

APT Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 24 and 27 November 2015, at which breaches of legal requirements were found relating to people's safe care and treatment and good governance. Risk assessments were not always detailed enough to provide staff with enough information to provide safe care to people, and records relating to medicines were not completed or audited effectively. The service did not have a robust system for internal auditing to identify improvements that needed to be made.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 12 February 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'APT Care Ltd' on our website at www.cqc.org.uk.

APT Care provides personal care and support to people in their own homes. The service provides a mixture of long-term care packages and 10 day placements for people following discharge from hospital.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

Risk assessments were in place for new service users and were comprehensive enough to support staff to help keep people safe from the risk of harm. There was a greater level of detail included in these assessments, which were person-centred, corroborated people's discharge assessments and included measures to minimise identified risks where possible.

Records of medicine administration records were audited regularly. The service had a system in place to identify any errors or omissions and take appropriate action to address these with staff to reduce the risk of recurrence.

The service had implemented a quality assurance system for identifying improvements that needed to be made. Feedback was sought from staff and people using the service and this was used to highlight any areas for development.

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.

Improvements had been made following the last inspection to the risk assessment process to help keep people safe. These assessments were more detailed, reflected people's changing needs and provided staff with ways in which they could minimise identified risks to people.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Systems had been implemented to audit the service and identify areas for improvement. Feedback from people and staff was being sought and appropriate action taken to make any improvements that had been identified.

Requires Improvement ●

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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.

We undertook an announced / unannounced focused inspection of APT Care on 12 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 24 and 27 November inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting some legal requirements.

The provider was notified the day prior to the inspection because the location provides a domiciliary care service and we needed to ensure somebody would be available in their office.

The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning team to gain their feedback following the work they had undertaken with the provider.

During the inspection we looked at 14 people's care plans and risk assessments, medicine charts, quality assurance audits and surveys. We spoke with the provider, registered manager and two staff employed by the service to discuss the changes made since our last inspection.

Is the service safe?

Our findings

At our comprehensive inspection of APT Care Ltd on 24 and 27 November 2015 we found that short-term care plans and risk assessments were not always detailed enough to keep people safe. This was an area identified as 'requires improvement' during a previous inspection carried out in March 2015 and we found that the provider had not made sufficient improvements to ensure people's safety during the inspection in November 2015.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 12 February 2016 we found that the provider had taken the action described to us in order to address the shortfalls in this area. The risk assessment process had been significantly improved and was now robust enough to support staff to keep people safe.

Risk assessments now included enough detail to provide staff with a comprehensive overview of how to support each person to minimise any risk of harm. The service completed pre-admission risk assessments for each short-term service user. The information they provided corroborated the information supplied by the hospital.

Risk assessments were carried out to assess the safety of the environment, any risk to staff working in the person's home and highlighted specific risks in each area of the person's care and support. The risk assessment procedure allowed for more detail to be included, and identified additional ways in which each risk could be minimised. For example we saw that where somebody required support with their mobility the assessments provided specific instructions for staff to indicate how they could be moved safely, the level of staffing required to do so and any additional equipment that needed to be used. The use of this equipment had also been assessed and staff were provided details of exactly when and how to use this to keep the person safe.

The service had also developed risk assessments which focused upon individual aspects of each person's care. For example if a person was diagnosed with dementia, a risk assessment was completed which considered how each aspect of their behaviour might have affected the person or the member of staff providing their care. People's healthcare and medicines were also separately assessed to ensure that the service was being proactive in identifying any associated risks. For example we saw that where somebody was at risk of injury from low skin integrity, the risk assessment detailed how their limited mobility meant they couldn't apply their creams effectively. Staff were provided with exact instructions on how to support the person with this to ensure that they were not at risk of their condition worsening.

People's changing needs were also considered. We saw that where one person had recently refused a call, the provider had quickly raised this with their community team to advise that the person might have been at risk. This meant that both agencies could work together to put measures in place to minimise the risk to the person as much as possible. During our last inspection we had highlighted ineffective recording and

monitoring of one person's risk assessment following an incident that had put the person at risk. We saw that this person's care plan and risk assessments had been updated and more effective measures had been put in place to reduce the risk of recurrence of an injury acquired previously.

Is the service well-led?

Our findings

At our comprehensive inspection of APT Care Ltd on 24 and 27 November 2015 we found that the provider had no robust internal auditing system to identify improvements that were needed across the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on the 12 February 2016 we found that there were more effective measures in place for auditing the quality of the service and identifying improvements that needed to be made. The provider had taken decisive action to address the issues raised and was able to demonstrate that they had refined their practice to ensure the service had robust quality assurance systems.

During our previous inspection we had identified that Medicine Administration Records (MAR) were not always completed or audited effectively. The service had improved upon their previous system by ensuring that audits were completed more promptly to identify any errors or omissions, and were now keeping a record of contact made with staff to discuss and rectify these gaps.

The service had developed a new system for auditing the quality of the service which highlighted any improvements that needed to be made. We saw that the manager now had prompts to indicate when things were overdue- for example if a training certificate was about to expire; this was identified up to three weeks in advance to ensure that the staff received the training on time. Supervisions, appraisals, daily notes and call times were all monitored through this system and any trends or issues for concern were highlighted so the manager could take appropriate action. In addition, this new system enabled staff to send information following each of their calls to the office immediately. This enabled the service to audit this data much sooner than previously and identify anything that required discussion.

The manager had also sent out surveys to staff and people using the service following our last inspection to gain feedback on where they felt improvements could be made. While the majority of the feedback was positive, the provider had improved their practice in responding to areas of concern. For example when one person's relative had left a comment that indicated that their family member was receiving their calls too closely together, the provider had first used their new auditing system to analyse the data they'd received on timings, and then contacted the person to apologise and discuss ways they could make improvements in future.

The provider had also created an 'overarching quality audit' which looked at each individual aspect of the service and included auditing of records, such as turning and fluid charts, to check that these were being used and completed correctly. The provider was able to demonstrate to us how these checks had highlighted some areas for improvement in the service and prompted them to identify actions which could be taken to rectify each issue.