

Apex Prime Care Ltd

Apex Prime Care - Eastbourne

Inspection report

13b High Street
Hailsham
East Sussex
BN27 1AL

Tel: 01323645592
Website: www.apexprimecare.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The inspection took place on 23, 26 and 27 November 2018 and was announced. The provider was given 48 hours notice as the service provides a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us.

Apex Prime Care – Eastbourne is a domiciliary care agency. It provides personal care to people living in their own homes. It can provide a service to older people, those living with dementia, people who have a physical disability or a sensory impairment and people who have mental health needs. Not everyone using the service received the regulated activity. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 114 people who used the service, 90 of whom received the regulated activity of personal care. Some people funded their own care, however, most people had their care publicly-funded.

The service is owned by Apex Prime Care who have services across the south of England. The service had a registered manager. A registered manager is a '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 home is run.

After the last inspection, which took place between 20 March 2018 and 4 April 2018, the service was rated as Inadequate and was placed into Special Measures. We took enforcement action by issuing three Warning Notices to ensure that improvements were made. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good. This was because there were concerns about the management of medicines and the failure to raise safeguarding referrals with the local authority when there were concerns about people's care. There was a lack of understanding about the Mental Capacity Act 2005 (MCA). Assessments of people's needs had not always been conducted in a timely way. There was insufficient guidance provided to staff about people's needs and preferences. Insufficient oversight of the systems and processes within the service were concerns. There was mixed feedback about the leadership and management of the service.

At this inspection, which took place on 23, 24 and 27 November 2018, it was evident that improvements had been made. The provider had reviewed their processes, had sought external support from social care professionals and had introduced new electronic systems. These enabled the registered manager to maintain a better oversight of people's care and the practices of staff. The provider was no longer in breach of the Regulations. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is

now out of Special Measures. We did, however, find areas of practice that needed further improvement, embedding and sustaining in practice.

People were asked their consent for day-to-day decisions that affected their lives. However, people were not supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible. Policies and systems did not support this practice. This was an area of practice in need of improvement.

There were good systems in place to provide the registered manager with sufficient oversight of the service and the care delivered. The registered manager had liaised with external professionals to help improve the service. They had prioritised the improvements that were required. They acknowledged that the changes that had been made needed to be developed further and embedded and sustained in practice. People, their relatives and staff continued to feel that the scheduling of their visits were not well-managed. Staff did not have sufficient time to travel from one person to another and this sometimes effected the timeliness of people's visits. Feedback about the responsiveness of the staff based within the office continued to be an issue. Some people, relatives and staff felt that the office staff were not always helpful or approachable when they had concerns about people's care. Despite being asked about their choice of gender, some people's expressed wishes had not been respected. These were areas of practice in need of improvement.

People told us that they received a service that made a difference to their lives. They told us that they felt safe. One person told us, "The carers provide me with security because I know that someone will come in the morning and find me if I have fallen". Staff had a good understanding of how to support people safely and knew what to do if they had concerns about people's safety. There was a reflective approach to providing care and the management team and staff learned from situations to ensure that care continually improved. There was sufficient staff to ensure people received their care visits. People were protected from the risk of infection and cross-contamination. Risks to people's safety were assessed and minimised.

Positive relationships had developed between people and staff. Staff took time to get to know people and observations showed that staff demonstrated empathy and kindness. People told us, "The service has got good carers" and "The carers are absolutely brilliant". People were treated with dignity and their privacy was maintained. One person told us, "They are very aware of my dignity. They ask my permission if there is anything unusual to do".

People's needs were assessed and they were involved in their care. Care plans provided staff with detailed information and guidance about people's needs. People were supported to maintain their skills and independence. Care was person-centred and tailored to people's needs. Efforts had been made to gather information about people's backgrounds, their hobbies and interests to provide staff with an insight into people's lives before they started to use the service. People were supported to maintain their interests and have contact with family and friends.

Quality assurance processes ensured that people received the quality of service they had a right to expect. People, their relatives and staff told us that they were involved in decisions that affected people's care and the running of the service. Concerns and complaints had been dealt with in accordance with the provider's policy.

People were supported to live healthy lives. People were supported to have their medicines safely and on time. Staff were responsive when people were unwell. There was good partnership working with external healthcare professionals to ensure best practice and maintain a coordinated approach to people's care.

People and their relatives felt that staff had appropriate skills and were competent. One person told us, "The care staff are absolutely brilliant. They are as good as gold they are". Staff had a good understanding of the people that they supported. Most people told us that they received care from consistent staff who knew them and their needs well.

As part of some people's care packages, they were supported to have sufficient quantities to eat and drink. Staff promoted people's independence when offering support. People were involved in shopping for items of their choice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of skilled and experienced staff to ensure people received visits in accordance with their needs.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding people's safety.

People had access to medicines when they required them. There were safe systems in place to manage medicines.

People were protected from infection and cross contamination.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were asked their consent before being supported. The registered manager had not always worked in accordance with the Mental Capacity Act 2005.

People were cared for by staff that had received training and had the skills to meet their needs.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew their preferences and needs well and who could offer both practical and emotional support.

People were treated with dignity and respect. They could make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy was maintained and their independence was

promoted.

Is the service responsive?

The service was not consistently responsive.

The service was not always responsive to people's expressed wishes.

People were involved in the development and review of their care. These were detailed and provided staff with personalised information about people's care.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

The management of people's visits was not always well-managed. Some people and staff provided negative feedback about the responsiveness of some office-based staff. The improvements that had been made needed to be embedded and sustained in practice.

People were involved in decisions that affected their lives and support was tailored around their needs and preferences.

Quality assurance processes ensured the delivery of care and drove improvement. There were links with other external organisations to share good practice and maintain staff's knowledge and skills.

Requires Improvement 

Apex Prime Care - Eastbourne

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.

Inspection site visit activity started on 23 November 2018 and ended on 27 November 2018. It included telephone conversations with people, their relatives and to staff. We visited the office location and two people's homes on 27 November 2018. This enabled us to see people being provided with care. We were also able to speak to the registered manager and office staff.

We reviewed care records as well as the provider's policies and procedures.

The inspection was announced. The provider was given 48 hours notice as they provide a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us. The inspection team consisted of one inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. We looked at notifications that the provider had submitted. A notification is information about changes, events and incidents which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

Before the inspection we contacted the local authority for their feedback. During the inspection we spoke with 31 people, five relatives, one friend, eight members of staff and the registered manager. We reviewed a

range of records about people's care and how the service was managed. These included the individual care records for 13 people, medicine administration records (MAR), two staff records, quality assurance audits, an accident report and records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection that took place between 20 March and 4 April 2018, the provider was in breach of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines had not been managed safely. Care plans and risk assessments did not provide sufficient guidance for staff. Accidents had not been analysed or reviewed to identify trends to prevent reoccurrence. Medicine errors that had occurred had not been considered in accordance with the providers safeguarding adult's policy. After the inspection we asked the provider to take action to make improvements by issuing a warning notice for the breach of Regulation 12. At this inspection, which took place between 23 and 27 November 2018, it was evident that improvements had been made, sustained and embedded in practice for over seven months. The provider was no longer in breach of the Regulations.

Medicine management was found to be unsafe at the previous inspection. This was because stock levels of people's medicines did not correlate with medication administration records (MAR). At this inspection improvements had been made to enable the registered manager to have good oversight of people's medicines and the practices of staff. A new electronic system had been introduced. This provided clear, detailed information about people's medicines in real-time. This enabled the registered manager to maintain good oversight of people's medicines to ensure that stock levels were correct and people had access to medicines when they needed them. Improvements in the information provided to staff helped them to administer medicines safely. There had been no medicine errors since the previous inspection.

At the previous inspection, staff had not been provided with clear or detailed guidance about people's needs. This had not helped staff to ensure people received safe care. When accidents had occurred and people's needs had changed, care records had not been updated to provide current guidance for staff. Improvements had been made at this inspection which ensured staff now had detailed guidance about people's needs. The electronic system contained up-to-date and personalised information about people's care. Staff could access this before visiting a person as well as when they were supporting them. Staff told us that this helped them to provide safe care. No accidents had occurred since the previous inspection.

People were assisted to take their medicines by trained staff that had their competence assessed. People and relatives told us that people received their medicines on time and were happy with the support that was provided. One person told us, "They always give me my medication on time. The carers look after my medication and they make me a cup of tea to have with my tablets". Medicine records showed that people had received their medicines on time and in accordance with their needs. People confirmed that if they were experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. Some people administered their own medicines or had support from their relatives. Observations showed staff gaining people's consent before assisting them with their medicines. Information about people's medicines was available and could be passed to relevant external healthcare professionals if required, such as when people had to attend hospital.

At the previous inspection which took place between 20 March 2018 and 4 April 2018, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This

was because staff had not identified or reported medicine errors to the registered manager to enable them to consider these in accordance with their own safeguarding adults policies. At this inspection, improvements had been made. There had not been any medicine errors since the previous inspection. The registered manager now had a good oversight of people's needs to ensure that they received safe care. Staff understood how to keep people safe from harm. Safeguarding policies informed staff of what they should do if they had concerns about people's safety. Staff knew who to report concerns to if they were worried about people's safety or wellbeing. The registered manager had liaised with external healthcare professionals when there had been concerns over people's safety. People were aware of who to speak to if they were unhappy about any aspect of their care.

Regular reviews of people's care and communication with management provided an opportunity for people to raise issues and discuss any concerns in relation to their safety. This helped to ensure that staff knew how to keep people safe and what to do if they needed assistance. Some people had emergency alarms and records showed that staff had been reminded to ensure that people had these with them before the staff left their visits. Observations showed this being implemented in practice. One person's electricity had been faulty. The member of staff tested the person's personal alarm to ensure that it worked effectively before they left.

People and relatives consistently told us that people were safe. Comments from people included, "The first thing they do is ask how you are", "Having someone else there when I am on my own. I tend to fall so the carer makes me feel safer" and "I feel quite safe. I don't have anything bad to say about them. They look after me as if I was their own Dad".

People were supported by staff who were safe to work with them. Pre-employment checks had been conducted as well as staff's employment history and references obtained. Potential staff were asked questions at interview which enabled them to demonstrate their values to ensure that these aligned with the providers.

There was sufficient staff to cover people's visits. New staff were allocated to work with more experienced staff. This helped ensure that staff were aware of people's needs so that they could support them safely and effectively. Most people told us that they had a consistent team of staff that supported them.

Staff's safety and whereabouts were known to assure the registered manager of their safety when working alone within the community. Staff logged-in and out of people's homes by scanning a bar code from the person's care records onto their phones. This alerted an automated system so that the registered manager knew staff's whereabouts in real-time. This enabled them to monitor if people had received their call and therefore ensure their safety and needs had been met. A member of staff told us, "If sometimes I am working late in the night they [registered manager] text me to make sure I'm alright".

Risk assessments for people's healthcare needs were in place and were regularly reviewed. People were supported to remain as independent as possible. They were involved in the development of their care plans and risk assessments. These identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. For example, when people required support to move and position, risk assessments provided clear and detailed guidance for staff. They were informed of how to support people and which equipment to use. Risks associated with the safety of people's home environment as well as any equipment, were identified and managed appropriately.

There were suitable procedures to ensure that people were protected from infection and cross-contamination. Staff were provided with personal protective equipment and clothing and people and

relatives confirmed that these were used. Unannounced observations, which were conducted by the management team, also ensured that staff used the equipment provided to assure people's safety. Staff followed food hygiene best practice guidance when supporting people with preparing and handling food.

Is the service effective?

Our findings

At the previous inspection that took place between 20 March and 4 April 2018, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager was not working in accordance with the Mental Capacity Act 2005 (MCA). Restrictive practice, such as locking away people's medicines or access to cigarettes and alcohol were in place. There was no reason to suggest that people lacked capacity to make decisions about their care or to necessitate the restriction of these items. After the inspection, we asked the provider to take action to make improvements. At this inspection, some improvements, such as staff documenting when people had given their consent, as well as seeking external support and guidance in relation to MCA, had been made and the provider was no longer in breach of this Regulation. However, this was an area of practice that needed further improvement.

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.

Staff gained people's consent for day-to-day decisions that affected their lives. There was a lack of understanding, however, about MCA. Three people had their medicines or access to alcohol and cigarettes restricted and locked away. The registered manager explained that these decisions had been in place before people had started to use the service and that staff continued to support people in this way. They told us that they had no concerns about people's capacity to make decisions for themselves. However, this conflicted with the actions that had been taken. Despite people having capacity to make decisions for themselves, the registered manager had consulted others, who did not have legal authority to be the sole-decision makers, to gain their consent about the continued use of restrictive practices. They explained that two people had a lasting power of attorney (LPA) to make decisions on people's behalfs about their health and welfare. However, records showed that this was not the case. One person had an enduring power of attorney (EPA). This meant that someone could make decisions on the person's behalf in relation to their property and finances. The registered manager told us that the other person had an LPA for health and welfare. Records showed that they had consulted with a person who was not the person's LPA about decisions that related to their health and welfare. The registered manager had not assessed people's capacity to consent to these restrictive practices. They had not undertaken best interests decisions with others to review and assure themselves that the practice still needed to be continued. This was an area of practice that needed further improvement.

At the previous inspection that took place between 20 March and 4 April 2018, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns about the timely assessment of people's needs. Guidance provided to staff was not sufficient and did not reflect people's current needs. After the inspection we asked the provider to take action to make improvements by issuing a warning notice for the breach of Regulation 9. At this

inspection, improvements had been made and the provider was no longer in breach of the Regulation. The registered manager had reviewed their processes and had a new electronic system in place. This enabled people's assessed needs and preferences to be entered onto the system in a timely way. Staff had access to real-time information about people's needs. People's needs were assessed when they first started to use the service. Regular reviews took place to ensure the guidance provided to staff was current. People were involved in reviews. They were provided with the opportunity to talk about the care they received to ensure that it met their needs and preferences. Electronic care plans were accessible to people, staff and the registered manager. This helped ensure that they reflected the person's needs in real-time. Care plans were detailed and specific to people's individual requirements.

People were supported by staff that were knowledgeable and had the skills to meet their needs. People and their relatives told us that they had confidence in staff's abilities. Comments from people included, "The carers are absolutely brilliant. They are as good as gold they are" and "The majority of the carers are very, very good and they know what they're doing". Staff had access to an induction and on-going training which the provider felt essential for their roles. These included courses that were specific to people's needs such as dementia care and supporting people who had Parkinson's disease. A member of staff told us, "The trainer is ever so good, they showed us some good tips and tricks for moving and handling and they made sure we all knew how to do it correctly and safely before we went out to do it". Detailed guidance was provided to staff in each person's care plan. It informed staff of their medical conditions and provided an explanation of how this might affect the person. New staff were supported to undertake an induction which consisted of shadowing existing, more experienced staff and familiarising themselves with the provider's policies and procedures. There were links with external organisations to provide additional learning and development for staff, such as the local authority and colleges. Some staff held diplomas in health and social care and were encouraged to develop within their roles.

People were cared for by staff that had access to appropriate support and guidance. Staff told us that they felt supported by the registered manager. Regular unannounced observations of staff's practice as well as supervision meetings took place. These enabled staff to be provided with feedback about their practice and identify further learning and development needs.

When required, people had support to shop for and prepare food and drink. One person told us, "I get the carers to do my shopping. They know the food that I like and they try to get it for me. If what I want is not available they phone me and ask what I want instead". Observations showed people were provided with choice and that staff respected this. Staff knew which people required additional encouragement to eat and drink. Records reminded staff to ensure that drinks and snacks were left for people in-between their care visits.

People were supported to live healthy lives. When necessary, staff supported people to make routine health care appointments to maintain their health. Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. Observations showed staff acted promptly when they were concerned about one person's health. They had contacted the pharmacy when there had been an error in the delivery of the person's medicines. This helped ensure that the person had access to their medicines to maintain their health. One person told us "This week the carer contacted the Doctor for me and asked the Doctor to contact my Son".

Is the service caring?

Our findings

At the previous inspection that took place between 20 March and 4 April 2018, an area that was identified as needing to improve related to a lack of individualised records to inform staff about people's life histories and preferences. At this inspection, improvements had been made. The registered manager had reviewed their processes and had implemented electronic care plans. These contained detailed, person-centred information. They provided staff with an insight into people's lives such as their relatives, upbringing and employment. Staff told us that this helped them to develop relationships and engage in conversations with people. Observations showed that staff knew people well and had developed positive and caring relationships with them.

When asked if they thought that staff were kind and caring, comments included, "They are very caring. They normally make me a cup of tea and we have a little chat while I have my tea" and "I live on my own and if I didn't have the carers to help me shower and things, I think I would be in a home now. I call them my 'unsung heroes' because they don't mind what they do for you".

Staff spoke fondly of the people that they supported. People were treated with kindness. Staff's caring nature was demonstrated through their practice. They took time to undertake tasks that made a difference to people's lives. One person owned a dog which was very important to them. Records informed staff of this and reminded them to pay attention to the needs of the dog as this reassured the person and made them feel cared for and less-anxious.

People were valued as individuals and consideration was made for people's social and emotional needs. One person's care plan advised staff to take time to sit and talk with the person. People confirmed that, overall, staff stayed for their allocated time and took time to get to know them and engage in conversations. Observations showed that one person was distressed. The member of staff took time to listen to the person's feelings. They demonstrated empathy and offered reassurance. The person was calmed by this as they were observed to be smiling and laughing after interacting with the member of staff.

People's independence was encouraged. Care plans documented people's skills and abilities, enabling people to continue to do as much as they could do for themselves. People's packages of care were designed around their assessed needs. People were able and encouraged to continue to do as much as they could for themselves. They told us that staff were there if they needed assistance.

People were treated with dignity and respect and their privacy was maintained. One person told us, "My dignity, absolutely, they are lovely young girls". Observations showed staff asking people how and where they wanted to be supported. Doors and curtains were closed when people received support with their personal care. This helped ensure that their privacy was maintained. Staff's practice was monitored through unannounced observations and feedback was gained from people to ensure that they were treated with dignity and respect.

Information that was held about people was kept confidential. Hard copies of care plans were stored in

people's own homes. Electronic care plans, which could be accessed by people and staff, were password protected so that people could not access them if they did not have authorisation to view them.

Staff supported people appropriately when they required additional assistance to be involved in their care or to promote their rights. The registered manager and staff had liaised with external professionals such as care managers from the local authority to ensure that people's rights were promoted and upheld.

People's diversity was respected and staff adapted their approach to meet people's individual needs and preferences. Care plans considered people's religious and spiritual needs so that staff were mindful of people's beliefs. A member of staff told us, "We had a person who was Muslim. We didn't wear shoes in the house and the family were very particular about how they were cared for in terms of using different cloths".

People were supported to maintain contact with those that were important to them. Staff engaged in conversations with people about their relatives and friends. Information about this was documented in people's care plans so that staff knew who was important to the person.

Is the service responsive?

Our findings

At the previous inspection that took place between 20 March and 4 April 2018, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was mixed feedback from people about staff's awareness of their needs and preferences. Staff told us that they were not always provided with sufficient guidance to enable them to meet people's needs and preferences. Records confirmed this. There were concerns that people's healthcare needs were not appropriately assessed, planned for or implemented. After the inspection we asked the provider to take action to make improvements by issuing a warning notice for the breach of Regulation 9. At this inspection, improvements had been made. The registered manager had reviewed their processes and had implemented an electronic system. This provided staff with clear, detailed and person-centred guidance to inform their practice. Although the provider was no longer in breach of the Regulation, further improvements were needed to ensure that all people were provided with care that respected their preferences.

As part of the initial assessment of people's needs they had been asked if they had a preference with regards to the gender of staff that supported them. Some people had not minded, whereas others had requested a specific gender and this had been documented in their care plans. Some people told us that their preferences, with regards to the gender of staff, had not always been respected. The registered manager told us that as much as possible people's wishes were accommodated. However, records of people's care, as well as the staff rotas, found that this was not always the case. Some people told us that not having their preferred gender of staff made them feel embarrassed and uncomfortable and was an aspect of their care that they were not happy about. One person told us, "Sometimes it's a male carer that comes and I have to turn them away and say I can do it because I require personal care. This has happened within the last few months several times". Another person told us, "I don't like it when it is a man. I led a sheltered life and it makes me feel very uncomfortable when they help me to shower". Records showed that people who had requested a female member of staff had consistently been allocated a male member of staff. When these issues were fed back to the registered manager, they took immediate action for one person. They contacted the person to discuss their concerns and changed the allocation of staff. The registered manager explained that they had a high percentage of male care staff and that although people were asked their preferences it was not always possible to accommodate them. The allocation of staff to meet people's expressed needs and preferences to ensure the service is responsive, is an area of practice that needs improvement.

At the previous inspection that took place between 20 March and 4 April 2018, the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although people knew how to make a complaint, they spoke unfavourably about the registered manager's response to any complaints that had been raised. There was not an effective system in place to manage people's concerns or complaints. When people had contacted the office to raise a concern, staff had not documented this. This meant that the registered manager was sometimes unaware that people had experienced any areas of concern. After the inspection we asked the provider to take action to make improvements. At this inspection, it was evident that improvements had been made and the provider was no longer in breach of the Regulation. A new system had been introduced which enabled staff that worked within the office to record any informal concerns. This enabled the registered manager to deal with concerns before they

escalated into complaints. Records showed that when concerns and complaints had been raised, these had been dealt with in accordance with the provider's policy. Records demonstrated that the provider was transparent and open with people who used the service.

People's needs were assessed before they started to use the service. New electronic care plans had been implemented that contained specific information about people's life history, abilities and needs. Staff told us that they found care plans helpful and would look at these before supporting people as they were able to access them using their mobile phones. Staff had access to information about people's medical history and how their health conditions might affect them. A facility enabled the care plans to be set up to set reminders and prompts for staff so that they were aware of what they needed to do on certain days and at each visit. For example, one person used a catheter to assist them with their continence. Their care plan had been set up so that staff were alerted on a certain day of the week so that they knew when the person's catheter leg bag needed to be changed. Records showed that these alerts had been effective and people had received the required level of care.

People had been involved in the development and review of their care to ensure that the guidance provided to staff was person-centred and reflected the person's current needs and wishes. People told us that they were involved in decisions that affected their care and could approach staff and management at any time if they had any concerns or wanted to make changes to the support they received. Regular care plan reviews provided an opportunity for people to make their feelings known. People told us and records confirmed, that people could speak freely and air their views and concerns without the worry of any repercussions to their care. People's care plans were reviewed following these meetings or when changes occurred. This helped to ensure that their care was current and that up-to-date guidance was available to assist staff to deliver effective and responsive care. One person told us, "We have just updated my care plan and I was fully involved in that. There was a lot of information that went into it".

People's preferences and life histories provided staff with information to enable them to develop and build relationships with people. Care plans contained information about 'the person', their preferences and interests. Staff had a good understanding of people's preferences and needs and people told us that they had confidence that staff knew them and their needs well.

Dependent on the type of care that people had been funded for, they received calls to meet their social needs and interests. People told us that staff involved them when going to the shops. One person told us, "I was able to walk to Marks and Spencer's and back again using my walker with the help of the carer yesterday. It makes a big difference being able to get out". Another person told us, "My main carer brings me a newspaper every day and I like doing the crossword. I like to read articles about what's going on because I don't have a computer or anything like that". Observations showed staff took time to interact with people about things that were important to them. People enjoyed conversations about their friends and relatives as well as what they were planning to do during the festive period.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained information on the most appropriate way of communicating with them. People were cared for in a way that was specific to them. Staff adapted their approach to meet people's needs. Care plans could be printed and provided to people in larger font if they required assistance to view them.

Some people had personal alarms that enabled them to call an external emergency response centre for help

should they have an accident when alone. This provided people with a means of calling for assistance when needed and meant that people could independently remain in their own homes. Care plans reminded staff of the importance of ensuring that people had their personal alarm pendants before leaving people's homes. Observations showed a member of staff reminding people to wear their personal alarms before they left the person's home.

Is the service well-led?

Our findings

At the previous inspection that took place between 20 March and 4 April 2018, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was mixed feedback from people, their relatives and staff about the leadership and management of the service. The registered manager had not ensured that they maintained sufficient oversight of the service. They had not identified the shortfalls that were found as part of the inspection and had failed to continually improve the service. People and their relatives spoke unfavourably about the attitude of staff that were based within the office and told us that they were sometimes unhelpful. People's visits were not managed well and people were provided with late calls without receiving a telephone call to inform them of this. After the inspection we asked the provider to take action to make improvements by issuing a warning notice for the breach of Regulations 17. At this inspection, it was evident that improvements had been made. The registered manager had reviewed their processes and had introduced an electronic system to help manage people's care. There were good systems in place to monitor and audit the service to ensure that it was effective and meeting people's needs. Although improvements had been made, and the provider was no longer in breach of the Regulation, these needed to be embedded and sustained in practice. We also found areas of practice that continued to need improvement.

People, their relatives and staff continued to feedback to us that the scheduling of their visits was not well-managed. They explained that staff were provided with five minutes in-between their visits and that this did not provide them with sufficient time to travel from one person to another. Most feedback from people was positive and they told us that staff stayed for the full allotted time. Staff, and some people, however, felt that staff were often rushed and sometimes had to start work earlier and finish later to enable them to attend people's visits. Staff told us that at times this made them run late. Some people told us that they were informed if staff were running late, whereas others told us that they did not receive a call from staff or the staff within the office, to inform them of this. People and some staff told us that when they contacted the office staff that they continued to be unhelpful and sometimes rude. This was raised with the registered manager who told us that this was improving and that staff had been reminded of the importance of being polite and supportive when people and staff contacted the service.

There was mixed feedback about the leadership and management of the service. One person told us, "I know who the manager is and we have a nice friendly approach with each other over the telephone. I would say that the service is well-managed". Other people told us, "Not on your life is it well-managed. It's very poor management" and "It's well-managed apart from the office staff. I am not informed if things go wrong". The scheduling of people's visits, to provide staff with sufficient time to travel from one visit to another, as well as the support that is provided to staff and people from the staff based within the office, are areas of practice in need of improvement.

There had been significant improvements within the guidance provided to staff about people's needs and support requirements. Staff told us that the new systems that had been implemented helped them to deliver effective care to people. The registered manager told us that this was a work in progress and they had focused their efforts and prioritised where the improvements needed to be made. They were aware that

further improvements were needed such as clearer guidance for staff when administering 'as and when required' medicines to people. They were also aware of the need to provide staff with a way of documenting the position of people's trans-dermal medicine patches as guidance required these to be applied to alternate areas of the body at each application. There were no concerns about people's access to medicines. People and records confirmed that people had received their medicines when required. The recording of this, to demonstrate staff's practice and ensure consistency of people's care, is an area of practice that needs further improvement.

A new electronic system had been implemented that enabled the registered manager and office staff to schedule people's visits. Staff were required to scan a barcode in people's care plans, this updated the electronic system and informed the office of when staff started and finished people's visits. This enabled the registered manager to have a good oversight and awareness of staff's practice. It also provided them with the opportunity to be alerted when people's calls were late or if any tasks could not be carried out. Alerts were sent to the registered manager so that they could act to ensure that people had received their visit and the care that was required. This system had greatly improved the registered manager's oversight.

The registered manager ensured that the service continually improved. Quality assurance processes provided a good oversight of the service. They ensured that the systems and processes worked well. Records showed that audits had been completed and when minor areas for improvement were required, these had been recognised and appropriate action taken. Regular unannounced observations of staff's practice were conducted by members of the management team. These provided an opportunity to improve practice and ensure that people received support that was in accordance with their needs and preferences. There was a reflective culture within the service and it was evident that the registered manager and staff had worked hard to make improvements since the previous inspection. The registered manager acknowledged that there was more work to do in relation to the timeliness of people's calls, the attitude of some staff and the responsiveness of the service to meet people's expressed wishes and needs. They met regularly with their regional manager to monitor their action plan to ensure that continual improvements were made.

The management team consisted of the registered manager, a team leader, an office manager and a senior carer. They were experienced and staff told us this helped them as they always had someone that they could seek assistance and advice from. Staff told us and observations showed, that the registered manager was accessible and approachable. This ensured that both people and staff knew who to approach if they had any queries or concerns.

The provider's aims and objectives spoke about the promotion of people's rights. It stated, 'Rights are fundamental to Apex's work. Privacy, dignity, independence and security'. Observations showed that staff worked hard to ensure that the provider's aims and objectives were embedded in practice.

People were fully involved in devising the type of care and support they required. Regular reviews of their care enabled them to have input and make their thoughts and suggestions known. There was effective communication with staff through the electronic care planning system, staff were kept informed of any changes to people's needs and requirements. Staff told us that communication was good and that they were provided with appropriate information to enable them to fulfil their roles. Staff valued the contact they had with other staff and the registered manager. They told us that they could ask each other questions and seek advice, as well as advise colleagues if there were changes in people's needs. Staff had access to regular one-to-one meetings with their managers and told us that they could approach management at any time if they had any concerns or needed further support. Staff were provided with regular feedback on their practice to enable them to reflect on and develop their knowledge and skills.

The registered manager demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Records showed that people had been informed and involved in planning and contributing to any changes that were going to occur. Records showed that people and their relatives or representatives, if appropriate, were informed if people's health needs or condition had changed.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

There were good links with external healthcare professionals to promote best practice and ensure that people received coordinated care. The registered manager had made good links with external professionals from the local authority who had supported them to improve the standards of care within the service following the previous inspection. They attended meetings with other registered managers within the provider's other services. This enabled them to share best practice and update their knowledge.