

APT Care Limited

APT Care Central Bedfordshire & Bedford

Inspection report

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13 June 2023

31 July 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

APT Care Central Bedfordshire and Bedford is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people living with dementia, mental health, physical disabilities, sensory impairment, older people, younger adults and learning disability and autistic spectrum disorder. The service also provides an interim 'home recovery' service supporting some people who have just returned home from hospital.

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 our inspection 110 people using the service received the regulated activity.

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

People were at risk of poor care and support because the governance systems were not effective and needed strengthening and embedding into practice. Although audits were taking place they had failed to identify and address the issues we found during our inspection of the service.

Systems and processes to safeguard people from the risk of abuse were not robust. We found incidents that met the threshold for a safeguarding concern were not always shared with the local authority and CQC.

We found no evidence people had been harmed. However, risk management of people's care required improvement. Not all risks were assessed.

People's medicines were not always managed safely. We identified issues with medicine records.

Staff had not received training to meet people's specialist care needs.

There were enough staff to meet people's care and support needs. Staffing levels were increased if people required additional care.

People were protected from the risks of infection. People told us staff wore personal protective equipment (PPE) to reduce the risk of spreading infections.

People's needs had been assessed before they started using the service; and people told us they were involved in making decisions about their care. People and their relatives told us staff were kind, caring and respected their privacy and dignity.

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. Mental capacity assessments had been completed by staff with family members.

The service worked with a wide range of key organisations who were also involved in people's care.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Right Culture: Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating

This service was registered with us on 11 June 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

APT Care Central Bedfordshire & Bedford

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 2 Experts by Experience who made phone calls to people and relatives. 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 and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since 11 April 2023 and had applied for their DBS. We had not received their application to register.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be staff at the office to speak to us.

Inspection activity started on 9 June 2023 and ended on 31 July 2023. We visited the location's office on 13 June 2023.

What we did before the inspection

We reviewed information we held about the service since they registered with CQC. We used information gathered as part of a monitoring activity which took place on 27 September 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority, local Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 12 people who used the service and 7 relatives about their experience of care provided. We received email feedback from 6 care staff. We spoke with 9 members of staff including care assistants, senior carers, other senior staff, directors, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 9 people's care records, 3 staff recruitment files, staff training data and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not in place to safeguard people from the risk of abuse. One relative said, "We have a problem with a carer who we do not want to come, we've told the manager many times, but they still send the carer." Another person said, "They've broken my key safe."
- Safeguarding logs received from the provider did not include all incidences of alleged abuse the CQC had been informed of from the local authority. This included safeguarding concerns raised by external health and social care professionals and relatives. Furthermore, incidents known by the provider to have been referred to the safeguarding team by external sources relating to poor moving and handling, self-neglect, use of inappropriate language and pressure damage to skin had not been notified to the CQC.
- A complaints and incident/accident log was received by the provider. On review we found some of the concerns raised through people's complaints and incidents also met the threshold of a safeguarding concern or at least warranted contact with the local authority adult social care team. CQC had also not been notified of these concerns.

Safeguarding concerns were either not identified or notified to the appropriate organisations. This is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to our concerns and provided updated safeguarding logs for 2022 and 2023 which included information relating to actions and lessons learnt. However, these records did not indicate the current safeguarding status for most of the entries.
- The nominated individual confirmed they had identified complaints which should have been referred to the local authority and CQC. They also confirmed the service was in the process of merging their records onto a new system. They acknowledged there were gaps in the reporting and had requested the manager to undertake training with staff.
- Staff understood how to recognise abuse and could describe how they would report concerns. One staff member said, "I would report straight to the office, and would get the managers to chase this up as I would like to know the outcome."
- The provider had a whistle-blowing policy in place and staff were aware they could use this to raise concerns under the whistle-blowing protections.
- Despite our findings, we received some positive comments about safety. One person said, "'Heaven's yes safe, always very helpful, they look after me very well, I feel safe with them.'" Another person said, "No problem with them, they use my key safe, all fine, if there was a problem, I would speak to the office."

Assessing risk, safety monitoring and management

- Information about known risks to people's safety was not up to date or available for staff.
- People had risk assessments in place to assess and minimise the impact of a known risk, but this was not in place for all areas. For example, we requested risk assessments for several people using the service. These were produced as one document along with the care plan. However, it became evident there were several risk assessments missing, including those related to medication risks, lifeline, bed rails, mobility, and diabetes.
- Important information was missing within some risk assessment records, including identified risk, contact details for specialist healthcare staff and for one-person, important advice for carers to prevent pressure sores.
- A re-positioning record for one person at risk of pressure sores had not been completed in full and was not legible.

We found no evidence that people had been harmed. However, the provider was not thoroughly assessing all risks to people, which put people at risk of potential harm. This is a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Additional risk assessment documentation was provided during our inspection. However, until we inspected and identified these shortfalls, people were at risk of potential harm.
- Despite our findings. One person said, "I do feel safe now with my regular male carer, if I didn't, I would speak to APT office." A member of staff said, "If I see something that is a risk management, I transmit and let the office know. For instance, [Name of person] mobility has declined, they went from walking and are now struggling to stand up. They are very weak."

Using medicines safely

- Medicines were not managed safely. We identified issues with both medicine administration records (MAR) and 'as and when required medicines' (PRN) protocols. For example, for some medicines the strength, formulation, route and start date were missing from the MAR and handwritten instructions relating to medicines was not legible.
- Staff had not always confirmed people had received their prescribed medicines and had not given an explanation why medicines were not required. A person's MAR chart recorded prescribed tablet medication when the person's care plan indicated staff only administered topical creams. One person said, "They didn't give my meds to me last night, but they signed the book to say that they did."
- Protocols were in place for 'as and when required' (PRN) medicines to guide staff as to when these medicines should be administered, however some of these lacked details. For example, no clear direction whether people were able to ask for 'as an when required' medicines, the minimum time between doses was omitted, as well as information relating to the expected outcome after medicines were given.
- The medicines policy did not have any guidance in relation to time specific medicines. Information relating to the general principles of prompting and administering medication was missing from the policy.

We found no evidence that people had been harmed as a consequence of our findings. However, the failure to manage people's medicines safely is a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider confirmed to us during the inspection they were in the process of implementing a new system to audit medicines to ensure full coverage of errors and alleviate the issue when reading documents. This included an electronic MAR for recording information relating to prescribed medicines. However, until we inspected and identified these shortfalls, people were at risk of harm.

- Despite our findings, one person said, "I get my medication more or less at the right times, staff ask if I need painkillers, but I don't need them, I just take my medication, no problems."
- Staff completed training in medicines management and their competency to administer medicines had been assessed.

Learning lessons when things go wrong

- The lack of management oversight meant areas needing improvement had not always been identified. For example, safeguarding concerns had not always been recorded. (See our well-led section for more about learning lessons).
- Despite our findings, the provider had acted on lessons learned from a previous incident and had implemented further training for staff in diet, nutrition, and pressure care.

Staffing and recruitment

- There were enough staff to meet people's care and support requirements. There were contingency arrangements to cover low staffing to make sure people received their care.
- Staffing levels were increased if people and relatives requested additional care.
- People told us they thought there were sufficient staff available. One person said, "Okay with times, no problems, no missed calls, I have regular carers and am getting to know them. There is enough time and I'm not rushed."
- The provider ensured there were safe recruitment practices in place to check staff suitability. This included obtaining references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment. One person told us, "The staff wear a blue uniform and have always got gloves on." Another person said, "The staff wear aprons, gloves and masks."
- Staff had received training in infection prevention and control. Staff were able to describe the content of their training and what measures they needed to take to prevent cross contamination.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed essential specialist training to provide safe and effective care. Two people's nutrition and medication needs were administered through a Percutaneous Endoscopic Gastronomy (PEG). This is where a feeding tube has been placed through the person's abdominal wall and into the stomach. Most staff providing care had not received training in PEG care. The provider had conducted competency assessments for some staff, however, these were invalid, as competency checks are the responsibility of the healthcare professional who has delegated this healthcare task. This exposed some people to greater risk of harm.
- Specialist Motor Neurone Disease (MND) training had not been completed by staff, despite professionals trying to organise this with the provider on at least 4 occasions.
- One person said, "The carers were not trained to meet some of my care needs. I and my family had to teach the carers how to use some of the equipment. I feel the carers know what they are doing now, but I have occasionally had carers who do not always know how to use the equipment."

We found no evidence that people had been harmed. However, the provider had failed to ensure staff had the training, skills, and knowledge to be effective in their roles. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

- The provider arranged for some staff to complete specialist 'enteral feeding pump' training during our inspection. However, 4 members of staff who provide PEG care were still required to complete this training.
- Newly recruited staff completed an induction that was linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received ongoing support from the provider to ensure effective care delivery through regular supervisions and spot checks to observe staff's performance when providing care to people. One staff member said, "I did three shadow shifts, this really helped me, and the staff member explained everything to me."
- Staff received training to support them in their role in areas such as safeguarding, moving and handling, administration of medicines and learning disability and autism. One staff member said, "I have completed my supervisions and my training. Office staff are always there to support me." Another staff member said, "We get lots of training, and this makes me feel confident in supporting people with their care needs." One person said, "Staff know what they are doing, and have had training."

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

- People told us they received support at mealtimes. However, we received mixed feedback. One person said, "They [staff] never do what they are supposed to do. They don't understand how to do basic things, like make a sandwich, or make toast and put butter on. I have to pester them to do the right things. It's the basic skills that they are missing. I even had to show them how to make a cup of tea." Another person said, "They heat up my meal, put it on a tray with knife, fork, salt and pepper and sauces."
- People's care plans indicated the support people required to eat and drink. Staff understood how to support people safely with their food choices. One staff member said, "[Name of person] was on a level 6 diet, (foods chopped into bite sized pieces) and was required to have thickener in their water, [name of person] cannot have lettuce and food needs to be cut up."

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

- Mixed feedback was received from health and social care professionals. Comments included, "It has been a tremendous support having a domiciliary service that we can work with to facilitate quicker hospital discharges." However, professionals advised us feedback from many clients was often negative. For example, clients felt when concerns were escalated to APT, it doesn't seem as though there are many changes made to improve care.
- The provider told us they had developed trusted relationships with partners in health and social care, and for the 'home recovery service' attend weekly meetings to discuss people's progress. The provider actively participated in multi-disciplinary meetings and system wide lesson learned meetings, to learn from others.
- Staff were in regular contact with social workers, GPs and district nursing teams. This ensured people received support to promote a healthy life and improved wellbeing.

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 MCA 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

- Not all care records contained a record of consent in relation to care, records or sharing of information.
- The provider was knowledgeable about the MCA and told us how mental capacity assessments should be completed where a person's capacity to make a specific decision was in doubt.
- The provider had completed MCA assessments together with family members for those people who lacked capacity and where relevant professionals were involved.
- Staff received training in the Mental Capacity Act (MCA) and knew how to put this into practice. Although at the time of the inspection no people were subject to any deprivation of liberty restrictions.
- The provider took immediate action and provided the missing consent to care documents during the inspection.

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

- People's needs had been assessed before they started using the service. This gave staff the information

they needed to provide effective care and support. One person said, "I did meet with a manager before care started and I was reassured I would receive the care I required."

- The nominated individual confirmed for some people using the 'home recovery service' assessments took place by telephone, followed by a home visit, usually within 48 to 72 hours. The nature of the service meant it is not possible to assess at home before the individual was discharged from hospital. For long-term care, assessments were completed in advance of the care package commencing.

- The provider assessed people's living environments to ensure people and staff were kept safe when performing care duties.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received mixed feedback from people and relatives about their involvement in making decisions about planned care, although in the main people said they were involved and had agreed to their care. One relative said, "I heard about a care plan but don't know much about it, there's not one in the house." Comments from people included, "I do have a care plan in a folder on the table, I'm very impressed with the plan and detail." and "I do feel I am involved in putting together and changing my care plan now."
- Care records confirmed that people had been involved in planning and making decisions about their care which included when choices should be offered, for example, asking about choices of snacks and offering a choice of clothes. One staff member said, "I ensure our clients have choice and control over the way their care is planned and delivered." Another staff member said, "I respect people's rights. If they don't want to wash, that's fine, but I will share it with the office."

Ensuring people are well treated and supported; respecting equality and diversity

- Most people told us staff were caring and kind towards them. Comments included, "Staff are helpful, very kind and cheerful." and "They are cheerful and bright, they are brilliant, they check I'm happy with what they are doing, very friendly and efficient, more friends than carers now."
- Staff spoke about people with kindness and compassion and were able to describe people's care needs and preferences in detail. Staff felt happy they could make a positive impact on people's lives.
- Staff had completed training in equality and diversity and were aware people needed to be treated as individuals and their religious preferences respected.

Respecting and promoting people's privacy, dignity and independence

- Most people we spoke to said staff treated them with respect. One person said, "I'm absolutely treated with dignity and respect." A relative said, "Yes, they do treat [Name of person] with respect, from their approach and manner and how they speak with [Name of person]."
- People's support plans indicated how to promote people's independence such as moving and handling, personal care and the support required with eating and drinking. One person said, "They encourage you to do everything you can for yourself."
- Staff knew when people needed their own space and privacy and respected this. One staff member said, "I will cover up [Name of person], so they will feel comfortable during personal care, and close the blinds and door."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were in the main personalised and detailed people's individual support needs. However, people's religious beliefs and cultural considerations were not detailed in their care plans or care needs assessment.
- Although the provider confirmed care plans were reviewed annually or when people's needs changed, some people's care plans had not been updated to reflect changes in their care needs. For example, one person's mobility had declined, and they were no longer using a hoist. Another person required care staff to re-position them. Their care records had not been amended to reflect this change.
- Daily care records were not legible and lacked detail on how people presented during the visit. Information relating to oral care had not always been completed on the daily care records for 2 people. This meant it was not clear whether people had been supported with this task.
- People and relatives said they contributed to shaping their support. One person said, "A staff member recently contacted me to ask me a few questions about my care." A relative said, "We had a fairly recent assessment done."
- Staff took account of people's interests, pastimes, and hobbies. Staff had supported a person to walk to the shop to get their own shopping.
- The provider took immediate action during the inspection and provided 2 updated care plans.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring themes and issues. However, records lacked detail and it was unclear how long the provider continued to monitor people's care. Furthermore, some of the complaints met the threshold for a safeguarding alert or contact with the local authority adult social care team. (See our safe section for more about safeguarding concerns).
- Most people told us they did not have any complaints. One person said, "I have made one complaint, and that was a long time ago."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider informed us information could be offered to people in different formats, such as easy read,

audio, braille, using plain English.

- Care plans, including the 'home recovery service' had a section relating to communication. 'My communication' helped staff understand people's communication needs. For example, the level of communication people could manage with staff. As well as information relating to hearing aids and spectacles.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The nominated individual confirmed relationships between staff in the community and people and their relatives are good. They were important links, and the families rely on them.
- Staff had supported people on visits to the seaside and zoo as part of their social care calls.

End of life care and support

- The service was not supporting anyone with end-of-life (EOL) care at the time of our inspection.
- Staff had completed palliative care and EOL training.
- The provider had encouraged people to discuss their end-of-life wishes, however, no one had chosen to put an advanced care plan in place.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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 time of our inspection there was no registered manager in post. A new manager had been in post since 11 April 2023. We received confirmation from senior management that the manager was in the process of obtaining a Disclosure and Barring Service (DBS) check, in preparation for applying to register with CQC.
- The providers governance systems to monitor the quality and safety of the service were not effective. For example, people using the service were at increased risk of abuse and improper treatment; several incidents had not been referred to safeguarding or the local authority adult social care team.
- Staff had not received specialist PEG or MND training to enable staff to provide safe and effective care. Known risks to people had not been assessed. Some staff supervision records had not been signed or dated.
- The medicines administration records (MAR) charts did not contain the required information, as per NICE guidelines; as well as having several unexplained gaps in staff signatures. PRN protocols were not completed fully. This put people at risk of potential harm.
- Risk assessment records lacked detail. For example, one person's PEG risk assessment did not reflect medicines were being administered via their PEG. Another risk assessment did not state staff should encourage a person to walk around/with the help of their frame as a safety measure.
- Various care records were not signed or dated. Some consent to care records were missing. The daily record audit for 2023, did not record any actions. When reviews of care were carried out, it was not always clear from care records whether the information had been updated.
- The providers service improvement plan had no target dates for actions to be completed. The provider's service user guide had details of the previous registered manager. The local authority address was also incorrect.
- The analysis of the 'People's Survey for 2022' described actions the provider was going to take; however, it was unclear whether these actions had been completed.

The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action during our inspection and produced risk assessment documentation for known risks.
- The provider confirmed they were moving to a digital platform which would ensure there are no gaps in

records (MAR) or difficulty reading documents.

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

- We received mixed feedback about the management of the service. One relative said, "The manager does not reply to emails, and there is poor communication from them, nobody gets back to us. Another person said, "Yes, it is managed well."
- Feedback relating to whether people would recommend the service was also mixed, comments included, "No, definitely not." and "Yes, I would recommend them without a doubt, I'm content with them, much happier with APT than my previous agency."
- Staff encouraged one person to get out and about in their garden and to go for a walk.
- The provider had a set of company values which staff were assessed against from outset, to ensure they are caring, compassionate, kind, show empathy and understanding with all people.
- Staff we spoke to were aware of the values. One member of staff said, "I like that APT have their values painted on the office walls, every time I go inside it reminds me what our values are and how important they are for people."

Continuous learning and improving care; 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 provider had failed to effectively monitor the performance of the service and continually improve care. For example, safeguarding concerns had not always been recorded. This meant accurate analysis to identify patterns and trends could not take place. Opportunities to prevent reoccurrence and learn lessons could have been missed.
- The provider apologised to people and relatives when things went wrong.
- There was a serious injury policy in place and senior management understood their responsibility under the duty of candour. Records showed the nominated individual had communicated with families, and actions taken to mitigate further risks to people.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. People's comments included, "I received a telephone call from the service to check everything is okay for me." and "Yes, the office phone through occasionally and ask me 'how's it going?'" We saw an analysis of this feedback, and actions for the provider to take.
- Staff had opportunities to feedback and receive senior support through quarterly supervisions, competency assessments and team meetings.
- The management team had developed working partnerships with external health and social care organisations to ensure care was joined up, safe and effective. People's care records showed communication with professionals.
- The provider had put a system in place where all staff would work one shift enabling all staff to spend time with family during religious holidays, for example, Diwali and Eid. The provider recently hosted an awards evening for staff to celebrate their working achievements. Community faith leaders were invited to join the celebrations.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to carry out robust care assessments in order to protect people from the risk of potential harm.</p> <p>The provider had failed to set up robust medicines management systems. This put people at risk of potential harm.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to notify CQC or the local safeguarding team of allegations of potential abuse.</p> <p>Regulation 13 (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff had the skills, knowledge, and experience to deliver effective care and support.</p> <p>Regulation 18 (1) (2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective systems and processes were in place to organise, monitor and manage the quality of the service and ensure that people received safe and appropriate care.</p> <p>Regulation 17 (1) (3)</p>

The enforcement action we took:

We issued a Warning Notice.