consented to it. Where people were unable to give their consent, the provider consulted the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2008.

Staff received training and ongoing support in their role. Staff received an initial training programme which was in line with The Care Certificate. The Care Certificate is a nationally recognised set of competencies care workers must meet in order to demonstrate their effectiveness in their role. The registered manager monitored staff training needs and scheduled a series of training refresher courses which were in line with guidance from Skills for Care and Development. Skills for Care and Development is the strategic body for workforce development in adult social care in England. This helped to ensure that the provider was following industry best practice guidance to assess and monitor staff's skills and training needs.

The registered manager monitored staffs' ongoing performance through supervision meetings. These meetings offered staff the opportunity to identify training needs and areas for development.

The support people required with their food and nutrition was identified in their care plans. Many people were independent in this area and the majority of the remaining people only required minimal support to reheat meals of their choice.

People had access to healthcare services. The provider had a strong record of ensuring that changes to people's health and wellbeing were followed up by a referral to relevant health services. This included referrals to speech and language therapists, occupational therapists, chiropodists and doctors. All referrals to health professionals were logged in people's care records. This helped ensure that any people's care plans could be updated after relevant healthcare professionals had made assessments and

recommendations.

# Is the service caring?

## Our findings

People told us staff were kind and caring. One person said, "They [staff] are all very kind and caring. They all have a good sense of humour." Another person commented, "I couldn't ask for better carers."

People told us they had consistent teams of staff who understood their needs. One person said, "I always have my regular three staff. We have got to know each other very well." A second person said, "Now I get more consistent staff. It didn't used to be the case, but now I feel a lot more comfortable with knowing who my main team is." We checked the daily records of four people between April and May 2018 and found that they received consistent staff teams scheduled at consistent times.

People had documents in their care plans that gave an insight into their life history, hobbies, and family history. People and their relatives completed these documents, which helped to give staff an insight into how to provide effective support in line with people's preferences. The registered manager told us they had recently implemented this and had used a document created by a nationwide dementia charity as a basis for collating the information they sought to capture about people.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were policies to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity. The registered manager told us, "We have a diverse range of service user needs, including culture and disability that we need to understand and meet their requirements for."

People told us they were treated with dignity and respect. One person said, "Staff are very respectful." Another person commented, "I have always found that staff treat me in a dignified manner." The registered manager told us, "When completing individuals support plans we take in to account their personal preferences on the way people would like their support delivered and we always consider the compassion, dignity and respect of the individual at all times."

People were involved in making decisions about their care. The registered manager visited people a short while after the initial set up of their care packages. This was in order to check how things were progressing. After this recurrent reviews were scheduled, where people were asked if their care plans were still relevant to their needs. One person told us, "I had a review of my care plan with the manager three months ago. I was asked if I needed anything changing and if care was going how I wanted it to go."

People were given a choice of staff. People told us they were able to request and exclude staff from their care teams. One person told us that they requested that they only had female staff as they did not feel comfortable with male staff. The registered manager showed us how staff could be excluded from people's care teams using the computer based rota system. This helped to ensure that people received support from their preferred staff.



## Is the service responsive?

### Our findings

The registered manager dealt with complaints thoroughly and used them as an opportunity to learn and improve. One person said, "In all fairness, when I have ever raised a complaint, they have come out to see me." Another person said, "If I wanted to complain, then I would feel perfectly comfortable doing so." The registered manager kept a log of all complaints and concerns and a member of the office team went out to visit people to investigate concerns. The registered manager had used feedback from a recent complaint to identify that a staff member needed additional support in their role. The registered manager wrote to people with the outcome of their investigations to help ensure they were aware and happy with all actions taken. This demonstrated that the provider had an effective system in place for dealing with complaints.

The provider had made considerations about how to provide effective care at the end of people's lives. The registered manager told us how they would do everything possible to support people's wish to stay in their own home if it was safe to do so. There were examples where the provider had worked in partnership with people, families, doctors and district nurses when providing care to someone towards the end of their life. They told us, "We try to do as much as we can and make the appropriate referrals to other professionals when needed."

The provider had an 'out of hours' service which was responsive to people's needs if the office was closed. The telephone based service was manned by office staff, which offered assistance to people and staff if they required. The registered manager told us they and other senior staff were available to give additional support if there was a serious situation which required their input or presence. The registered manager told us, "We have two out of hours on call teams for Shirley office; this is managed by experienced office staff from coordinators to Senior carers on a rota basis. They are able to deal and manage any incident or issues that may arise outside of the office working hours." This helped ensure that the service was responsive to people's needs outside of office hours.

People's care plans detailed the support they required from staff. Many people were independent in aspects of their daily living and only required support in specific areas. The registered manager told us, "The care plan clearly defines what tasks the carer is there to assist and support with to enable service users to remain as independent as possible." Care plans were presented in a 'bullet point' format, which clearly outlined the steps staff needed to take in order to follow people's preferred routines around their personal care. This helped to ensure that people received care as they requested and required.

Where people's needs changed, the provider acted responsively to help ensure people were receiving the appropriate care. In one example, one person was receiving care requiring two members of staff. As their health improved, the provider informed healthcare professionals, who arranged for a reassessment of their needs. This resulted in the person receiving additional mobility equipment which enabled them to be supported by one member of staff and with fewer support hours. This demonstrated that the provider was proactive in responding to changes in people's needs.

## Is the service well-led?

### Our findings

At our last inspection in April 2017, we found that the provider had not informed us about all significant events which occurred in relation to the service. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had made the improvements needed to meet the requirements of this regulation. The registered manager had a clear understanding of which incidents were notifiable and had ensured that these notifications were sent to CQC in good time.

There was a registered manager in place. 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 told us the registered manager had made improvements since starting in their role. These improvements specifically were in the areas of providing a consistent, reliable service and improving communication with people and relatives. One person told us, "Now I can't fault the service. Since the manager has taken over, it's much better. My visits are on time, I have a consistent team and the office call me if there are any problems." A second person said, "It is 100 times better than it was. I think it is very well run now." A third person commented, "The main thing is communication. It has improved tenfold since the new manager started. Before I would call the office and get no response, now they call me if there are any problems."

There was a clear management structure in place within the service. The registered manager had a team of coordinators whose role it was to oversee the rota management of people's care visits. The provider also had a supervisor, who monitored staff's performance and acted as a point of contact for people. The provider also had a regional manager, who regularly visited the service to carry out audits of the quality and safety of the service. This demonstrated that senior staff were clear about their roles and responsibilities.

The registered manager had identified that systems improvements to audit people's daily records and medicines administration records (MAR) were required. There were some omissions and errors in people's daily logs and MAR's that were not picked up by office staff when auditing. The registered manager had arranged for training with office staff to ensure that they understood the method and expectations around auditing. They had also developed a new auditing form, which provided specific prompts for office staff to address when auditing documents. This had resulted in an improvement in the quality and effectiveness of auditing, so it would identify errors and omissions in people's care records.

The registered manager had recently decided to implement a more structured system to audit people's care records. Previously, the registered manager had audited every record. However, they had recently implemented a system that audited a sample of records. From this sample, errors and omissions were identified and specific staff who made omissions were offered supervision, training and were given additional monitoring by office staff to help prevent the omissions reoccurring. This system had been

effective in identifying staff that required more support to ensure care documentation was completed accurately.

Providers are required to display their previous inspection rating at the service and on their website. Before the inspection, we checked the provider's website and found that Apex Prime Shirley were not complying with this requirement. The provider's website only displayed a link to the latest inspection report, but did not clearly display the rating. We brought this to the attention of the provider's regional manager who made the arrangements to ensure the rating was appropriately displayed by the end of the first day of inspection. The provider had clearly displayed its inspection rating at the office location as it was located on the front door of the office as people entered.

11 people we spoke to told us they did not receive a weekly rota detailing when their care visits were scheduled. However, they told us that this did not negatively impact on them as they had consistent staff at consistent times. One person said, "Well I suppose it would be nice to get a rota, but I don't think it really matters as long as the carers come." Another person commented, "I think it would be more of an issue if staff didn't turn up, but as it is I am ok with not receiving a schedule [of care visits]."

The regional manager told us that the provider offered people the facility to have their rota's emailed to them if requested, and this was discussed during the initial assessment of their needs. Three people we spoke to confirmed they received this service. One person said, "I requested my rota to be sent in an email and that's what happens every week." The provider's assessment and review documentation did not detail discussion with people about this service. The registered manager told us they would ensure these discussions took place and they were clearly documented during assessments and reviews. This would help ensure that people were given the option to receive these scheduled if desired.

The registered manager sought feedback from people and relatives about how to make improvements to the service. The registered manager scheduled periodic visits and phone calls to people to ensure they were happy with the service and whether they required any changes to their care. The registered manager held regular staff meetings, which gave staff the opportunity to reflect on their performance and implement learning from feedback or incidents. In recent meetings, the registered manager had addressed issues about care documentation being filled in correctly, reiterating the expectations and importance of accurate recording.

The provider had established good working relationships with other stakeholders to help promote good quality care. The registered manager had formed a good working relationship with the local authority and was able to demonstrate how they used feedback from external audits and incidents they reported to make improvements to the service. The provider had established good links to local doctors and other health professionals through making appropriate referrals when they had concerns about people and had incorporating their recommendations appropriately.