

Apex Prime Care Ltd

Apex Prime Care - Portsmouth

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

About the service

Apex Prime Care – Portsmouth is a domiciliary care agency providing personal care to 128 people at the time of the inspection. 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.

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

The provider had a quality assurance system in place, this did not always drive the necessary improvement in relation to care records, including risk assessments.

Improvements had been made to care plans and included information to reflect the needs, preferences and choices of people. Further work was needed to ensure risk assessments contained enough information and provided specific guidance for staff, in the event of the risk occurring.

People told us they felt safe receiving care from Apex Prime Care. Staff understood their responsibilities to protect people from abuse. The recruitment process was robust and there were enough staff to meet people's needs. People told us they received consistent support from staff. The management of medicines was safe, and improvements had been made to medicine records.

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

People and their relatives consistently told us they were supported by staff who were kind and caring and who understood their likes, dislikes and preferences. They were positive about the support they received to access health care professionals, to maintain their health and wellbeing.

People had access to information in formats that were appropriate for them and staff talked about this. However, none of the staff we spoke to understood what the Accessible information Standard was. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Since the last inspection there has been a significant amount of improvement. The registered manager was responsive to our feedback and took immediate action to make improvements where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 October 2018). The service remains

rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risk management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Apex Prime Care - Portsmouth

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 one inspector.

Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, care coordinators and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sent the deputy manager a set of questions and their response was received.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to ensure risks for people had been effectively assessed and plans developed to mitigate these risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. However, not enough improvement had been made and this is a continued breach of regulation 12.

- Most risks had been assessed and risk assessments were in place however, for two people who were at risk of falls there was no risk assessment in relation to falls within their care files. We spoke to the registered manager and the deputy manager about this and they took immediate action to put them in place before the end of the inspection. Despite this, staff knew people well and could describe what they would do in the event of these people falling.
- Care plans and risk assessments that were in place were clear and risks had been identified. However, where risks had been identified, there was no guidance for staff to follow that would identify any actions they should take in the event of the risk occurring. There were no identified contingency plans. A failure to ensure risks for people had been effectively assessed and plans developed to mitigate these risks. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We spoke to the registered manager about this who put a plan in place to review and update all risk assessments to ensure guidance was available to all staff to assist them to safely meet people's needs.

- Personal emergency evacuation plans were in place for each person to guide staff how to support people in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy with the care staff. One person told us, "I am quite happy with them, they are very good at making sure I am safe."
- The provider had safe, effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm. The registered manager told us, "We run an annual refresher in safeguarding, and discuss it in supervisions and team meetings."
- Staff demonstrated good awareness about protecting people from poor practice or abuse and told us

who they would inform if no action was taken by senior management. Staff had confidence that their concerns would be listened and responded to.

- Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly. One staff member told us, "I have attended recent safeguarding training. We have lots of training."

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff employment histories were collated, and dates checked. All documentation relating to recruitment was clear and in place.

- There were enough staff to support people's needs. People and their relatives told us staff turned up on time and never missed a visit. One person told us, "They are very good, on time all the time, [staff member's name] is like an alarm clock very excellent, always on time." A relative told us, "They let me know if someone different is coming in."

- New staff were introduced to people prior to providing any support. A relative told us, "The staff we have are regular, we had a new one come with the regular one and she explained everything to them, how to help [person]."

Using medicines safely

- Where people were supported with their medicines, records demonstrated they were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.

- Carers were provided with personal protective equipment (PPE) such as gloves and aprons as well as hand sanitisers. A care coordinator told us, "The staff come into the office for PPE or any of us [care coordinators] will take gloves out when needed, but they are encouraged to come into the office."

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity. Risk assessments and care plans were reviewed following incidents, to prevent reoccurrence.

- Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The deputy manager told us, "This is monitored and audited monthly for any trends or concerns and acted upon with the relevant health care or local authority professionals. We can adjust the care plan and risk assessments to reflect this."

- The registered manager told us they investigated incidents and decided if it needed to be reported to adult services and CQC. They told us, "It could be following audits we notice a trend, we document learning." They also told us they received information from the provider to ensure they were aware of any changes and best practice.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection the provider failed to ensure care and treatment was always provided with the consent of the relevant person in line with the MCA (2005) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer in breach of regulation 11.

- People told us staff sought their consent before supporting them. One person told us, "They are very conscious of my needs and always ask and say what they are going to do."
- People's mental capacity had been considered. Mental capacity assessments had been carried out and best interest meetings recorded.
- Staff were able to talk confidently about the principles of the MCA.

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

- People's needs were assessed before being supported by Apex Prime Care Portsmouth. Once this information was gathered, it was used to develop people's support plans and risk assessments with the involvement of people and their relatives.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- Staff received four supervisions a year in line with the provider's policy, this consisted of a three-month supervision, a six-month supervision, a nine-month monitoring supervision and an annual appraisal. Staff told us they felt supported by the management team and were able to gain support from them at any time. One staff member told us, "We have a good chance to speak to them [managers] and give our opinions or views, they [supervisions] are always with [the same person], so we can build a good relationship."
- Staff received a variety of training including, manual handling, medicines management, dementia, health and safety and safeguarding. The deputy manager told us, "If we are assessing someone with complex needs we would source specialist training, tailor made for that specific customer i.e. peg feeding. We would source this from the nurse in charge of the care for that customer. We would approach specific charities for any training that they provide i.e. Huntington's."
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. One staff member told us, "There is always training, we can go further [doing additional training] we are asked in supervision. I did the care certificate last year."
- Staff had access to two mental health workplace champions. The registered manager told us, 'staff have a safe place to come and talk to someone in confidence about any worries or concerns they may have on a personal basis.'

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

- People, where required were supported at meal times to access food and drink of their choice. A staff member told us, "We support with some lunch and fluids, a few clients have dementia, we always speak to the families first. People tell us what they want."
- The support people received varied depending on their individual needs. One person told us, "They [Staff] do what I want, sandwiches for tea and mid-day they do something, it is working out quite well."
- The service was taking part in a hydration project which aims to improve the health and well-being through being hydrated and reduce hospital admissions due to dehydration to both people who use the service and staff. The registered manager told us they were the only domiciliary care provider taking part in the project.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Most people we spoke to manage their own healthcare needs with support from their families. However, people told us they were confident the staff would support them to telephone the GP and other healthcare professionals if they needed support.
- Where healthcare professionals provided guidance to staff, documents demonstrated this was followed.
- Staff used hand held devices to access electronic care plans and were able to access handover information as it was updated in real time. A care coordinator told us, "We use the [electronic] system to monitor what is going on and carers will phone us to update us."
- Care plans contained enough information to guide staff how to support people with their health needs.

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 requires improvement. At this inspection this key question has now improved to good. 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 and their relatives spoke positively about the support people received from the staff. One person told us, "They [staff] are very caring and excellent at making sure I am comfortable and give me plenty of drinks." Another person told us, "I get on with all of them [staff], they are really kind, more like family."
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. The deputy manager told us, "We ask about their [people's] cultural and religious beliefs, we ask about the way we deliver the care and what we need to know to provide the best possible care for that individual." The registered manager told us, "We have a section in the care plan called this is me, with headings such as cultural beliefs and sexual orientation."
- The registered manager told us how they had identified a trend with one person who was not engaging with the service due their cultural needs. The registered manager was able to adjust the support to ensure it met this person's needs.
- Most people told us they could say if they preferred male or female support staff. One person told us they were not sure if they could state a preference however, they always had female staff which is what they would choose. Care plans identified people's preferences.

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

- The registered manager told us, and records confirmed that people were involved in the creation of their care plans and ongoing reviews. People and their relatives told us they were involved in decisions about their care. One person told us, "We are spoken to very often, always involved." People's relatives told us they were always involved with their relative in decision making.
- People told us they had choice and control over their care and daily lives. A person told us, "Carers absolutely listen to my choices," and another person told us, "They always ask what is important to me and act on it."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they promoted people's independence. For example, they told us they ensured people were covered with towels while supporting them with personal care, ensured curtains were shut and they knocked on people's doors. People and their relatives consistently told us people were treated with dignity and respect.
- Staff had a good understanding and were enthusiastic about promoting people to maintain their dignity

and independence.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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 carer's.

At the last inspection there was a failure to maintain accurate and complete records for each person to identify their individual communication needs and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to communication needs.

- People had access to information in an accessible format. The deputy manager told us, "[People] can access information in a way that they are able to understand, read, see and hear this could be, Telecare, braille, larger print, flash cards, interpreters and verbal communication aids." They told us one person uses a voice-controlled assistant. Telecare consists of equipment and services that support people's safety and independence in their own home.
- None of the staff we spoke to knew what the AIS was. However, when this was explained to staff they were able to tell us about information that was available in an accessible format. There was information available to staff in relation to the AIS. Following the inspection, the registered manager emailed us to assure us the AIS had been addressed with staff in a meeting and followed up by email. The registered manager stated in their email, 'I have asked all office staff to read the policy and sign to confirm they now understand said policy and how it applies to their job role.' The also stated they had also additional training and support for any staff member who felt they needed it.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection we recommend the service finds out more about ensuring person centred care, based on current best practice in relation to the needs of people with protected characteristics under the Equality Act 2010.

At this inspection the provider was able to demonstrate person centred care was taking place.

- People and their relatives told us their care was person centred. One person told us, "They support me exactly how I want. I think they are a brilliant, brilliant service they are wonderful people. I have come up trumps with them."
- People's likes, dislikes and preferences were documented in their care plans. Care coordinators and staff talked confidently about person-centred care.
- A care coordinator told us, "We ask questions like how their [people's] care plan has changed and questions about how the care package is going, we also discuss agreed actions and six-monthly reviews with the client and ask if they would like a family member there. Most clients want a family member there." A staff member told us, "Person centred care is not the same for everyone, it is centred around that person, specific to their needs."
- The registered manager told us, "Person centred care is based on people's needs and their wishes and what do they want to achieve from this. It maybe to gain confidence. I plan with them."

Improving care quality in response to complaints or concerns

At the last inspection we recommended the service seek advice and guidance from a reputable source about the management of, and learning from, concerns and complaints.

At this inspection we found improvement had been made and the provider was managing complaints effectively.

- There was an accessible complaints procedure in place. This was made available to people when they started receiving support from the service.
- There was a clear procedure in place. The registered manager had set up a complaints file which included the complaints policy and procedure for dealing with complaints.
- The complaints file had been audited and the registered manager looked for trends. All complaints had been responded to in writing to the complainant's satisfaction. A professional had sent an email response stating, 'You are always so quick at responding, thank you for this.'
- People and their relatives told us when they had cause to complain, they were listened to and the issue resolved. One person told us, "If we have any problems we talk it over and they [managers] sort it out." One relative told us they had made a complaint and it was resolved straight away. Another relative told us, "They are very, very lovely I am very happy with them."

End of life care and support

- End of life care had been considered and where required people had detailed end of life care plans in place.
- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was a current end of life policy in place.
- The service had received compliments from people's relatives for the care they had provided at the end of their family members life.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider failed to notify the Commission without delay of any abuse or allegation of abuse in relation to a service user, this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

At the last inspection the provider failed to effectively assess, monitor and improve the quality and safety of the services provided, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and this was a continued breach of regulation 17.

- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. A service improvement plan was completed to identify any improvements required as a result of audits and quality checks by the provider. This showed action was taken in response to the findings and was monitored for completion.
- However, the systems had not always been effective in identifying the lack of guidance available to staff to assist them to safely meet people's needs in the event of a risk occurring. For example, quality assurance systems did not identify that risk assessments were not available for two people in relation to falls and contingency plans were not detailed in people's risk assessments.

A failure to effectively assess, monitor and improve the quality and safety of the services provided was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement has been made since the last inspection however the provider needs time to develop and embed this into practice.

- The registered manager told us, and documents demonstrated that CQC were notified of all significant events.

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 previous inspection ratings were displayed in a prominent position in the office and on the provider's website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure if people came to harm relevant people would be informed in line with the duty of candour requirements.

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

- People and their relatives told us they received personalised care and were happy with the service. One person told us, "Apex [Prime Care] have been very good, I always have the same carer, staff in the office are very good." A relative told us, "I trust her [carer] she shows excellent continuity and respectability."
- Staff said they enjoyed working at Apex Prime Care Portsmouth and felt supported by the deputy manager and the registered manager. One staff member told us, "We get regular rotas they [managers] always listen, there is always someone to go to. They always keep me up to date with everything as well. They have given me continuity to my visits to the people we support. They are always there at the end of the phone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. The registered manager was in the process of reviewing the feedback and planned to share the findings with people and their relatives.
- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported. People told us they were treated fairly and individually respected and their relatives confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this.
- The deputy manager told us, "We listen to the customers and their families. We provide customer surveys to be completed every six months, we carry out six monthly reviews and we actively encourage customers and their families to ring or email us."
- The registered manager had emailed professionals involved with the service seeking feedback as part of their improvement plan. Feedback received from professionals was predominantly positive.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by keeping up to date with the CQC website and reading internal bulletins. They told us, "I get the newsletters and share with anyone who it is relevant to. We communicate changes to staff on [electronic system], email and newsletters."
- The registered manager and deputy manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection.
- There was a clear action plan put in place to address concerns found in audits and this evidenced

continuous improvement.

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 There was a failure to ensure risks for people had been effectively assessed and plans developed to mitigate these risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to effectively assess, monitor and improve the quality and safety of the services provided.